

		34G262				C 11/18/2024	
VOCA-WOODLAND				123 WOODLAND DR RUTHERFORDTON, NC 28139			
						(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000					
W 148	<p>A complaint survey was completed on 11/18/24 for intake #NC00222877. There were allegations substantiated and deficiencies were cited.</p> <p>COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(6)</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a client's guardian was informed of significant changes in health status. This affected 1 of 3 audit clients (#6). The finding is:</p> <p>Review of records on 11/18/24 revealed an individual support plan (ISP) dated 8/6/24. Continued review of ISP revealed client #6 to be diagnosed with Mild Intellectual Developmental Disabilities, Intermittent Explosive Disorder, and Epilepsy Seizure. Further review of ISP revealed client #6 to be prescribed a PRN medication Nayzilam spray 5MG to use 1 spray into nostril as needed for seizures lasting longer than 5 minutes; may repeat a 2nd dose of spray in opposite nostril after 10 minutes if needed. (Do not use more than once every 3-4 days.)</p> <p>Review of documents on 11/18/24 revealed an incident and medication variance report dated 8/12/24 to note client #6 had a seizure and hit his head on wall in his room, no marks and post head injury assessment was started. There was</p>	W 148					

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 148	<p>Continued From page 1</p> <p>no indication of seizure length, PRN Nayzilam spray was administered, and client #6's guardian was notified on 8/15/24. Further review of the record for client #6 revealed a seizure on 8/14/24 lasting 2 minutes and 9/28/24 lasting 1 minute, 30 seconds. There was no evidence of guardian notification documented for seizures on 8/14/24 and 9/28/24. Subsequent review of documents revealed a seizure management plan dated 10/28/24 that notes client #6 had his last seizure on 8/14/24.</p> <p>Interview on 11/18/24 with the home supervisor (HS) revealed that client #6 has only had 2 seizures since admission. Continued interview with the HS revealed that she did not know that client #6 was prescribed a PRN nasal spray for seizures.</p> <p>Interview on 11/18/24 with client #6's guardian confirmed that she was notified on 9/30/24 during a visit that the client had two seizures. Continued interview with the guardian revealed that client #6 had a neurology appointment on 8/21/24. Interview with the guardian also revealed the HS notified them during the appointment that the client had a seizure a few nights ago. Further interview with the guardian revealed that during visit on 9/30/24 the staff reported a foot injury that occurred on the van 9/28/24 during the seizure. Subsequent interview with client #6's guardian revealed that during visit on 9/30/24 the staff reported a seizure on 9/29/24 that occurred during 3rd shift.</p>			W 148			
W 368	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure</p>			W 368			

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W 368	<p>Continued From page 2</p> <p>that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all drugs were administered in compliance with the physician's orders. This affected 1 of 3 audit clients (#6). The finding is:</p> <p>Review of records on 11/18/24 revealed an individual support plan (ISP) dated 8/6/24. Continued review of ISP revealed client #6 to be diagnosed with Mild Intellectual Developmental Disabilities, Intermittent Explosive Disorder, and Epilepsy Seizure. Further review of ISP revealed a medication administration record dated 10/15/24 for client #6 to be prescribed a PRN medication Nayzilam spray 5MG to use 1 spray into nostril as needed for seizures lasting longer than 5 minutes; may repeat a 2nd dose of spray in opposite nostril after 10 minutes if needed. (Do not use more than once every 3-4 days.)</p> <p>Review of documents on 11/18/24 revealed an incident and medication variance report dated 8/12/24 to note client #6 had a seizure and hit his head on wall in room, no marks and post head injury assessment started. There was no indication of seizure length or medication administration record for PRN Nayzilam spray being administered. Further review revealed a seizure for client #6 on 8/14/24 lasting 2 minutes and 9/28/24 lasting 1 minute 30 seconds. Subsequent review of documents revealed a seizure management plan dated 10/28/24 that notes client #6 had his last seizure on 8/14/24.</p> <p>Interview on 11/18/24 with the home supervisor (HS) revealed that client #6 has only had 2</p>			W 368			

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W 368	Continued From page 3 seizures since admission. Continued interview with the HS revealed that she did not know that client #6 was prescribed a PRN nasal spray for seizures. Interview on 11/18/24 with client #6's guardian revealed that client #6 had a neurology appointment on 8/21/24. Continued interview with client #6's guardian revealed that staff reported a 9/29/24 seizure on 3rd shift.	W 368	