


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: 34G266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2018
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 460	<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 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	<p>This deficiency will be corrected by the following actions: W-460 – Each client will receive a nourishing, well-balanced diet including modified and specifically-prescribed diets. Staff will receive appropriate training of client diets and any modified and specifically-prescribed diets as well as proper preparation including:</p> <p>(1). Staff will be in-serviced on consumer diets including any ordered modifications. (2). Clinical team including (OM, Behaviorist, Nurse, Clinical Supervisor, and GHM will observe various meal times to assure clients are receiving well-balanced diets including modified and specifically-prescribed diets.</p> <p>Responsible Party: Operations Mgr., QMRP, GHM, Behaviorist, RN.</p> <p>Completion Date: Dec. 7, 2018</p>	12/7/18
W 475	<p>MEAL SERVICES 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	Continued From page 1 This STANDARD is not met as evidenced by: 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: 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. 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. 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	W 475	This deficiency will be corrected by the following actions: W-475 – Food will be served with appropriate utensils. Staff will receive appropriate training of ensuring appropriate table settings including but not limited to the required/appropriate utensils. (1). Staff will be in-serviced on ensuring that appropriate utensils are present during meal times. (2). Clinical team including (OM, Behaviorist, Nurse, Clinical Supervisor, and GHM will observe various meal times to assure appropriate place settings are present including but not limited to utensils. Responsible Party: Operations Mgr., QMRP, GHM, Behaviorist, RN. Completion Date: Dec. 7, 2018	12/7/18	

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W 475	Continued From page 2 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. 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			