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

PRINTED: 07/21/2025 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER VOCA-ROLLINS GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 297 BOR ROLLINS ROAD FOREST CITY, NC 28043 PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) W 260 PROGRAM MONITORING & CHANGE CFR(s): 483,440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to update the Individual Support Plan (ISP) annually for 1 of 3 audited clients (#3). The finding is: Review of client #3'S record on 7/16/25 revealed an ISP dated 4/10/24. Continued review of client #3's record revealed no evidence of a current ISP. Interview with Area Manager on 7/16/25 revealed they have an upcoming ISP meeting scheduled for client #3. Continued interview with the Area Manager continued the facility is a continued an annual basis. W 369 PRICE ADDREST CITY, NC 28043 W 369 PRICE ADDREST CITY, NC 28043 W 260 PREFIX TAGOR ROLLING ROAD PROPRIATE STANDARD Is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all drugs were administered without error or 2 of 3 audited clients (#3 and #4) observed during medication administration. The findings	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
VOCA-ROLLINS GROUP HOME 287 BOB ROLLINS ROAD FOREST CITY, NC 28043			34G271	B. WING		<u> </u>	07/	16/2025
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 260 PROGRAM MONITORING & CHANGE CF(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to update the Individual Support Plan (ISP) annually for 1 of 3 audited clients (#3). The finding is: Review of client #3's record on 7/16/25 revealed an ISP dated 4/10/24. Continued review of client #3's record revealed no evidence of a current ISP. Interview with Area Manager on 7/16/25 revealed they have an upcoming ISP meeting scheduled for client #3. Continued interview with the Area Manager confirmed the facility is responsible for ensuring ISPs are updated on an annual basis. W 369 DRUG ADMINISTRATION CF(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, record reviews and interviews, the facility failed to assure all drugs were administered without error for 2 of 3 audited clients (#3 and #4) observed during medication administration. The findings are: A. The facility failed to administer medications to client #3 without error. For example: Observations in the home on 7/16/25 at 7:00 AM revealed client #3 to enter the medication.			1E		2	297 BOB ROLLINS ROAD		
CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to update the individual Support Plan (ISP) annually for 1 of 3 audited clients (#3). The finding is: Review of client #3's record on 7/15/25 revealed an ISP dated 4/10/24. Continued review of client #3's record revealed no evidence of a current ISP. Interview with Area Manager on 7/16/25 revealed they have an upcoming ISP meeting scheduled for client #3. Continued interview with the Area Manager confirmed the facility is responsible for ensuring ISPs are updated on an annual basis. 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, record reviews and interviews, the facility failed to assure all drugs were administered without error for 2 of 3 audited clients (#3 and #4) observed during medication administration. The findings are: A. The facility failed to administer medications to client #3 without error. For example: Observations in the home on 7/16/25 at 7:00 AM revealed client #3 to enter the medication	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETION
must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to update the Individual Support Plan (ISP) annually for 1 of 3 audited clients (#3). The finding is: Review of client #3's record on 7/15/25 revealed an ISP dated 4/10/24. Continued review of client #3's record revealed no evidence of a current ISP. Interview with Area Manager on 7/16/25 revealed they have an upcoming ISP meeting scheduled for client #3. Continued interview with the Area Manager confirmed the facility is responsible for ensuring ISPs are updated on an annual basis. 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, record reviews and interviews, the facility failed to assure all drugs were administered without error for 2 of 3 audited clients (#3 and #4) observed during medication administration. The findings are: A. The facility failed to administer medications to client #3 without error. For example: Observations in the home on 7/16/25 at 7:00 AM revealed client #3 to enter the medication	W 260	CFR(s): 483.440(f)	(2)	W 2	260			
an ISP dated 4/10/24. Continued review of client #3's record revealed no evidence of a current ISP. Interview with Area Manager on 7/16/25 revealed they have an upcoming ISP meeting scheduled for client #3. Continued interview with the Area Manager confirmed the facility is responsible for ensuring ISPs are updated on an annual basis. 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, record reviews and interviews, the facility failed to assure all drugs were administered without error for 2 of 3 audited clients (#3 and #4) observed during medication administration. The findings are: A. The facility failed to administer medications to client #3 without error. For example: Observations in the home on 7/16/25 at 7:00 AM revealed clients #3 to enter the medication		must be revised, as process set forth in This STANDARD in Based on record refailed to update the annually for 1 of 3 a	s appropriate, repeating the paragraph (c) of this section. is not met as evidenced by: eview and interview, the facility Individual Support Plan (ISP)					
they have an upcoming IŠP meeting scheduled for client #3. Continued interview with the Area Manager confirmed the facility is responsible for ensuring ISPs are updated on an annual basis. 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, record reviews and interviews, the facility failed to assure all drugs were administered without error for 2 of 3 audited clients (#3 and #4) observed during medication administration. The findings are: A. The facility failed to administer medications to client #3 without error. For example: Observations in the home on 7/16/25 at 7:00 AM revealed client #3 to enter the medication		an ISP dated 4/10/2 #3's record reveale	24. Continued review of client					
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 reviews and interviews, the facility failed to assure all drugs were administered without error for 2 of 3 audited clients (#3 and #4) observed during medication administration. The findings are: A. The facility failed to administer medications to client #3 without error. For example: Observations in the home on 7/16/25 at 7:00 AM revealed client #3 to enter the medication	W 369	they have an upcor for client #3. Contir Manager confirmed ensuring ISPs are of DRUG ADMINISTE	ming ISP meeting scheduled nued interview with the Area d the facility is responsible for updated on an annual basis.	W 3	369			
Client #3 without error. For example: Observations in the home on 7/16/25 at 7:00 AM revealed client #3 to enter the medication		that all drugs, incluself-administered, a This STANDARD i Based on observainterviews, the facil were administered clients (#3 and #4)	ding those that are are administered without error. is not met as evidenced by: tions, record reviews and lity failed to assure all drugs without error for 2 of 3 audited observed during medication					
revealed client #3 to enter the medication		client #3 without en	ror. For example:					
		revealed client #3 t	o enter the medication					(VO) 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G271	B. WING			07/·	16/2025	
	PROVIDER OR SUPPLIER OLLINS GROUP HON			STREET ADDRESS, CITY, STATE, Z 297 BOB ROLLINS ROAD FOREST CITY, NC 28043	IP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD THE APPROPE	BE	(X5) COMPLETION DATE	
W 369	hands. Continued of staff administered drops into each of observations revearinse and take medication. Review of records revealed physician Review of the PO's prescribed at 7:00 Lorazepam tab 2M solution, and Retail drop both eyes twice. Interview with the freconfirmed that client current. Continued confirmed that the the client #3's eye. B. The facility failed client #4 without endications in the revealed staff to endicate the medication of the revealed staff to endicate the medication with the medication side effects. Further observation medications into a took all medication subsequent observation of the medication of the medication with the medication subsequent observation medications into a took all medication subsequent observation with the medication subsequent observation with	m and the client to sanitize his observations revealed that the Retaine MGD EMU 0.5-0.5% 2 the client's eyes. Further aled the client to use his oral dications whole with a cup of for client #3 on 7/16/25 's orders (PO) dated 7/3/25. So revealed medications AM to be Clonidine tab 0.1MG, IG, Chlorhexidine Gluc-0.12% on MGD EMU 0.5-0.5% instill 1 ce daily. The daily. The acility nurse on 7/16/25 orders to be interview with the nurse staff should have administered drops as prescribed. The daily of the acid to administer medications to be ror. For example: The home on 7/16/25 at 7:36 AM of the medication room with client ervations revealed the staff to ion bin, educate medications to so, and scan medications. The serve aled the staff limedicine cup and the client is whole with water. Wations revealed the staff liral AX into a measuring cup er. The client consumed the	W 3	669				

