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 340286 NAME OF PROVIDER OR SUPPLIER VOCA-APPLE VALLEY SIMMANY STATEMENT OF DEFICIENCIES TAG PREFEX TAG SULDING STREET ADDRESS, CITY, STATE, ZIP CODE 1443 OLD HIN' 69 WILKESBORO, NO 2 88697 | | TO TOTA WILDIOMILE | & MEDICAID SERVICES | | | <u> </u> | <u>MR NO.</u> | 0938-0391 |
|--|-----------|--|---|---------|-----|--|-------------------------------|-----------|
| NAME OF PROVIDER OR SUPPLIER VOCA-APPLE VALLEY O(4) ID PREFIX TAG Intake # NC00140391 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 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 to the client's preference. Additional observation of the client review of records for client #1 to not be wearing a hearing aid. Review of records for client #1 on 7/18/18 revealed adaptive equipment to include a hearing aid. Review of auditology reports revealed on serving a progress with client fire review of records for client #1 revealed to daptive equipment to include a hearing aid. Review of auditology reports revealed on serving and content to include a hearing aid. Review of auditology reports revealed on serving a hearing aid. Review of records for client #1 on rotation of the serving and records for client #1 revealed adaptive equipment to include a hearing aid. Review of auditology reports revealed on serving a hearing aid. Review of auditology reports revealed on serving a hearing aid. Review of auditology reports revealed on serving a hearing aid. Review of auditology reports revealed on serving a hearing aid. Review of auditology reports revealed on serving a hearing aid. Review of auditology reports revealed on serving a hearing aid. Review of auditology reports revealed on serving a hearing aid. Review of audi | | | | | | | COMPLETED | |
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| WASE SUMMAY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION PREFER TAG PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION OF CROSS-REFERENCED TO THE APPROPRIATE COMPLETIO | NAME OF I | PROVIDER OR SUPPLIER | | | s | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 436 Intake # NC00140391 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 interview, the facility failed to ensure 1 of 6 clients (#1) 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 television remote to adjust the volume to the client *1 revealed an individual support plan (ISP) dated 3/13/18. Further review of records for client #1 to include a hearing aid. Review of records for client #1 on 7/18/18 revealed adaptive equipment to include a hearing aid. Review of records for client #1 to include a hearing aid. Review of audiology reports revealed on a long of the client for the client for the volume on the client for records for client #1 revealed adaptive equipment to include a hearing aid. Review of records for client #1 to find the revealed and proper to records for client #1 to revealed and and to record for client #1 to include a hearing aid. Review of records for client #1 to find the revealed and and to record for client #1 to include a hearing aid. Review of records for client #1 to include a hearing aid. Review of records for client #1 to include a hearing aid. Review of records for client #1 to include a hearing aid. | VOCA-AI | PPLE VALLEY | | | 1 | • | | |
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| 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 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 to 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 | W 000 | INITIAL COMMENT | rs | W | 000 | | | |
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| i or the client's nearing aid no longer fits | | Based on observatinterview, the facility (#1) in the group he make informed cho their hearing aid. Tobservation in the ga complaint investig in the living room wobserved to engage the client if the volu and then using the volume to the client observation of the cloent observation of the cloent observation of the client observation observation of the client observation of the client observation o | ion, record review and y failed to ensure 1 of 6 clients one was taught to use and ices about the use and care of he finding is: group home on 7/18/18 during gation revealed client #1 to sit atching television. Staff was with client #1 while asking me on the television was ok, television remote to adjust the 's preference. Additional client revealed the client to not ag aid. For client #1 on 7/18/18 ual support plan (ISP) dated view of records for client #1 equipment to include a hearing tology reports revealed on | | | interdisciplinary team as needed the client. The QP will be train the understanding and implementation of Written Training Programs to ensure clients make informed decision and take appropriate care of adaptive equipment noted by t Interdisciplinary team. The Q will monitor Written Training Programs progress monthly to ensure appropriate progress. Responsible Party: QP | by ned in ns he P | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be subsed from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for guising 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 from estimating 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 than of correction is requisite to continued program participation.

AUG 0 7 2010

Pacility ID: 010068 by:

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) E | (X3) DATE SURVEY COMPLETED | |
|---|---|--|--|----------|--|----------|-------------------------------|--|
| | | 34G266 B. WING | | | | C | | |
| NAME OF PROVIDER OR SUPPLIER VOCA-APPLE VALLEY | | | | ST 14 | REET ADDRESS, CITY, STATE, ZIP COI 43 OLD HWY 60 ILKESBORO, NC 28697 | DE | 07/18/2018 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | ıx | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE | |
| W 436 | Additional audiology the client's hearing additional review of objectives relative to her hearing aid. Interview with the quantity of the client was not with the QIDP reveated in the migrovided to the client medication administ the hearing aid on migrovided. | ge 1 / reports revealed on 6/20/18 aid was broken and repaired. client #1's ISP revealed no the proper care or storage of ualified intellectual disabilities on 6/18/18 revealed client #1 though he did not know why earing it. Further interview alled the client's hearing aid is redication closet at night and the during her morning ration due to the client losing nultiple occasions to include in-the-trash.—The QIDP and | | 136 | | | | |
| | facility operations ment have current prostorage or care of he interview with the far verified as of 6/29/18 the appropriate size properly after getting the audiologist. Sub QIDP and the facility client #1 could benestorage and care of | anager verified client #1 did gramming to address proper er hearing aid. Additional cility operations manager B the client's hearing aid is for the client and working the hearing aid back from sequent interview with the operations manager verified fit from training to address her hearing aid. It should be aring aid was found during | | | | | | |