PRINTED: 09/29/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G262	B. WING _			C <b>09/19/2025</b>		
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  123 WOODLAND DR  RUTHERFORDTON, NC 28139		00.10.2020		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION S		(X5) COMPLETION DATE		
W 000	INITIAL COMMENTS		W	000				
W 318	intake was substantia cited. A Condition of for Health Care Servi HEALTH CARE SER CFR(s): 483.460	atake #NC00233307. The lated and deficiencies were Participation (CoP) was cited ces. VICES	ws	318				
W 331	The facility failed to: accordance with clier staff were sufficiently medication errors (W administered in comporders (W368); ensur were documented (W administration errors  The cumulative effect practices resulted in mandated healthcare NURSING SERVICE CFR(s): 483.460(c)  The facility must proviservices in accordance This STANDARD is a Based on record reviservices failed to measure prescribed measure prescri	nt's needs (W331); ensure trained on documenting 340); ensure drugs were diance with physicians e drug administration errors (375); and report all drug to the physician (W376).  Its of these systemic the facility's failure to provide services.  Solvide clients with nursing the with their needs. The mot met as evidenced by: iews and interviews, nursing	W	331				
ARORATORY I	DIRECTOR'S OR PROVIDER!	SLIPPLIER REPRESENTATIVE'S SIGNATUR	F '	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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI		(X3) DATE SURVEY COMPLETED		
			A. BOILDI			(	c l
		34G262	B. WING				19/2025
	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE	1 00.	10/2020
VOCA-WC	OODLAND			RUTI	HERFORDTON, NC 28139		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			(X5) COMPLETION DATE
W 331	records (MAR) for clie 9/25 revealed the follo medications: - Aripiprazole 30mg, - Trazodone 100mg, - Clonidine 0.1mg, 8/ Oxcarbazepine - 30 - Trazodone 100mg o - Fluoxetine Cap 20m - Aripiprazole 30mg o - Clonidine Tab 0.1mg 9/8/25 7AM - Divalproex 7AM on - Fluoxetine Cap 40m - Oxcarbazepine 6000	lication administration ent #1 from 6/25 through owing missed dosages of 7/27 - 7/31/25 7/7/25 and 7/31/25; 1/25 - 8/25/25 0 mg on 8/7/25 - 8/26/25 on 8/9/25 - 8/24/25 og on 8/9/25 - 8/25/25, on 9/8/25 g on 9/6/25 8:00PM and 9/8/25 ng on 9/8/25 mg on 9/8/25	W	331			
	through 9/25 revealed dosages of medication - Chlorhexidine Gluco 6/3/25 - 6/27/25 - Melatonin chew 5mg 6/20/25 - Cobenfy 100-200mg 6/30/25, - Cobenfy CAP 100-27/27/25, 7/28/25, 7/30 - Biotene Liquid Dry Model - Cobenfy Cap 100mg 8/23/25, 8/24/25, 8/30 - Cetirizine Chew 10m	R for client #2 from 6/25 d the following missed ons: onate 0.12% solution on g on 6/18/25, 6/19/25, g on 6/28/25, 6/29/25, 20mg on 7/1/25, 7/2/25, o/25 and 7/31/25 Mouth on 7/24/25, g - 20mg on 8/1/25-8/21/25,					
		d the following missed					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G262	B. WING				C 19/2025
NAME OF PI	ROVIDER OR SUPPLIER	,	,	STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHO			(X5) COMPLETION DATE
