STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G262	A. BUILDING _____ B. WING _____	01/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-WOODLAND	123 WOODLAND DR RUTHERFORDTON, NC 28139

(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide each employee with needed training to enable each employee to effectively and competently perform their duties relative to reporting injuries for 1 of 4 sampled clients (#4). The finding is: Observations conducted throughout the 1/22/19 - 1/23/19 survey revealed client #4 had numerous abrasions covering his left forearm between the elbow and wrist. Review of the record for client #4 conducted on 1/23/19, verified by interview with the qualified intellectual disabilities professional (QIDP), revealed no documentation related to the abrasions on client #4's left forearm was available in client #4's record and no incident report had been submitted regarding the abrasions. Interviews conducted on 1/23/19 with the QIDP and the nurse, revealed client #4 often bumps/scrapes his arm on the threshold of doorways as he is self-propelling his wheelchair. These interviews further indicated the team had discussed initiating the use of a protective sleeve to prevent injury to client #4's arms, however, this intervention had not been put in place and no documentation was available related to this intervention.	W 189		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G262	A. BUILDING _____ B. WING _____	01/23/2019

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VOCA-WOODLAND	123 WOODLAND DR RUTHERFORDTON, NC 28139

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W 248	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7) A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to make current individual support plans (ISPs) available to all relevant staff for 3 of 4 sampled clients (#2, #3 and #4). The finding is: Review of records, conducted at the day program on 1/22/19 at 12:45 PM, revealed client information provided for staff at the day program included an ISP for client #2 dated 6/27/17; for client #3 dated 6/30/17: and for client #4 dated 9/19/17. Continued review of client records, conducted at the group home on 1/22/19 and 1/23/19, revealed documentation indicating the current ISP for client #2 was dated 6/18/18; for client #3 was dated 6/7/18; and for client #4 was dated 9/17/18. Interview conducted with the qualified intellectual disabilities professional on 1/23/19 verified the ISP's provided for staff providing services to clients at the day program was not current and had not been updated during the past survey year.	W 248		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G262	A. BUILDING _____ B. WING _____	01/23/2019

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W 249	Continued From page 2	W 249		

formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

This STANDARD is not met as evidenced by:
Based on observation, record review and staff interview, the team failed to assure sufficient interventions to address the behavioral needs for 1 sampled client (#1). The finding is:

Observation of client #1 on 1/22/19 at 1:00 PM at his day program revealed the client to shred paper using a shred machine when the machine stopped working. Continued observation revealed client #1 to become agitated with the inability to use the shredder with yelling, getting up and down from his seat walking around the room he was in, returning to his seat and slapping another client beside him, kicking at a client that walked near client #1's chair space and chewing on his thumb. Staff were observed to address client #1's physical aggression with "No, that's not nice. We don't do that." Staff was further observed to verbally request client #1 to sit down when the client was observed to get up from his seat and walk around. Continued observations of staff revealed efforts to get client #1's shredder working again and offering the client paper to tear by hand until the shredder was working. Client #1 was observed to verbalize "no" and throw paper on a table with staff request to tear paper by hand. At 1:15 PM staff was observed to walk client #1 from the classroom to get a drink. Client

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G262	A. BUILDING _____ B. WING _____	01/23/2019

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W 249	Continued From page 3	W 249		

#1 was observed to return to the classroom continuing to walk around, yelling various verbalizations to include "go home". No further activity choice was provided to client #1 until the day program director offered the client a piece of gum and a choice of folding papers at 1:20 PM. Client #1 was observed to engage in yelling, wandering behavior, physical aggression and chewing on his hands for 20 minutes before the client was provided an opportunity to engage in an activity that interested the client.

Review of client #1's record on 1/23/19 revealed a behavior support plan (BSP) dated 10/24/18. Review of the BSP revealed client #1 to have target behaviors that included physical aggression, verbal aggression, property destruction, self injurious behavior, anxiety/agitation, habilitation refusal and attempted AWOL. Further review of the BSP revealed prevention and interaction strategies for client #1 to include: helping client #1 maintain attention due to a limited attention span and providing opportunities to participate in as many activities as possible; Staff should keep client busy. The BSP further identified self injurious behavior of client #1 as chewing on thumb, placing thumb in mouth. The BSP identified no intervention strategies to address physical aggression.

