

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

PRINTED: 10/11/2018  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34G266</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>10/10/2018</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VOCA-APPLE VALLEY</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1443 OLD HWY 60<br/>WILKESBORO, NC 28697</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 |   |
| W 460  | <p><b>FOOD AND NUTRITION SERVICES</b><br/>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:<br/>Based on observation, record review and interview, the facility failed to provide specifically prescribed diets for 1 of 3 sampled clients (#2). The finding is:</p> <p>Observations in the group home on 10/10/18 at 6:45 AM revealed client #3 in the kitchen assisting with putting butter and jelly on a piece of toast and then cutting the toast into four pieces. Continued observations at 6:55 AM revealed the client sitting at the dining table preparing to eat toast, scrambled eggs and oatmeal. Client #3 was observed eating all four cut pieces of toast.</p> <p>Review of the record for client #3 on 10/10/18 revealed an Individual Support Plan (ISP) dated 2/6/18. The ISP included a physician's order dated 7/25/18 for a regular chopped diet. The ISP also included a choking assessment dated 2/6/18 which included a recommendation to continue a regular chopped diet as advised.</p> <p>Interview with the facility administrator and the home manager on 10/10/18 confirmed client #3 has a chopped diet and the client should have been served toast cut to a chopped consistency as specially prescribed.</p> | W 460   |   |                      |   |
| W 475  | <p><b>MEAL SERVICES</b><br/>CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils.</p>   | W 475   |   |                      |   |

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 475  | <p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation, interview, and record review, the facility failed to ensure place settings during the dinner and breakfast meal included appropriate eating utensils for 5 of 6 clients in the home (#1, #2, #4, #5 and #6). The finding is:</p> <p>Observations in the group home on 10/9/18 at 5:50 PM revealed all clients sitting down at the dining table preparing to eat dinner. All six clients in the home were observed to have a spoon as the only utensil. Client #3 was the only client with pureed food items. All other client's were served food of regular consistency. The dinner meal consisted of beef chili over corn chips, tossed salad, and mixed fruit. Clients #1, #2, #4, #5 and #6 were all observed having difficulty at times, while attempting to eat pieces of lettuce and cherry tomatoes with a spoon.</p> <p>Continued observations on 10/10/18 at 7:05 AM revealed all clients except for client #6 sitting down at the dining table preparing to eat breakfast. All clients were observed to have a spoon as the only utensil. Client #3 was the only client with pureed food items. All other clients were served food of regular consistency. The breakfast meal consisted of scrambled eggs, toast with butter and jelly, and oatmeal. Clients #1, #2, #4 and #5 were all observed eating scrambled eggs with a spoon.</p> <p>Record review on 10/10/18 for clients #1, #2, #4, #5 and #6 revealed current individual support plans (ISP's). Each ISP contained a current Community/Home Life Assessment. The assessments for clients #1, #4, #5 and #6 all</p> | W 475   |   |                      |   |

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| W 475  | Continued From page 2<br>indicated independence with a fork, knife and a spoon. The assessment for client #2 indicated independence with a spoon and a fork and verbal cueing for knife use.<br><br>Interview with the facility administrator and the home manager on 10/10/18 confirmed that clients #1, #2, #4, #5 and #6 should have been provided a fork, spoon and knife as a part of the place setting for each meal. | W 475   |   |                      |   |