W 331	- Lansoprazole cap 3 7/16/25, 7/17/25, 7/1 7/23/25, 7/24/25, 7/2 7/29/25 - Aripiprazole Tab 2m - GNP Melatonin 3m - Aripiprazole Tab 5m 8/18/25 - 8/24/25, 8/2 - Aripiprazole Tab 5m 9/14/25  D. Review of the MAI through 9/25 reveale dosages of medicatic -Chlorpromax tab 25i 6/16/25 - 6/30/25 - Gabapentin cap 100 - Oxcarbazepine 300 - Divalproex 250mg t - Clonazepam 1mg ta - Chlorpromaz 25mg - Gabapentin 100 mg - Divalproex 250mg t - Quetiapine 300mg t - Sabapentin 100mg 8/7/25, 8/8/25, 8/19/2 - Clonazepam 1mg ta 8/15/25 -8/21/25, 8/2 - Sodium Chloride 1g - Clonazepam on 9/1	O mg on 6/2/25- 6/3/25 Omg on 7/1/25, 7/14/25, 8/25, 7/21/25, 7/22/25, 6/25, 7/27/25, 7/28/25, and org on 7/1/25 Org tab on 7/28/25 Org on 8/2/25 - 8/16/25, 29/25 - 8/31/2 Org on 9/5/25, 9/8/25, 9/10/25, org on 9/5/25, 9/8/25, 9/10/25, org on 6/1/25, 6/13/25, org on 6/25/25, 6/26/25 Org on 6/25/25, 6/26/25 Org on 6/25/25, 6/26/25 Org on 6/25/25, 6/30/25 Org on 6/25/25, 6/30/25 Org on 7/1/25 - 7/6/25 Org on 7/1/25 - 7/6/25 Org on 7/1/25, 7/31/25 Org on 8/1/25 - 8/5/25, 8/20/25 Org on 8/1/25- 8/5/25, 8/30/25 Org on 8/1/25- 8/5/25, 8/31/25 Org on 8/3/25 - 8/5/25, 8/31/25 Org on 8/1/25- O	W:	331			
	missing medications previous site supervi	were reported to the sor (SS). Continued interview aled they utilize a nursing					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
						С
		34G262	B. WING _	<del></del>		09/19/2025
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  123 WOODLAND DR  RUTHERFORDTON, NC 28139		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 331	Continued From page	e 3	W 3	31		
W 340	9/19/25 revealed the 5/25 are the current of the DON revealed the monitoring and ordering medicine closet check responsibility of the SC Continued interview was not made aware available in the home clients #1, #2, #3 and 6/26 - 8/25 until the a into the role of site suin late 8/25.  NURSING SERVICE: CFR(s): 483.460(c)(5)  Nursing services must other members of the appropriate protective measures that include training clients and sthealth and hygiene monitoring the straining clients and straining clients.	ing medications, as well as ks, are primarily the is assigned to the home. With the DON revealed she of medications not being is for administration for it if	W 3	40		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		34G262	B. WING _			C <b>09/19/2025</b>	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 123 WOODLAND DR RUTHERFORDTON, NC 28139		03/13/2023	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 340	- Trazodone 100mg - Fluoxetine Cap 20 - Aripiprazole 30mg - Clonidine Tab 0.1r 9/8/25 7AM - Divalproex 7AM o - Fluoxetine Cap 40 - Oxcarbazepine 60 and 8PM, 9/6/25 1 fr  B. Review of the Mathrough 9/25 reveal dosages of medical chlorhexidine Glu 6/3/25 - 6/27/25 - Melatonin chew 5r 6/20/25 - Cobenfy 100-200r 6/30/25, - Cobenfy CAP 100 7/27/25, 7/28/25, 7/2 Biotene Liquid Dry - Cobenfy Cap 100 8/23/25, 8/24/25, 8/2	300 mg on 8/7/25 - 8/26/25 3 on 8/9/25 - 8/24/25 3 mg on 8/9/25 - 8/25/25 3 mg on 9/8/25 3 mg on 9/6/25 8:00PM and 3 n 9/8/25 3 mg on 9/8/25 3 mg on 9/1/25 1 tab at 7AM, 3 tab at 8PM  AR for client #2 from 6/25 3 ted the following missed 3 tions: 3 conate 0.12% solution on 3 mg on 6/18/25, 6/19/25, 3 mg on 6/28/25, 6/29/25, 3 mg on 6/28/25, 6/29/25, 3 mg - 20mg on 8/1/25 - 8/21/25, 3 mg - 20mg on 8/1/25 - 8/21/25, 3 mg on 9/13/25 - 9/17/25  AR for client #3 from 6/25 3 ted the following missed	W	·			
