

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

PRINTED: 04/18/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G281</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/15/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-GREENWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 GREENWOOD CIRCLE 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 125	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure client #6 had the right to dignity related to the use of incontinence padding. This affected 1 of 4 audit clients (#2). The finding is:</p> <p>Observation throughout the survey in the group home on 4/14/25-4/15/25, client #2 was seated in her wheelchair with an incontinence pad positioned underneath her. The incontinence pad was visible. Further observation on 4/15/25 morning at 7:00am client #2 came into the living room area in her wheelchair with an incontinence pad visible and positioned underneath her.</p> <p>Interview on 4/15/25 with staff A confirmed client #2 had an incontinence pad in her chair because she may have an accident and the pad helps her wheelchair not smell as bad.</p> <p>Interview on 4/15/25 with program manager confirmed client #2 should not have an incontinence pad in her wheelchair.</p>	W 125			
W 342	<p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(iii)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team,</p>	W 342			

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 342	<p>Continued From page 1</p> <p>appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. This STANDARD is not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure med techs were proficiently trained in medication administration procedures. This affected 2 of 4 audit clients (#3 and #4). The findings are:</p> <p>A. During afternoon observation of medication administration in the home on 4/14/25 at 4:47pm, Staff A allowed client #4 to pour her a cup of water into a cup without measuring the amount of water. Client #4 drank the cup of water and discarded the cup in the trash.</p> <p>Record review on 4/15/25 of client #4's physician orders dated 2/18/25 revealed Give 16 oz of water every 4 hours awake for hydration.</p> <p>Interview on 4/15/25 with staff A confirmed that client #4 drinks a cup of water for her hydration daily. Staff A was unsure of the amount of ounces.</p> <p>B. During morning observation of medication administration in the home on 4/15/25 at 6:05am staff B allowed client #3 administered antifungal cream on the tip of her finger and rubbed underneath her breast. Staff B did not measure the amount of cream or where to put the cream.</p> <p>Record review on 4/15/25 of client #3's physician orders dated 2/18/25 revealed apply cream to the affected area.</p>	W 342			

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W 342	Continued From page 2	W 342			
W 368	<p>Interview on 4/15/25 with staff B confirmed that client #3 should know the affected area however, she was unsure of what the affected area was.</p> <p><b>DRUG ADMINISTRATION</b> 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. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure medications were administer in accordance with physician orders. This affected 1 of 4 audit clients (#3). The finding is:</p> <p>Observation of the medication pass in the home on 4/15/25 at 6:06am, Staff B administered Oyster-Calcium. Client #3 punched the pill into a med cup and ingested the pill. At approximately at 7:15am client #3 sat at the kitchen table to begin eating her breakfast.</p> <p>Record review on 4/15/25 of the physician orders dated 2/18/25 revealed Oyster-Calcium- take 1 tablet by mouth twice daily with meals.</p> <p>Interview on 4/15/25 with the nurse confirmed the medication was written to be given with a meal.</p>	W 368			
W 382	<p><b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility</p>	W 382			

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W 382	Continued From page 3 failed to ensure all drugs and biologicals were kept locked except when being prepared for administration. this affected 1 of 4 audit clients (#4). The finding is:  During observations of medication administration in the home on 4/15/25 at 7:08am, staff B exited the medication administration area to retrieve her cell phone to call triage, leaving client #4 in the office and the medication on the table and the door to the medication closet opened and unlocked.  Interview on 4/15/25 with staff B revealed she needed to retrieve her phone. She wasn't out of the medication room long  Interview on 4/15/25 with nurse confirmed the medications should have been locked before staff B exited the room to retrieve her cellular phone.	W 382			
W 389	DRUG LABELING CFR(s): 483.460(m)(1)(ii)  Labeling for drugs and biologicals must include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure all biologicals and medications were labeled in an acceptable manner for 1 of 4 audit clients (#3). The finding is:  Review on 4/15/25 of client #3's medication labels revealed antifungal cream and Petroleum Jelly label did not contain information of where to apply.	W 389			

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W 389	Continued From page 4 During observations of the medication administration on 4/15/25 at 6:06am received Antifungal cream and Petroleum jelly. Client #3 rubbed antifungal cream on her chest and rubbed an handful of petroleum jelly under her right and left under arm.  Record review on 4/15/25 of client #3's physician orders revealed anti fungal cream apply to affected area 2 times daily and petroleum jelly apply to affected area.  Interview on 4/15/25 with staff B revealed she wasn't sure of the affected area but client #3 should know where to put her medications, she has always put it on those areas.  Interview on 4/15/25 the nurse confirmed the medications should contain instructions of where to apply.	W 389			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#1) received their specially prescribed diet as indicated. The finding is:  A. Observations in the home on 4/14/25 at 5:45pm, the clients sat at the table to begin dinner. Client #1 received a pureed fish sandwich with french fries and broccoli and cantaloupe.	W 460			

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W 460	<p>Continued From page 5</p> <p>Further observation in the home on 4/15/25 at 7:40am, client #1 received pureed eggs and bacon.</p> <p>Record review on 4/14/25 of client #1's nutritional evaluation dated 5/4/24 revealed diet chopped mechanically soft diet moistened as needed. Further review revealed a posting in the the facilities kitchen of client diets revealed client #1's diet was chopped mechanically soft diet moistened as needed.</p> <p>Interview on 4/15/25 with Staff B confirmed clients #1 diet was pureed.</p> <p>Interview on 4/15/25 the site supervisor confirmed clients #1 was on a pureed diet. The site supervisor then checked the diet list that revealed client # 1 was on a chopped mechanically soft diet.</p>			W 460			