Interview with the qualified intellectual disabilities professional (QIDP) verified client #1 should have been actively provided opportunities to keep the client busy after the shredder at the day program stopped working. Further interview with the QIDP revealed the client's BSP should include specific strategies for staff to address client #1's physical aggression.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to assure all drugs were kept locked except when being prepared for administration. The finding is: Observations conducted on 1/23/19 at 6:45 AM revealed client #1 entered the medication administration area located in the office of the home. Staff responsible for medication administration was then observed to remove client #1's medications from the locked medication closet and placed them on the counter. Further observation revealed the controlled drug box was unlocked and open on the counter as well. Continued observation at 6:47 AM revealed client #1 left the medication administration area, refusing to take his medications. Ongoing observation at 6:50 AM revealed staff left the medication area and walked down the hallway of the home to prompt another client to come to the medication administration area, leaving the office door open with client #1's medications as well as the open controlled drug box sitting on the counter unattended. Interview conducted with the nurse on 1/23/19 revealed staff responsible for administering medications were expected to assure all medications are kept locked at all times except when being prepared for administration.	W 382		
W 436	SPACE AND EQUIPMENT	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G262	A. BUILDING _____ B. WING _____	01/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-WOODLAND	123 WOODLAND DR RUTHERFORDTON, NC 28139

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W 436	Continued From page 5 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 maintain a wheelchair in good repair and failed to furnish and provide teaching relative to adaptive equipment for 3 of 4 sampled clients (#4, #1 and #2) and 1 non-sampled client (#5). The findings are: A. The facility failed to maintain a wheelchair in good repair and teaching relative to glasses for client #4. For example: Observations conducted throughout the 1/22/19-1/23/19 survey revealed client #4 was not ambulatory and relied on a wheelchair for all transportation needs. Continued observations conducted during the 1/22/19-1/23/19 survey revealed the right anti-tipping device was missing from the back of client #4's wheelchair. Interview on 1/22/19 with the qualified intellectual disabilities professional (QIDP) and direct care staff in the home revealed the anti-tipping device was located in client # 4's bedroom, however, the device was observed to be damaged and could not be attached to the wheelchair. Continued staff interview revealed the anti-tipping device had been damaged and dysfunctional for at least	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G262	A. BUILDING _____ B. WING _____	01/23/2019

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W 436	Continued From page 6	W 436		

one week.

Further observations conducted throughout the survey revealed an attachment was present above the backrest of client #4's wheelchair, with a hard plastic knob on the end. Client #4 was observed to bump the back of his head on this knob at intervals throughout the survey.
On-going observations, conducted on 1/23/19 at 7:35 AM, revealed client #4 was assisted to load onto the facility van for transportation to the day program with the right anti-tipping device missing from his wheelchair, as well as the hard plastic knob located on an attachment above the backrest of his wheelchair coming into contact with the back of client #4's head at intervals.

Additional observation in the group home medication area on 1/22/19 revealed an unlocked cubicle with various pieces of adaptive equipment to include glasses for client #4. Observation on 1/23/19 at 7:15 AM revealed staff to prompt client #4 about his glasses and the client indicated he was going to wear his glasses on the current day to his vocational program. Client #4 was not observed at anytime during the 1/22-23/19 survey to wear glasses, even after indicating he would wear them on the current day.

Review of the record for client #4, conducted on 1/22/19 and 1/23/19, revealed an individual support plan (ISP) dated 9/17/18. Continued review of the ISP revealed documentation stating client #4 was dependent on his wheelchair, and further documented his wheelchair included a tilting mechanism which should be utilized at intervals throughout the day to change client #4's position in his wheelchair in order to provide pressure relief.

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	34G262	A. BUILDING _____ B. WING _____	01/23/2019

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W 436	Continued From page 7 Further review of the ISP revealed client #4 to have additional adaptive equipment that included glasses. Continued review of client #4's record on 1/23/19 revealed a health summary assessment dated 1/11/19 that further identified the client's need for glasses. Additional review of client #4's record revealed a dignity of risk consent by the guardian dated 9/17/18. Review of the dignity of risk consent revealed client #4 does not wear his glasses due to: "does not like to wear them; hurt". Review of training objectives for client #4 revealed no current or past training for client #4 to address desensitization or taking care of glasses. Interview with the QIDP on 1/23/19 following client #4's departure for the day program revealed the knob that was present above the backrest of client #4's wheelchair was intended to support a headrest. Subsequent observation on 1/23/19 revealed the headrest for client #4's wheelchair was located in his bedroom and had been inadvertently left behind. This interview further verified both the anti-tipping device and the headrest for client #4's wheelchair should be maintained and present on client #4's wheelchair to promote his comfort and provide safety when his wheelchair is in a tilted position. Additional interview with the facility nurse verified client #4 has vision deficits requiring the need for glasses. Interview with the facility QIDP revealed client #4 has had past training to address the need of wearing glasses although the client has not had training to address caring for adaptive equipment. Further interview with the QIDP verified past training programs for client #4 relative to adaptive equipment was not available.	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G262	A. BUILDING _____ B. WING _____	01/23/2019

