

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

PRINTED: 03/04/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER VOCA-LAURELWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 200 LAURELWOOD DR SMITHFIELD, NC 27577		
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W 249	<p>PROGRAM IMPLEMENTATION 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> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 4 audit clients (#4, #5, and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of leisure activities and meal preparation. The findings are:</p> <p>A. Observation on 3/2/26 in the home revealed client #4 to be in her bed for long periods of time throughout the day and completing one activity consisting of writing in her journal. During morning observations from 9:30am - 10:30am, she sat on her bed as she wrote in her journal. No choice of activity was offered in the group area. From 11:15am - 11:57am revealed she remained in her room, sitting in bed, as she continued to write in her journal. No structured activity occurred in the home during this time. Staff E pushed her to the dining area for lunch at 12:00pm. Afternoon observations at 3:30pm revealed clients to be in their rooms resting and toileting. From 3:30pm - 5:10pm revealed client #4 to be in her bed, writing in her journal.</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>Activities in the group setting of the home during this time included television and a table activity. No exercise, outdoor walking, or vocational activity was observed. Staff were observed to check on her in her room twice. She remained in her bed. She was pushed to the dining area for dinner at 5:15pm. At 6:00pm, she returned to her room.</p> <p>During morning observations in the home on 3/3/26 from 6:30am - 9:00am, no variety of structured activities were offered. Breakfast was served and finished by 6:30am and all clients were groomed and dressed for the day in the den area. At 6:30am, Staff D wiped the dining table and came to the den area. At 6:40am, client #4's bed table was wheeled into the den with her notebook, pen, papers, and glasses. She did not put her glasses on, and she was not prompted to wear them. Client #4 sat in the den area writing in her journal for the entire time. Staff D was observed to fold towels from the laundry while in the den, and Staff E talked with clients in the den area. Staff F issued medications in the office area. No choices of structured activities were offered.</p> <p>Review on 3/3/26 of the home structured schedule revealed clients participate in goal training and activities following morning breakfast and hygiene. Prior to lunch, they should participate in household chores. After lunch, clients should rest from 1:00pm - 1:30pm and then participate in goal training. From 3:30pm - 4:30pm, clients should be engaged in activities and goal training.</p> <p>Review on 3/2/26 of client #4's IPP, dated 1/29/25, revealed she should have variety of</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>choices when it comes to activities. Staff should make her environment as enriched and positive as possible, while keeping her engaged in activities. Staff should continually seek to expose her to new activities, both recreationally and vocationally, in effort to promote further participation. Provide choices among activities with activities in her ability level. In addition, her personal goals require she has a "variety of choices when it comes to activities". She should be exposed to new activities and provided choices. She should be encouraged to participate in group home activities that promote physical fitness and general well being to prevent further decline in mobility.</p> <p>Review on 3/2/26 of client #4's behavior support plan (BSP), dated 2/11/26, revealed a target behavior of depression symptoms to include wanting to be in bed. Staff should make sure her environment is enriched and positive, keeping her engaged in activities and providing reinforcement for positive behavior. She should be exposed to new activities and provided choices.</p> <p>Interview on 3/2/26 with Staff E revealed the home has a daily schedule. Client #4 likes to sit in her room and "work" in her journal. She likes to be to herself.</p> <p>Interview on 3/2/26 with Staff G revealed client #4 prefers to write in her journal and refers to it as her "work".</p> <p>Interview on 3/3/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 does like to write in her journal, but she should be encouraged to be out of her room and offered a variety of activities. The home has a daily</p>	W 249		

