

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

PRINTED: 03/22/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2019
NAME OF PROVIDER OR SUPPLIER VOCA-WELBORN AVE			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WELBORN AVENUE 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 475	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure place settings during the breakfast meal included appropriate eating utensils for 2 of 3 sampled clients (#1 and #6) and non-sampled client (#5). The findings are:</p> <p>Observations in the group home on 3/20/19 at 7:45 AM revealed client #5 seated at the dining table and starting to eat the breakfast meal which consisted of a fried egg, oatmeal and an English muffin with jelly. The only eating utensil at the table was a spoon. Client #5 attempted to attempt to cut the egg with the spoon and then scoop pieces of egg onto the spoon. The client used his fingers to push egg onto the spoon. Continued observations at 8:10 AM revealed client #1 seated at the dining table starting to eat a scrambled egg, English muffin and oatmeal. The only eating utensil at the table was a spoon. Client #1 was observed eating the scrambled egg with a spoon and pushing the egg onto the spoon with his fingers. Further observations at 8:25 AM revealed client #6 seated at the dining table starting to eat a fried egg, English muffin and oatmeal. The only eating utensil at the table was a spoon. The client attempted to eat the fried egg with the spoon. Staff E was observed stating "cut it up right". Client #6 cut the egg with the spoon and pushed egg onto the spoon with her fingers. Observation in the kitchen on 3/20/19 revealed all eating utensils were available.</p>	W 475	<p>This deficiency will be corrected by the following actions: W-475 – Food must be served with appropriate utensils. The QP and GHM will review and train staff on the use of appropriate utensils at meal times and ensure clients are offered appropriate utensils for meals. Staff will ensure that appropriate utensils are offered and available for clients at mealtimes. The QP and GHM will assist in monitoring the use of appropriate utensils by the GHM recording 2 meal observations a week and the QP recording 1 meal observation a week.</p> <p>Responsible Party: IDT team</p> <p>Completion Date: May 19, 2019</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">APR 15 2019</p> <p style="text-align: center;">DHSR NH L & C Black Mountain / WRO</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
S. P. Houma, BSW, JPOW (X6) DATE
4/5/2019

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>Record review on 3/20/19 for client #1 revealed an Individual Support Plan (ISP) dated 1/23/19. The ISP contained a Community/Home Life Assessment dated 1/15/19 which indicated the client was independent with using a fork, knife and spoon. Record review for client #5 on 3/20/19 revealed an ISP dated 5/11/18. The ISP included a Community/Home Life Assessment dated 4/24/18 which indicated the client was independent with the use of a fork, knife and spoon. Record review on 3/20/19 for client #6 revealed an ISP dated 11/8/18. The ISP included a Community/Home Life Assessment dated 11/8/18 which indicated the client was independent with the use of a fork, knife and a spoon.</p> <p>Interview with the group home manager and the qualified intellectual disabilities professional on 3/20/19 confirmed client's #1, #5 and #6 were all capable of using all utensils and should have been provided a knife, fork and spoon as a part of the place setting at the breakfast meal.</p>	W 475	<p>This deficiency will be corrected by the following actions: W-475 – Food must be served with appropriate utensils. The QP and GHM will review and train staff on the use of appropriate utensils at meal times and ensure clients are offered appropriate utensils for meals. Staff will ensure that appropriate utensils are offered and available for clients at mealtimes. The QP and GHM will assist in monitoring the use of appropriate utensils by the GHM recording 2 meal observations a week and the QP recording 1 meal observation a week.</p> <p>Responsible Party: IDT team</p> <p>Completion Date: May 19, 2019</p>		

SP Hong, BSW, QP, OM 4/5/2019