

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

PRINTED: 05/21/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G225</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-GENTRY</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2219 GENTRY DRIVE DURHAM, NC 27705</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 369	<p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(2)</p> <p>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, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 3 audit clients (#5). The finding is:</p> <p>During observations of medication administration in the home on 5/20/25 at 6:20am staff A administered Allopurinol 300mg, Zyrtec 10mg, Celexa 20mg, Vitamin D3 1000IU, Synthroid 150mcg and Vitamin B12 1000mcg to client #5.</p> <p>Review on 5/20/25 of client #5's physician's orders dated 1/31/25 revealed an order for Phentermine 37.5mg take 1 tab by mouth daily at 7am.</p> <p>Interview on 5/20/25 with the facility nurse revealed the client did not receive Phentermine during the morning medication pass because it is scheduled in the electronic medication administration record (EMAR) to be given at 9pm. The nurse confirmed the physician's order was not followed and the medication should have been given at 7am.</p>			W 369			

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.