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W 249	<p>Continued From page 3 schedule of activities.</p> <p>B. Observation in the home throughout 3/2/26 - 3/3/26 revealed client #5 in her wheelchair, self-propelling throughout the den and dining area with no structured leisure activities offered to her. On 3/2/26 from 11:11am - 11:50am, she strummed a guitar on her lap repeatedly. No additional activity was offered to her. At 11:55am, she propelled her wheelchair to the dining area to watch meal preparation through the kitchen window. Staff D used the food processor to blend food for the lunch meal as client #5 watched through the window. Further observations on 3/2/26 from 3:30pm - 5:00pm revealed client #5 holding a sensory rattle and self-propelling throughout the home. No structured activity was offered to her. At 4:45pm, she sat in her wheelchair, holding the rattle, and watched as Staff F prepared dinner. Staff F used the food processor to blend food for the evening meal as client #5 watched. She was not prompted to assist.</p> <p>Additional observation on 3/3/26 from 6:30am - 8:00am revealed client #5 self-propelling around the den area. Staff D folded towels on the sofa and talked to clients. Staff E sat in the den area talking to clients as medication administration took place in the office. No structured activity was offered to client #5.</p> <p>Review on 3/3/26 of client #5's IPP, dated 10/10/25, revealed staff should encourage her to engage in activities of interest to her and find alternatives for activities which would enhance skills. Further review revealed a goal to assist with meal preparation four times per week. In addition, she can press the food processor button</p>	W 249			

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W 249	<p>Continued From page 4 with hand over hand prompting.</p> <p>Review on 3/3/26 of client #5's BSP, dated 2/26/26, revealed a target behavior of agitation. Staff should provide choices in activities, and keep her engaged in activities.</p> <p>Interview on 3/3/26 with Staff E revealed the home has a structured schedule, but client #5 likes to move around the home independently and looks up at the ceiling or at others.</p> <p>Interview on 3/3/26 with the QIDP revealed staff should offer client #5 a choice in activities, as well as involve her in meal preparation.</p> <p>C. Observation in the home throughout 3/2/26 - 3/3/26 revealed client #6 sitting either in a chair or on the sofa with no structured leisure activities offered to her. On 3/2/26 at 9:30am, she was observed to be asleep on the sofa. Staff D roused her awake at 9:45am. From 11:15am - 11:35am, Staff D placed a sensory block toy on the table in front of her and repeatedly prompted her to touch the item. Client #6 pulled her hands back and did not respond. She was not offered a choice of activities. From 3:30pm - 4:10pm, she sat on the sofa while Staff D attempted to place the sensory block toy in her lap. Client #6 crossed her arms and leaned away from the sensory item. Staff D and Staff E stated that she did not seem interested in the activity. No alternate activity was offered. From 4:10pm - 4:20pm, she received medications in the office, and then returned to the sofa to sit until 5:00pm. No further activities were offered to her.</p> <p>Additional observation on 3/3/26 from 6:30am - 8:00am revealed client #6 sitting on the sofa</p>	W 249			

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W 249	Continued From page 5 while the television played. Staff D and Staff E sat in the den area with clients, but no structured activity was offered to client #6. At 7:50am, Staff D attempted to place the sensory block toy in her lap. Client #6 crossed her arms and leaned away from the sensory item, refusing to touch it and turning her head away. Staff D and Staff E commented that she was not interested. No further activity choice was offered to client #6. Review on 3/2/26 of client #6's IPP, dated 9/3/25, revealed staff should assist her in choosing activities that are of interest and encourage her to engage in social activities. A wide variety of activities should be offered. Review on 3/2/26 of client #6's BSP, dated 2/26/26, revealed target behaviors of non-compliance. Staff should offer choices of activities and offer new activities. Review on 3/3/26 of client #6's skills assessment, dated 3/3/25, revealed she is dependent on staff to make and follow a daily activity schedule. Interview on 3/3/26 with Staff E revealed the home has a structured daily schedule. Client #6 will refuse to participate if she does not want to do an activity. Interview on 3/3/26 with the QIDP revealed a variety of activities and choices should be offered to client #6.	W 249			
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	W 260			

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W 260	Continued From page 6 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 Program Plan (IPP) annually as required for 1 of 4 audit clients (#4). The finding is: Review on 3/2/26 of client #4's record revealed an IPP dated 1/27/26 with a note stating it was "not finalized and had been rescheduled". An additional IPP, dated 1/29/25, was also located. No updated goals could be located. Interview on 3/3/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the date on the newer IPP had been changed, but the meeting had not been held. No change of information had been entered into the newer IPP, and the 1/29/25 IPP was still being used. Attempts have been made to schedule a meeting to include client #4's guardian, but she will not be able to attend a meeting until 3/4/26.	W 260			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 4 of 4 audit clients (#2, #4, #5, and #6) were reviewed and monitored by the human rights committee (HRC). The findings are: A. Review on 3/2/26 of client #2's Behavior	W 262			