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VOCA-WOODLAND	123 WOODLAND DR RUTHERFORDTON, NC 28139

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W 436	Continued From page 8 B. The facility failed to ensure teaching and accessibility to adaptive equipment relative to glasses and hearing aids for client #2. For example: Observation throughout the 1/22-23/19 survey revealed client #2 to participate at a day program and to complete daily living activities in the group home. Observations of client #2 during the survey revealed the client to often ask staff to repeat themselves when talking. Observation in the group home medication area on 1/22/19 revealed an unlocked cubicle with various pieces of adaptive equipment to include glasses for client #2. Client #2 was not observed at anytime during the 1/22-23/19 survey to wear hearing aides or glasses. Review of records for client #2 on 1/22/19 revealed an ISP dated 6/18/18. Review of the ISP revealed client #2 to have adaptive equipment that included hearing aides and glasses. Further review of client #2's record on 1/23/19 revealed a health summary assessment dated 1/11/19 that further identified the client's need for hearing aides and glasses. Additional review of client #2's record revealed a dignity of risk consent by the guardian dated 6/18/18. Review of the dignity of risk consent revealed client #2 does not wear his hearing aides or glasses due to: "does not like to wear them; hurt". Review of training objectives for client #2 revealed no current or past training for client #2 to address training the client to wear or take care of adaptive equipment. Interview with the facility nurse verified client #2 has hearing and vision deficits that require the	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G262	A. BUILDING _____ B. WING _____	01/23/2019

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W 436	Continued From page 9	W 436		

need for hearing aides and glasses. Interview with the QIDP revealed client #2 has had past training to address the need of wearing adaptive equipment although the client has not had training to address caring for adaptive equipment. Further interview with the QIDP verified past training programs for client #2 relative to adaptive equipment was not available. Additional interview with the QIDP verified client #2's hearing aides could not be located as of the current survey.

C. The facility failed to ensure teaching relative to adaptive equipment specific to dentures for client #1. For example:

Observation in the group home medication area on 1/22/19 revealed an unlocked cubicle with various pieces of adaptive equipment to include dentures for client #1. Observation of the evening meal on 1/22/19 and the breakfast meal on 1/23/19 did not reveal client #1 to wear dentures or to be prompted by staff to wear dentures. Client #1 was not observed at any time during the 1/22-23/19 survey to wear dentures.

Review of records for client #1 on 1/23/19 revealed an ISP dated 10/30/18. Review of the ISP revealed client #1 to have adaptive equipment that included dentures. Further review of client #1's record on 1/23/19 revealed a health summary assessment dated 1/11/19 that further identified the client's need for dentures. Additional review of client #1's record revealed a dignity of risk consent by the guardian dated 10/30/18. Review of the dignity of risk consent revealed client #1 does not wear his dentures due to: "does not like to wear them; hurt". Review of training objectives for client #1 revealed no current or past training for client #1 to address

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G262	A. BUILDING _____ B. WING _____	01/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-WOODLAND	123 WOODLAND DR RUTHERFORDTON, NC 28139

(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 436	Continued From page 10	W 436		

desensitization or taking care of dentures.

Interview with the facility nurse verified client #1 has dentures and needs them to improve eating. Interview with the facility QIDP revealed client #1 has had past training to address the need of wearing dentures although the client has not had training to address caring for dentures. Further interview with the QIDP verified past training programs for client #1 relative to using/wearing dentures was not available.

D. The facility failed to ensure teaching relative to adaptive equipment specific to glasses and a dental partial for client #5. For example:

Observation throughout the 1/22-23/19 survey revealed client #5 to participate at a day program and to complete daily living activities in the group home. Observation in the group home medication area on 1/22/19 revealed an unlocked cubicle with various pieces of adaptive equipment to include a dental partial and glasses for client #5. Observation of the evening meal on 1/22/19 and the breakfast meal on 1/23/19 did not reveal client #5 to wear a dental partial or to be prompted by staff to wear a dental partial. Client #5 was not observed at any time during the 1/22-23/19 survey to wear glasses or a dental partial.

Review of records for client #5 on 1/23/19 revealed an ISP dated 9/17/18. Review of the ISP revealed client #5 to have adaptive equipment that included a dental partial and glasses. Further review of client #5's record revealed a health summary assessment dated 1/11/19 that further identified the client's need for a dental partial and glasses. Additional review of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G262	A. BUILDING _____ B. WING _____	01/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-WOODLAND	123 WOODLAND DR RUTHERFORDTON, NC 28139

(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 436	Continued From page 11 client #5's record revealed a dignity of risk consent by the guardian dated 9/17/18. Review of the dignity of risk consent revealed client #5 does not wear his dental partial or glasses due to: "refuses to wear; hurt". Review of training objectives for client #5 revealed no current or past training for client #5 to address desensitization or taking care of adaptive equipment such as the client's dental partial or glasses. Interview with the facility nurse verified client #5 has a dental partial and glasses. Interview with the facility QIDP revealed client #5 has had past training to address the need of wearing glasses and a dental partial although the client has not had training to address caring for the identified adaptive equipment. Further interview with the QIDP verified past training programs for client #5 relative to wear and use of a dental partial and glasses was not available.	W 436		