	- Lansoprazole cap 7/16/25, 7/17/25, 7/ 7/23/25, 7/24/25, 7/ 7/29/25 - Aripiprazole Tab 2 - GNP Melatonin 3r	ng tab on 7/28/25 mg on 8/2/25 - 8/16/25,					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 50.25	_		(	c
		34G262	B. WING			09/	19/2025
NAME OF P	ROVIDER OR SUPPLIER		•	1:	TREET ADDRESS, CITY, STATE, ZIP CODE 23 WOODLAND DR RUTHERFORDTON, NC 28139		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EA				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 340	9/14/25.  D. Review of the MAF through 9/25 revealed dosages of medicatio -Chlorpromax tab 25r 6/16/25 - 6/30/25 - Gabapentin cap 100 - Oxcarbazepine 300rd - Divalproex 250mg tale - Chlorpromaz 25mg - Gabapentin 100 mg - Divalproex 250mg to - Quetiapine 300mg tale - Gabapentin 100mg 8/7/25, 8/8/25, 8/19/2 - Quetiapine 300mg tale - Gabapentin 100mg 8/7/25, 8/8/25, 8/19/2 - Quetiapine 300mg tale - Gabapentin 100mg 8/10/25, 8/12/25 - Clonazepam 1mg tale 8/15/25 - 8/21/25, 8/25 - Sodium Chloride 1g - Clonazepam on 9/1/1/25 - Subsequent review of #3 and #4 revealed Nevidence of following revealed Nursing did in-service training with communication regarmedications not being to the client which rescontinued review did documented from 6/2 Interview on 9/19/25 visited to 19/19/25 visi	g on 9/5/25, 9/8/25, 9/10/25,  R for client #4 from 6/25 If the following missed ins: Ing on 6/1/25, 6/13/25,  Img on 6/25/25, 6/26/25 Img tab on 6/25/25 Img tab on 6/25/25 Img tab on 7/1/25 - 7/6/25 Img tab on 7/1/25 - 7/25/25 Img tab on 7/1/25, 7/31/25 Img on 8/1/25, 7/31/25 Img on 8/1/25 - 8/5/25, Img tab on 7/30/25, 7/31/25 Img tab on 7/1/25 Img tab on 7/1/25 - 8/5/25 Img tab on 7/1/25 Img tab on 8/1/25 Img tab on 8/10/25 Img tab	W	340			

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER		) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		34G262	B. WING				C 19/2025	
NAME OF PR	ROVIDER OR SUPPLIER		1	12	TREET ADDRESS, CITY, STATE, ZIP CODE 23 WOODLAND DR UTHERFORDTON, NC 28139		10/2020	
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W 340	interview with the DO been made aware of #1, # 2, #3, and #4.	d error by staff. Continued N revealed she had not any med errors for clients	w	340				
W 368	that all drugs are admithe physician's orders. This STANDARD is massed on record revisystem for drug administer physician orders for 4 #2, #3 and #4). The final A. Record review on severaled a physician Further review of the medications to be administrations to be administration and 9PM, Divalptablets at 7AM, Fluox. Oxcarbazepine 300 m 7AM and 9PM, Divalptablets at 7AM, Fluox. Oxcarbazepine 300 m 7AM and 8PM, Polyer (one capful) in 8 ound Trazodone Tab 100m bedtime 8PM and PR. Continued review of the administration records 6/25 through 9/25 revidosages of medicational Aripiprazole 30mg, 7 Trazodone 100mg, 1 Clonidine 0.1mg, 8/2	administration must assure ministered in compliance with somet as evidenced by: ews and interviews, the mistration failed to assure all red in compliance with of 6 sampled clients (#1, andings are:  19/19/25 for client #1 10/19/25 for client #1 10/19/2	W	368				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  G	` ′	(X3) DATE SURVEY COMPLETED		
