

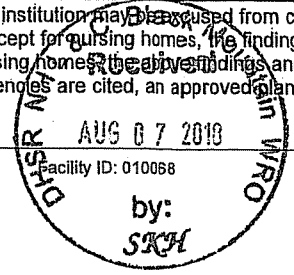
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2018
NAME OF PROVIDER OR SUPPLIER VOCA-APPLE VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 1443 OLD HWY 60 WILKESBORO, NC 28697	
(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 000	INITIAL COMMENTS	W 000		
W 436	Intake # NC0014039;1 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.	W 436	This deficiency will be corrected by the following actions: W 436 483.470(g)(2) SPACE AND EQUIPMENT – The facility will 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. The QP will be trained in the understanding and implementation of Written Training Programs to ensure clients make informed decisions and take appropriate care of adaptive equipment noted by the Interdisciplinary team. The QP will monitor Written Training Programs progress monthly to ensure appropriate progress. Responsible Party: QP Completed by: September 1, 2018	9/1/18
	This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 6 clients (#1) in the group home was taught to use and make informed choices about the use and care of their hearing aid. The finding is: Observation in the group home on 7/18/18 during a complaint investigation revealed client #1 to sit in the living room watching television. Staff was observed to engage with client #1 while asking the client if the volume on the television was ok, and then using the television remote to adjust the volume to the client's preference. Additional observation of the client revealed the client to not be wearing a hearing aid. Review of records for client #1 on 7/18/18 revealed an individual support plan (ISP) dated 3/13/18. Further review of records for client #1 revealed adaptive equipment to include a hearing aid. Review of audiology reports revealed on 3/14/18 the client's hearing aid no longer fits correctly and a new one should be made.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *SP Hong, BSW, QP, DM* TITLE _____ DATE **8/1/2018** (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 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 436	<p>Continued From page 1</p> <p>Additional audiology reports revealed on 6/20/18 the client's hearing aid was broken and repaired. Additional review of client #1's ISP revealed no objectives relative to the proper care or storage of her hearing aid.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/18/18 revealed client #1 has a hearing aid although he did not know why the client was not wearing it. Further interview with the QIDP revealed the client's hearing aid is kept locked in the medication closet at night and provided to the client during her morning medication administration due to the client losing the hearing aid on multiple occasions to include hiding it and putting in the trash. The QIDP and facility operations manager verified client #1 did not have current programming to address proper storage or care of her hearing aid. Additional interview with the facility operations manager verified as of 6/29/18 the client's hearing aid is the appropriate size for the client and working properly after getting the hearing aid back from the audiologist. Subsequent interview with the QIDP and the facility operations manager verified client #1 could benefit from training to address storage and care of her hearing aid. It should be noted the client's hearing aid was found during the survey visit in the client's room.</p>	W 436			