

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

PRINTED: 02/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2019
NAME OF PROVIDER OR SUPPLIER VOCA-COLLEGE STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 301 COLLEGE STREET 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 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure 3 of 3 clients observed during the supper meal (#3, #4 and #6) were provided opportunities for choice and self-management relative to meal preparation and service. The finding is:</p> <p>Observations conducted on 1/28/19 during preparation and service of the supper meal revealed clients #1, #2 and #5 were out of the group home attending a supper outing in the community. Continued observations at 4:50 PM revealed clients #3, #4 and #6 were prompted by staff to be seated at the dining table. On-going observations revealed a bowl of pre-chopped vegetables was placed on the dining table along with large pitchers containing beverages. Further observations revealed staff pre-filled plates consisting of chicken nuggets and onion rings in the kitchen while the clients were seated at the dining table. Staff was further observed to chop the meals for clients #3 and #6 in the kitchen and subsequently serve all three clients their pre-plated meal.</p> <p>Review of the record for client #3, conducted on 1/29/19, revealed an individual support plan(ISP) dated 8/15/18. The ISP included a current Comprehensive Functional Assessment (CFA) which documented client #3 is independent with eating, using utensils, pouring and family-style dining.</p>	W 247			

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 247	Continued From page 1 Review of the record for client #4, conducted on 1/29/19, revealed an ISP dated 2/8/18. The ISP included a current CFA which documented client #4 is independent in all areas of eating and table manners. Review of the record for client #6, conducted on 1/29/19, revealed an ISP dated 1/17/19. The ISP included a current CFA which documented client #6 is independent in pouring, drinking and eating family-style and uses all utensils independently when provided with a verbal cue. Interview conducted with the group home manager on 1/29/19 revealed clients #3, #4 and #6 are all capable of choosing food items, serving their own plates and passing food items during family style dining, as well as cutting/chopping their own food items with staff supervision. This interview further verified staff should have provided the clients with the opportunity to participate in family-style dining, including the opportunity to serve themselves and chop their food to the prescribed consistency.	W 247			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure all drugs were administered according to physician's orders for 1 of 3 sampled clients (#1). The finding is:	W 368			

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W 368	Continued From page 2 Observations conducted on 1/29/19 at 7:00 AM revealed client #1 entered the medication area as prompted by staff, retrieved his medication basket from the closet and was assisted by staff to take medications including: Claritan 10 mg., Omeprazole 20 mg., Aspirin EC 325 mg., Multivitamin-one tablet, Keppra 500 mg.-two tablets, Ibuprofen 200 mg., Folic Acid 100 mg., Colace 50 mg., Ensure Plus-one serving as well as Chlorhexidine gluconate- 0.12% solution 5 ml.. Client #1 was observed to take his pills whole with liquid. Staff was observed to pour 5 ml of Chlorhexidine gluconate 0.12% solution into a medication cup and hand it to client #1. Client #1 was then observed to swallow the solution. Review of the record for client #1, conducted on 1/29/19, revealed physician's orders dated 11/14/18 prescribing Chlorhexidine gluconate- 0.12% solution-rinse with 1/2 oz. (15 ml.) by mouth twice daily after breakfast and before bedtime. Interview conducted on 1/29/19 with the nurse revealed the correct dosage for the Chlorhexidine gluconate -0.12% solution should have been 15 ml. instead of the 5 ml observed to be given. This interview further verified staff should have prompted/assisted client #1 to rinse his mouth with the Chlorhexidine gluconate -0.12% solution, then expectorate-not swallow the solution.	W 368			