

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G279</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/19/2026</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>VOCA-OLIVE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE  <b>707 EAST OLIVE STREET , APEX, North Carolina, 27502</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
W0340	<p>NURSING SERVICES</p> <p>CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations and interview, the facility failed to ensure staff were sufficiently trained on medication administration. The affected 1 of 4 audit clients (#1). The finding is:</p> <p>During observations of medication administration in the home on 5/18/26 at 3:57pm, client #1 was assisted by staff C with scanning medications. Client #1 administered Dorzolamide-timolol drops in each eye. Client #1 then immediately administered Systane drops in each eye. At no point did staff C encourage client #1 to wait between the different prescription eye drops.</p> <p>Interview on 5/19/26 with the facility nurse revealed staff should ensure clients wait a minimum of 5 to 10 minutes between administering different eye drops.</p>	W0340		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------