

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

PRINTED: 03/19/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G282</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-LAURELWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 LAURELWOOD DR SMITHFIELD, NC 27577</b>		
(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 111	<p><b>CLIENT RECORDS</b> CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to maintain current records for physician orders for 1 of 1 newly admitted clients (#4). The finding is:</p> <p>During morning medication administration in the home on 3/18/25, client #4 was observed consuming the following medications: Omeprazole, Gabapentin and Levothyroxine.</p> <p>Review on 3/18/25 of client #4's record revealed there were no signed physician orders. Further review revealed client #4 was admitted to the facility on 12/31/24.</p> <p>During an interview on 3/18/25, the facility's nurse confirmed there were no signed physician orders for client #4.</p>	W 111			
W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>	W 249			

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 249	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 5 audit clients (#2 and #3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal preparation. The findings are:</p> <p>A. During observations in the home on 3/17/25 Staff A was observed in the kitchen preparing the lunch for the clients in the home. Further observations revealed Staff A was seen using the blender to blend the food for lunch. At no time were any of the clients allowed to participate in the meal preparation.</p> <p>During observations in the home on 3/17/25, Staff B was observed in the kitchen preparing the dinner for the clients in the home. Further observations revealed Staff B was seen using the blender to blend the food for dinner. At no time were any of the clients allowed to participate in the meal preparation.</p> <p>During observations in the home on 3/18/25, Staff A was observed in the kitchen preparing the breakfast for the clients in the home. Further observations revealed Staff A was seen filling a pot with water, placing it on the stove, adding oatmeal and then stirring the mixture. At no time were any of the clients allowed to participate in the meal preparation.</p> <p>Review on 3/18/25 of client #3's IPP dated 9/12/24 revealed he can perform meal preparation tasks with verbal cues to make food with cooking and mixing; and to use kitchen appliances. Additional review stated, "Staff</p>	W 249			

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W 249	Continued From page 2 should continue to encourage [client #2] to participate in activities that promote functional strength...."  B. During observations in the home on 3/18/25, Staff A was observed in the kitchen preparing the breakfast for the clients in the home. Further observations revealed Staff A was seen filling a pot with water, placing it on the stove, adding oatmeal and then stirring the mixture. At no time were any of the clients allowed to participate in the meal preparation.  Review on 3/18/25 client #2's IPP dated 1/15/25 revealed he can perform meal preparation tasks with verbal cues to make food with cooking and mixing; and to use kitchen appliances. Further review stated, "[Client #2] is very helpful with household chores".  During an interview on 3/18/25, Staff A confirmed both clients #2 and #3 can assist with meal preparation.  During an interview on 3/18/25, management staff stated clients #2 and #3 should have been given an opportunity to assist with meal preparation.	W 249			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, documentation and staff interviews, the facility failed to ensure medications were administered without error for 1	W 369			

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W 369	Continued From page 3 of 5 clients (#1) observed during the administration of medications. The finding is:  During morning medication administration in the home on 3/18/25 at 7:41am, Staff C applied client #1's Eucerin lotion on his hands. Further observations revealed the lotion was not applied anywhere else on client #1.  Review on 3/18/25 of client #1's Eucerin lotion label revealed it is to be applied on hands and feet at 5am.  During an interview on 3/18/25, the facility's nurse confirmed client #1's Eucerin lotion should be applied to both his hands and feet at the time indicated.	W 369			
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 review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times. This potentially affected all clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is:  Review on 3/17/25 of the facility's fire drills revealed there were twenty-seven fire drills conducted between March 2024 and March 2025. Further review only 3 fire drills were conducted on third shift on the following days: 4/5/24; 6/18/24 and 10/29/24. Additional review revealed four fire drills were conducted during the 8am hour on first shift: 8/13/24 at 8:30am; 10/30/24 at 8am; 1/5/25 at 8:30am and 2/6/25 at 8am.	W 441			

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W 441	Continued From page 4 During an interview on 3/18/25, management staff confirmed the fire drill conducted in the home have not been at varied times.	W 441			
W 481	MENUS CFR(s): 483.480(c)(2)  Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations, documentation and interviews, the facility failed to ensure food substitutions were documented. The finding is:  A. During observations in the home on 3/17/25 Staff A was observed cooking chicken nuggets, mashed potatoes and mixed vegetables for lunch. Further observations revealed no other food items where offered to the clients for lunch.  Review on 3/18/25 of the facility's menu book for 3/17/25, revealed egg salad sandwich, macaroni deli salad, pudding cups and seasonal fruit of choice for lunch.  B. During observations in the home on 3/17/25 Staff B was observed cooking chicken breasts, brown rice and peas with carrots. Further observations revealed no other food items where offered to the clients for dinner.  Review on 3/18/25 of the facility's menu book for 3/17/25, revealed corned beef, potatoes, cabbage and biscuits for dinner.  During an interview on 3/18/25, the Home Manager (HM) stated there was no egg salad, macaroni salad, corned beef, potatoes, cabbage or biscuits in the home. Further interview	W 481			

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W 481	<p>Continued From page 5</p> <p>revealed the HM does the grocery shopping for the home. The HM revealed staff are to fill out the substitution book when a food item is replaced with another food item.</p> <p>Review on 3/18/25 of the menu substitution book revealed there was no substitution forms to be located in the book.</p> <p>During an interview on 3/18/25, the management revealed the meal substitution form should have been filled out for the dinner meal, which occurred on 3/17/2025.</p>			W 481			