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

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G271	B. WING		07/	16/2025
NAME OF PROVIDER OR SUPPLIER VOCA-ROLLINS GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 297 BOB ROLLINS ROAD FOREST CITY, NC 28043		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	ON SHOULD BE COMPLÉTIO DATE DATE	
W 369	dated 6/25/25. Revimedications prescribed to the claurise revealed that facility stood with medications should prescribed. SPACE AND EQUIL CFR(s): 483.470(g) The facility must fur and teach clients to choices about the unterdisciplinary team of the clients of	iew of the PO's revealed ibed at 7:00 AM to be 325MG, Docusate SOD CAP ,000 IU, Losartan POT done 1 MG tab, Tetrabenazine odone Tab 40 MG, MiraLAX pful) in 8 ounces of liquid and e daily. The staff administered G which is ordered at bedtime. G and Vitamin B-12 500 CG able to administer to the client administration. acility nurse on 7/16/25 at #4's PO's to be current. With the nurse revealed that the that was administered to the amount of MiraLAX itent. Further interview with the edication orders; however, a be administered as PMENT (2) Thish, maintain in good repair, a use and to make informed as e of dentures, eyeglasses, communications aids, braces, dentified by the m as needed by the client. It is not met as evidenced by: the sions, record review and y failed to ensure that the equipment was maintained ients (#4) relative to	W 3			
	prescribed eyeglass					

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G271	B. WING		07	//16/2025	
NAME OF PROVIDER OR SUPPLIER VOCA-ROLLINS GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CO 297 BOB ROLLINS ROAD FOREST CITY, NC 28043			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORF X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 436	Observation in the recertification surve #4 to participate in dinner mealtime, by medication administ observations revea prescribed eyeglas Further observation any time provide the eyeglasses. Review of records revealed an individ 12/18/24. Continue eye exam complete prescription for eye Interview with the ficonfirmed that the eyeglasses. Continues confirmed that the eyeglasses. EVACUATION DRI CFR(s): 483.470(i) The facility must in evacuation drills, in This STANDARD is Based on record refailed to investigated drills specific to the The finding is: Review of the facility revealed three fire	group home during by 7/15-16/25 revealed client playing an UNO card game, reakfast mealtime, and stration. Continued alled client #4 to not wear ses throughout the survey. Ins revealed that staff did not at the client with his prescribed for client #4 on 7/16/25 tual support plan (ISP) dated and review of ISP revealed an ted on 6/2/25 with a new reglasses. acility nurse on 7/16/25 client is prescribed and interview with the facility at the client had an eye exam at the client had eventually at the client with his prescribed and eventually at the client with his prescribed and eventually at the client #4 to not wear at eventually at the client #4 to not wear at eventually at the client #4 to not wear at eventually at the client #4 to not wear at eventually at the client #4 to not wear at eventually at the client #4 to not wear at eventually at the client #4 to not wear at eventually at the cli	W 4				
	revealed three fire						

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G271	B. WING		07/	/16/2025
NAME OF PROVIDER OR SUPPLIER VOCA-ROLLINS GROUP HOME				STREET ADDRESS, CITY, STATE, ZI 297 BOB ROLLINS ROAD FOREST CITY, NC 28043		10/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 448	minutes; 5/5/25 - 2 minutes). Continuer fire drill reports to be the evacuation time. Interview with the Averified the expectatime is three minutes the Area Manager of responsible for revietimeliness of evacu	9 minutes; 6/4/25 - 7.45 d review revealed the three e missing an explanation for	W 4	.48		