		34G262	B. WING _			C <b>09/19/2025</b>		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  123 WOODLAND DR  RUTHERFORDTON, NC 28139			03/13/2023		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 368	- Aripiprazole 30mg - Clonidine Tab 0.1r 9/8/25 7AM - Divalproex 7AM or - Fluoxetine Cap 40 - Oxcarbazepine 60 and 8PM, 9/6/25 1 to B. Record review for dated 5/6/25. Further the following medical Benztropine Tab 1 r Liquid Dry Mouth 15 100mg at 7AM and tabs (30MG) at 8PM. Cobenfy CAP 100-28PM "reorder when Fanapt Tab 8mg at 12mg at 8PM, GNP 20PM, Lactulose Sc 7AM and 8PM, Lora Melatonin Cap 10m (chew 2 tablets 10n 5mg (dissolve one to 100mg at 7AM and Continued review or 6/25 through 9/25 redosages of medicate - Chlorhexidine Glue 6/3/25 - 6/27/25 - Melatonin chew 5r 6/20/25 - Cobenfy 100-200r 6/30/25,	on 8/9/25 - 8/24/25 mg on 8/9/25 - 8/25/25 on 9/8/25 ng on 9/6/25 8:00PM and n 9/8/25 mg on 9/8/25 Omg on 9/1/25 1 tab at 7AM, ab at 8PM r client #2 revealed a PO er review of the PO revealed ations to be administered; ng at 7AM and 8PM, Biotene oml at 7AM, Briviact Tab 8PM, Clobazam Tab 10mg 3 M, Clobazam Tab 8mg at 7AM, 200mg 1 capsule at 7AM and needed- not a cycle fill med", 7AM and 8PM, Fycompa Tab Vitamin D3 1000 unit at bolution 10GM/15 take 30ML at atadine Tab 10mg at 7AM, g at 9PM, Melatonin 5mg ng) at 9PM, Olanzapine Tab ab) at 9PM, Topiramate 8PM, PRN medications. f the MAR for client #2 from evealed the following missed ions: conate 0.12% solution on mg on 6/18/25, 6/19/25, ng on 6/28/25, 6/29/25, -20mg on 7/1/25, 7/2/25,	W 3	68				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	IPLE CONSTRUCTION		ATE SURVEY DMPLETED	
		34G262	B. WING _			C 09/19/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 123 WOODLAND DR RUTHERFORDTON, NC 28139	•	3071072020
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 368	8/23/25, 8/24/25, 8/3 - Cetirizine Chew 10 C. Record review fo dated 5/6/25. Further the following medical Aripiprazole Tab 2m 0.5mg inhaler 2ml at 7AM and 8PM, Dand 8PM, Ferrous Stacid Tab 1mg at 7Al 8PM, Lamotrigine Table Lansoprazole 30mg Levetiraceta 1000m PRN medications.  Continued review of 6/25 through 9/25 redosages of medications.  Continued review of 6/25 through 9/25 redosages of medications.  Continued review of 6/25 through 9/25 redosages of medications.  Continued review of 6/25 through 9/25 redosages of medications.  Continued review of 6/25 through 9/25 redosages of medications.  Continued review of 6/25 through 9/25 redosages of medications.  Continued review of 6/25, 7/24/25, 7/24/25, 7/24/25, 7/24/25, 7/24/25, 7/29/25  - Aripiprazole Tab 50 8/18/25 - 8/24/25, 8/24/25, 8/24/25.  