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W 262	<p>Continued From page 7</p> <p>Support Plan (BSP), dated 2/27/26, revealed target behaviors consisting of noncompliance, agitation, and food stealing. Medications included Lorazepam and Asenapine. In addition, restrictions consists of him being asked to leave the kitchen area during meal preparation as necessary. Further review revealed no consent by HRC signature and a note stating "Waiting for HRC approval" by the Qualified Intellectual Disabilities Professional (QIDP).</p> <p>Interview on 3/3/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that the HRC consent should be signed. Verbal consent was requested on 3/2/26.</p> <p>B. Review on 3/2/26 of client #4's Behavior Support Plan (BSP), dated 2/11/26, revealed target behaviors consisting of depression symptoms and self injurious behavior. Medications included Aripiprazole, Fluoxetine, Gabapentin, Clomipramine, Olanzapine, and Hydroxyzine. Further review revealed no consent by HRC signature.</p> <p>Interview on 3/3/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that the HRC consent should be signed. Verbal consent was requested on 3/2/26.</p> <p>C. Review on 3/2/26 of client #5's BSP, dated 2/26/26, revealed target behaviors consisting of agitation and PICA. Medications included Clonazepam, Paxil, Hydroxyzine, and Lorazepam. Further review revealed no consent by HRC signature.</p> <p>Interview on 3/2/26 with the QIDP confirmed that</p>	W 262			

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W 262	Continued From page 8 the HRC consent should be signed. Verbal consent was requested on 3/2/26. D. Review on 3/2/26 of client #6's BSP, dated 2/26/26, revealed a target behavior consisting of noncompliance. Medications included Risperdal, Melatonin, Alprazolam, Lorazepam. Further review revealed no consent by HRC signature. Interview on 3/3/26 with the QIDP confirmed that the HRC consent should be signed. Verbal consent was requested on 3/2/26.	W 262			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a current written informed consent was obtained for restrictive Behavior Support Plans (BSP). This affected 3 of 4 audit clients (#4, #5, and #6). The findings are: A. Review on 3/2/26 of client #4's Behavior Support Plan (BSP), dated 2/11/26, revealed target behaviors consisting of depression symptoms and self injurious behavior. Medications included Aripiprazole, Fluoxetine, Gabapentin, Clomipramine, Olanzapine, and Hydroxyzine. Additional review of the record did not include a current written informed consent for the BSP. B. Review on 3/2/26 of client #5's BSP, dated 2/26/26, revealed target behaviors consisting of	W 263			

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W 263	Continued From page 9 agitation and PICA. Medications included Clonazepam, Paxil, Hydroxyzine, and Lorazepam. Additional review of the record did not include a current written informed consent for the BSP. C. Review on 3/2/26 of client #6's BSP, dated 2/26/26, revealed a target behavior consisting of noncompliance. Medications included Risperdal, Melatonin, Alprazolam, Lorazepam. Additional review of the record did not include a current written informed consent for the BSP. Interview on 3/3/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed clients #4, #5, and #6 had verbal consent requested and secured on 3/2/26. The QIDP confirmed that guardian consent had not been secured for the implementation of the BSPs, and written consent should be confirmed, except for in an emergency situation.	W 263			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure adaptive equipment was utilized, kept in good repair, and clients were taught to use and make informed decisions about the use of eyeglasses for 2 of 4 audit clients (#4 and #6). The findings are: A. During observations in the home on 3/3/26	W 436			

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W 436	<p>Continued From page 10</p> <p>from 6:40am - 9:00am, client #4 sat her wheelchair with an attached tray used for journal writing activities. Her feet hung down and were unable to reach the foot rests of the chair. Her lower legs above her socks appeared red in color. No pillow was placed beneath her feet for support.</p> <p>Review on 3/3/26 of client #4's physical therapy notes, dated 8/20/25, revealed she was referred for a new wheelchair.</p> <p>Review on 3/3/26 of client #4's medical assessment, dated 9/22/25, noted that she had edema in her lower legs.</p> <p>Review on 3/3/26 of client #4's physical therapy notes, dated 10/28/25, revealed she was evaluated and fitted for a custom wheelchair on 10/28/25.</p> <p>Review on 3/3/26 of client #4's physical therapy guidelines, dated 1/15/26, revealed foot rests have been adjusted in the temporary wheelchair, but they remain long for her. Staff have been trained and should set up a pillow to support both legs and feet.</p> <p>Review on 3/3/26 of client #4's wheelchair fund request document, dated 2/26/26, revealed the wheelchair has not been ordered, but funds have been requested.</p> <p>Interview on 3/3/26 with Staff E revealed client #4 was still using the temporary wheelchair. It has been some time since the process started for her to have a new chair, but the process takes time. The facility did do a fitting, and they have asked for the funds. Staff E confirmed client #4's feet</p>	W 436			

