

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/11/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G126		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/11/2025	
NAME OF PROVIDER OR SUPPLIER VOCA-WELBORN AVE				STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WELBORN AVENUE WILKESBORO, NC 28697			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 3 audit clients (#3) observed receiving medications. The finding is:</p> <p>During observations of medication administration in the home on 2/10/25 at 4:11pm, Staff B was observed to administer client #3's medications. Staff B was observed to apply Diclofenac 1% Gel to both of client #3's knees, in addition to applying Cetaphil Lotion to both of client #3's arms and hands.</p> <p>Review on 2/11/25 of client #3's physician's orders dated 7/10/24 revealed an order for Diclofenac 1% Gel. "Apply 4 grams to the left knee 3 times daily," and Cetaphil Lotion, "Apply 1 application to both legs daily."</p> <p>Interview on 2/11/25 with the facility nurse revealed the physician's orders are current. The facility nurse confirmed the Diclofenac 1% Gel should have only been applied to client #3's left knee, and the Cetaphil Lotion should have been applied to client #3's legs as indicated on the physician's orders.</p>			W 368			
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for</p>			W 382			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(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 382	Continued From page 1 administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs were kept locked except during administration. The finding is: During observations of medication administration in the home on 2/10/25 at 4:05pm, client #2, Staff B and the surveyor were in the staff office where the medication closet is located. At 4:08pm, Staff B and client #2 walked out of the office, leaving the door to the medication closet open, and unlocked. At 4:09pm, Staff B walked back into the room, but immediately turned around and walked out again, still leaving the medication closet door opened and unlocked. Continued observations at 4:11pm revealed Staff B to enter the office with client #3. At 4:19pm, Staff B, client #3 and the surveyor exited the medication room. Interview on 2/11/25 with the facility nurse confirmed that the door to the medication closet should be kept shut and locked, except when staff are in the room administering medications.	W 382			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at varied times throughout first and second shifts. The finding is: Review on 2/10/25 of the facility's fire drills conducted 1/24 through 12/24 revealed the following: - First shift drills were conducted at 7:10am,	W 441			

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W 441	Continued From page 2 7:00am, 8:00am and 7:10am. - Second shift drills were conducted at 4:40pm, 4:30pm, 4:50pm and 4:55pm. Interview on 2/11/25 with the qualified intellectual disabilities professional (QIDP) confirmed the fire drills were not conducted at various times throughout first and second shifts.	W 441			