D. Record review of a PO dated 5/6/25. I revealed the followir administered; Chest at 7AM, Chlorproma	Mouth on 7/24/25.  ng - 20mg on 8/1/25- 8/21/25, 31/25  Img on 9/13/25- 9/17/25  In client #3 revealed a PO  For review of the PO revealed ations to be administered; In g at 7AM, Budesonide Sust 7AM, Clobazam Tab 20mg Invalproex Tab 500mg at 7AM In the Martin of the Tab 324 mg at 7AM, Folic M, GNP Melatonin 3mg Tab at ab 100mg at 7AM and 8PM, at 7AM and 4PM, In the MAR for client #3 from Executed the following missed tons:  100 mg on 6/2/25- 6/3/25 18/25, 7/21/25, 7/22/25, 26/25, 7/27/25, 7/28/25, and  100 mg on 7/1/25 18/25, 7/21/25, 7/28/25, and  100 mg on 7/1/25 18/25, 7/27/25, 7/28/25, and  100 mg on 7/1/25 100 mg on 8/2/25 - 8/16/25, 100 mg on 8/2/25 - 8/16/25,	W	968		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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		34G262	B. WING			09/	19/2025	
VOCA-WO	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  123 WOODLAND DR  RUTHERFORDTON, NC 28139		23 WOODLAND DR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL) TAG CROSS-REFERENCED TO THE APPROPROFICE DEFICIENCY)			(X5) COMPLETION DATE	
W 368	250mg Tab (3 tablets capsules 2000mg) at 0.01% on scalp on Mote 8PM, Gabapentin 4PM and 8PM, Lorate 7AM, Omeprazole 40 Oxcarbazepine-300m Oxybutynin 5mg Tab 8PM, Poleth Glyc Polychloride Tab 10MEQ Quetiapine Tab 300m 50mcg 1 capsule at 7 Continued review of t 6/25 through 9/25 revidosages of medicatio - Chlorpromax tab 25 6/16/25 - 6/30/25 - Gabapentin cap 100 - Oxcarbazepine 300m - Divalproex 250mg tare Clonazepam 1mg tare Chlorpromaz 25mg - Gabapentin 100 mg - Divalproex 250mg tare Chlorpromaz 25mg - Gabapentin 100 mg - Quetiapine 300mg tare Gabapentin 100mg 8/7/25, 8/8/25, 8/19/2 - Quetiapine 300mg tare 30	o 1 tablet at 7AM, Divalproex at 8PM, Fish oil 1000mg (2 7AM, Fluocin Acet Oil ondays and Thursdays 4PM 100mg 1 capsule at 7AM, adine 10 Tab 1 tablet at mg Cap 1 capsule at 7AM, ag 1 tablet at 7AM, and 8PM, 1 tablet at 7AM, 4PM, and w 3350 17gm at 7AM, Pot ER 1 tablet at 8PM, Vitamin D AM, and PRN medications.  The MAR for client #4 from realed the following missed ans:  Img on 6/1/25, 6/13/25,  Img on 6/25/25, 6/26/25  Img tab on 6/25/25  Ind on 7/1/25 - 7/6/25  Itab on 7/1/25 - 7/6/25  Itab on 7/30/25, 7/31/25  Itab on 8/1/25 - 8/5/25, 5, 8/20/25  Ind on 8/1/25-  Ind on 8/3/25 - 8/5/25, 5/25, 8/31/25  Img tab on 8/10/25  Img tab on 8/10/25  Img on 8/10/25  Img on 8/10/25  Img on 8/10/25  Img on 8/10/25	W	3368				

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NAME OF PROVIDER  VOCA-WOODLAN				12	TREET ADDRESS, CITY, STATE, ZIP CODE 23 WOODLAND DR PUTHERFORDTON, NC 28139	1 001	10/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
the DC admini physic	ON confirmed s stered medicat ian's orders.	taff should have iions as prescribed on the	W	368				