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W 436	<p>Continued From page 11 hung down and could not reach the foot rests.</p> <p>Interview on 3/3/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed they learned that client #4 needed a new wheelchair in August, 2025 and had her fitted in October, 2025, before she began working for the facility. Funds were requested for the new wheelchair in February, but they still need to order it after approval. At this time, she is using a temporary chair, and staff should be using a pillow under feet, per the physical therapist.</p> <p>B. During observations in the home on 3/3/26 from 6:40am - 9:00am, client #4 sat her wheelchair with an attached tray used for journal writing activities. Her glasses lay on the tray during the entire time. She was not prompted to wear her glasses.</p> <p>Review on 3/3/26 of client #4's vision screening, dated 2/11/25, revealed she wears glasses.</p> <p>Review on 3/3/26 of client #4's vision exam, dated 7/23/25, revealed she wears glasses due to aphelia.</p> <p>Interview on 3/3/26 with Staff F revealed client #4 does wear glasses and needs to be encouraged at times.</p> <p>Interview on 3/3/26 with the QIDP revealed staff should encourage client #4 to wear her glasses during activities.</p> <p>C. During observations in the home on 3/2/26 from 3:30pm - 6:00pm revealed client #6 wearing no glasses. She was not encouraged to wear her glasses during this time.</p>	W 436			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER VOCA-LAURELWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 200 LAURELWOOD DR SMITHFIELD, NC 27577		
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W 436	Continued From page 12	W 436			
W 460	<p>Review on 3/3/26 of client #6's individual program plan (IPP), dated 9/3/25, revealed eyeglasses as adaptive equipment. Staff should ensure she wears her glasses during the day.</p> <p>Interview on 3/3/26 with the QIDP revealed client #6 should be wearing glasses and staff should ensure they are placed correctly on her face.</p> <p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>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 (#4) received her specially prescribed diet as indicated. The finding is:</p> <p>During lunch observations in the kitchen on 3/2/26 at 12:00pm, Staff D used a rocker knife to cut a bologna sandwich into 1" - 3" pieces. The sandwich was served to client #4, and she consumed it with no issues. During dinner observations at 5:30pm, client #4 was served and consumed 1" - 3" pieces of fish sticks. She did not have issues eating her food.</p> <p>Review on 3/2/26 of client #4's Individual Program Plan (IPP), dated 1/29/25, revealed a prescribed chopped consistency.</p> <p>Review on 3/3/26 of client #4's nutrition evaluation, dated 2/1/26, revealed a prescribed</p>	W 460			

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NAME OF PROVIDER OR SUPPLIER VOCA-LAURELWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 200 LAURELWOOD DR SMITHFIELD, NC 27577		
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W 460	Continued From page 13 chopped consistency. She is not considered at risk for choking. Interview on 3/3/26 with the facility nurse revealed "chopped" means it can be cut into pieces. Interview on 3/3/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed "chopped" means small pieces approximately 1/2" to 1".	W 460			
W 484	DINING AREAS AND SERVICE CFR(s): 483.480(d)(3) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure needed adaptive equipment was provided for 1 of 4 audit clients (#6). The finding is: During lunch and dinner observations in the home on 3/2/26, client #6 sat in an armed chair while dining. She was not provided with a cushion behind her back for mealtimes. Review of client #6's individual program plan (IPP), dated 9/3/25, revealed a back cushion listed as adaptive equipment. Staff should ensure she has a cushion behind her back during all meals. Interview on 3/3/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #6 should sit in chair with arms and a cushion should be placed behind her during meals to provide support.	W 484			

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