W 375 DRUG CFR(s  The sy that dr reactic This S Basec failed t admini medica #2, #3  A. Rec medica 6/25 tr dosage  - Aripir - Trazc - Cloni - Oxca - Trazc - Fluoy - Aripir - Cloni 9/8/25 - Dival - Fluoy - Oxca	Continued From page 10 the DON confirmed staff should have administered medications as prescribed on the physician's orders. DRUG ADMINISTRATION CFR(s): 483.460(k)(8)  The system for drug administration must assure that drug administration errors and adverse drug reactions are recorded. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the system for medication administration recorded complete and accurate medication errors for 4 of 6 sampled clients (#1, #2, #3 and #4). The findings are:  A. Record review on 9/19/25 for client #1's medication administration records (MAR) from 6/25 through 9/25 revealed the following missed dosages of medications:  - Aripiprazole 30mg, 7/27 - 7/31/25 - Trazodone 100mg, 8/1/25 - 8/25/25 - Oxcarbazepine - 300 mg on 8/7/25 - 8/26/25 - Trazodone 100mg on 8/9/25 - 8/25/25 - Clonidine Cap 20mg on 8/9/25 - 8/25/25 - Clonidine Tab 0.1mg on 9/6/25 8:00PM and 9/8/25 7AM - Divalproex 7AM on 9/8/25 - Fluoxetine Cap 40mg on 9/1/25 1 tab at 7AM, and 8PM, 9/6/25 1 tab at 8PM		W	375				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		34G262	B. WING			09/	19/2025
NAME OF P	ROVIDER OR SUPPLIER	•			REET ADDRESS, CITY, STATE, ZIP CODE  3 WOODLAND DR		
VOCA-WO	OODLAND				JTHERFORDTON, NC 28139		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 375	Continued From pag	e 11	w:	375			
	6/3/25 - 6/27/25 - Melatonin chew 5m 6/20/25 - Cobenfy 100-200m 6/30/25, - Cobenfy CAP 100-7/27/25, 7/28/25, 7/3 - Biotene Liquid Dry - Cobenfy Cap 100m 8/23/25, 8/24/25, 8/3 - Cetirizine Chew 10  C. Record review on #3's MAR from 6/25 following missed dos - Levetiraceta Tab 50 - Lansoprazole cap 37/16/25, 7/17/25, 7/17/23/25, 7/24/25, 7/27/29/25 - Aripiprazole Tab 2m - Aripiprazole Tab 5m 8/18/25 - 8/24/25, 8/3 - Aripiprazole Tab 5m 9/14/25.  D. Record review of from 6/25 through 9/missed dosages of m - Chlorpromax tab 28 6/16/25 - 6/30/25 - Gabapentin cap 10 - Oxcarbazepine 300	Mouth on 7/24/25. ng - 20mg on 8/1/25- 8/21/25, ng on 9/13/25- 9/17/25  9/19/25 of record for client through 9/25 revealed the sages of medications:  00 mg on 6/2/25- 6/3/25 30mg on 7/1/25, 7/14/25, 8/25, 7/21/25, 7/22/25, 26/25, 7/27/25, 7/28/25, and ng on 7/1/25 g tab on 7/28/25 ng on 8/2/25 - 8/16/25, 29/25 - 8/31/2 ng on 9/5/25, 9/8/25, 9/10/25, record for client #4's MAR 25 revealed the following nedications: 5mg on 6/1/25, 6/13/25, 0mg on 6/25/25, 6/26/25					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		34G262	B. WING			C <b>09/19/2025</b>	
NAME OF PROVIDER OR SUPPLIER  VOCA-WOODLAND				STREET ADDRESS, CITY, STATE, ZIP CO 123 WOODLAND DR RUTHERFORDTON, NC 28139	DE I	09/19/2025	
(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 BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		DATE	
W 376	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G262	B. WING			C 09/19/2025	
NAME OF PROVIDER OR SUPPLIER  VOCA-WOODLAND				13	TREET ADDRESS, CITY, STATE, ZIP CODE 23 WOODLAND DR 2UTHERFORDTON, NC 28139	1 09/	19/2025
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)		BE COMPLETION	
W 376	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		W	376			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		34G262	B. WING			09/19/2025	
NAME OF PROVIDER OR SUPPLIER  VOCA-WOODLAND				1:	TREET ADDRESS, CITY, STATE, ZIP CODE 23 WOODLAND DR RUTHERFORDTON, NC 28139		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 376	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 14 Olanzapine Tab 5mg (dissolve one tab) at 9PM, Topiramate 100mg at 7AM and 8PM, PRN medications.  Continued review of the medication administration records (MAR) for client #2 from 6/25 through 9/25 revealed the following missed dosages of medications: - Chlorhexidine Gluconate 0.12% solution on 6/3/25 - 6/27/25 - Melatonin chew 5mg on 6/18/25, 6/19/25, 6/20/25 - Cobenfy 100-200mg on 6/28/25, 6/29/25, 6/30/25, - Cobenfy CAP 100-20mg on 7/1/25, 7/2/25, 7/27/25, 7/28/25, 7/30/25 and 7/31/25 - Biotene Liquid Dry Mouth on 7/24/25 Cobenfy Cap 100mg - 20mg on 8/1/25- 8/21/25, 8/23/25, 8/24/25, 8/31/25 - Cetirizine Chew 10mg on 9/13/25- 9/17/25  C. Record review on 9/19/25 for client #3 revealed a PO dated 5/6/25. Further review of the PO revealed the following medications to be administered; Aripiprazole Tab 2mg at 7AM, Budesonide Sus 0.5mg inhaler 2ml at 7AM, Clobazam Tab 20mg at 7AM and 8PM, Divalproex Tab 500mg at 7AM and 8PM, Divalproex Tab 500mg at 7AM and 8PM, Lamotrigine Tab 100mg Tab at 8PM, Lamotrigine Tab 100mg Tab at 7AM and 8PM, Lansoprazole 30mg at 7AM and 8PM, Levetiraceta 1000mg Tab at 7AM and 8PM, Levetiraceta		W	376			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	1, ,	COMPLETED		
		34G262	B. WING _			C 09/19/2025		
NAME OF PROVIDER OR SUPPLIER  VOCA-WOODLAND				STREET ADDRESS, CITY, STATE, ZIP CODE  123 WOODLAND DR  RUTHERFORDTON, NC 28139		03/13/2020		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
W 376	7/16/25, 7/17/25, 7/ 7/23/25, 7/24/25, 7/ 7/29/25 - Aripiprazole Tab 2 - GNP Melatonin 3r - Aripiprazole Tab 5 8/18/25 - 8/24/25, 8 - Aripiprazole Tab 5 9/14/25.  D. Record review of the PO revealed the administered; Chest at 7AM, Chlorprom and 8PM, Citalopra Clonazepam 1mg 7 250mg Tab (3 table capsules 2000mg) 0.01% on scalp on to 8PM, Gabapentit 4PM and 8PM, Lora 7AM, Omeprazole Oxcarbazepine-300 Oxybutynin 5mg Ta 8PM, Poleth Glyc Fichloride Tab 10ME Quetiapine Tab 300 50mcg 1 capsule at Continued Review 6/25 through 9/25 redosages of medical Chlorpromax tab 36/16/25 - 6/30/25 - Gabapentin cap 1 - Oxcarbazepine 300 1 Capsule 300 1 Capsu	a 30mg on 7/1/25, 7/14/25, 7/18/25, 7/21/25, 7/22/25, 7/26/25, 7/27/25, 7/28/25, and 2mg on 7/1/25 mg tab on 7/28/25 mg on 8/2/25 - 8/16/25, 8/29/25 - 8/31/2 mg on 9/5/25, 9/8/25, 9/10/25, 8/29/25 - 8/31/2 mg on 9/5/25, 9/8/25, 9/10/25, 9/8/25, 9/8/25, 9/10/25, 9/10/25, 9/8/25, 9/10/	W 3	76				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		34G262	B. WING			09/19/2025	
NAME OF PROVIDER OR SUPPLIER  VOCA-WOODLAND				12	TREET ADDRESS, CITY, STATE, ZIP CODE  3 WOODLAND DR  UTHERFORDTON, NC 28139		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EA		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
W 376	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W	376			