PRINTED: 05/19/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(	(X3) DATE SURVEY COMPLETED	
		34G280	B. WING _			05/14	/2019
	ROVIDER OR SUPPLIER	НОМЕ		STREET ADDRESS, CITY, STATE, 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681	, ZIP CODE		
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	( (EACH CORRECTIV CROSS-REFERENCEI	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE OSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 104		) nust exercise general policy, g direction over the facility.	W 1	04			
	Based on observation governing body and mexercise general open facility by failing to as equipped with appropor 2 clients utilizing with and #6). The find	nanagement failed to rating direction over the sure the facility van was riate safety equipment for 2 heelchairs during transport ing is:					
	revealed all 6 clients of prompted to board the transportation to the cobservation revealed were assisted by staff fasten their seatbelts with shoulder strap. Or revealed clients #4 ar van in their respective wheelchair ramp. Statengage the 4-point tie each wheelchair, how shoulder straps were Interview with direct of 8:30 AM revealed no were available on the traveling in wheelchair	lay program. Continued clients #1, #2, #3 and #5 it to board the facility van and which included a lap belt Dn-going observations and #6 were loaded onto the expectation wheelchairs via the eff were then observed to end down hooks to the frame of ever, no lap belts or utilized for clients #4 or #6. are staff G on 5/14/19 at lap belts or shoulder straps van for the use of clients rs.					
	shoulder straps for cli	on 5/14/19 with the evealed the lap belts and ents in wheelchairs had not facility's van for at least a					

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G280	B. WING _	B. WING		05/14/2019	
	ROVIDER OR SUPPLIER	НОМЕ		STREET ADDRESS, CITY, STAT 49 SECOND AVENUE SE TAYLORSVILLE, NC 2868			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOU			(X5) COMPLETION DATE
W 104	interview further reve were aware the lap/sl transporting in wheeld missing and had unsu purchasing replaceme documentation availa and provision of these	or several months. This alled facility management moulder belts for clients chairs on the van were accessfully looked into lents. There was no ble related to the purchase e safety mechanisms.	W				
	Based on observation interview, the facility to interventions in sufficito support the achieve self-administration observed during med (clients #1, #3 and #5).  A. The facility failed to intervent intervention observed.	ailed to provide ent number and frequency ement of medication jectives for 3 of 3 clients ication administration					
	achievement of media objectives for client #	cation self-administration  1.  ted on 5/14/19 at 7:05 AM					

. ,	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	1, ,	(X3) DATE SURVEY COMPLETED	
	34G280	B. WING _			05/14/2019	
NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROUP HOM	E		STREET ADDRESS, CITY, STATE, ZIP COD 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681	DE	00.1.1120.10	
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CC ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE	
W 249 Continued From page 2 administration area and reincluding Proloprim 100 munits, three capsules; mulifo0/400 mg.; Esomeprazo 0.526 mg.; Glycopyrolate Keppra ER 500 mgtwo trand Ensure Plus- 1 carton observations conducted dadministration for client #1 not prompted by staff administration for client #1 not prompted by staff administration. Staff D was client #1 prompted wash her hands prior to madministration. Staff D was client #1's medications from scan the labels, punch our mix the medications with a applesauce containing the #1 and throw the medications with a applesauce containing the #1 and throw the medications with a applesauce containing the #1 and throw the medications with a revised implementation self-administration with a revised implementation that with a revised implementation that with 40% independence for months. Steps included in documented client #1 shomedication card, take medication card, take medication card, take medication that the disabilities professional (Corevealed client #1's medication be taughtour that the professional contents that the professional contents that the disabilities professional (Corevealed client #1's medication be taughtour that the professional contents that the profes	ing.; Vitamin D-3 1000 tivitamin; Calcium/D ble 40 mg.; GNP fiber 2 mgtwo tablets; ablets; Baclofen 20 mg. a. Continued uring the medication I revealed client #1 was inistering medications the opportunity to tration of medications, and or assisted by staff to inedication as observed to retrieve om the storage closet, at all the medications, applesauce, feed the elemedications to client ion cup into the trash.  Ilient #1 revealed an isP) dated 12/21/18. IsP revealed a ation program objective ation date of 4/19 stating is in taking medications or 3 consecutive in this objective auld wash hands, scan dications and throw cup  the qualified intellectual alidip) on 5/14/19 cation self-administration at at each opportunity.	W 2	249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		34G280	B. WING _			05/	14/2019		
	ROVIDER OR SUPPLIER  COND AVENUE GROUP	НОМЕ	·	49 S	EET ADDRESS, CITY, STATE, ZIP CODE ECOND AVENUE SE LORSVILLE, NC 28681				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
W 249	as prescribed in the magnetic self-administration problems. The facility failed to sufficient number and achievement of medic objectives for client #  Observations conduct revealed client #3 entanglement of medical conduct revealed client #3 entanglement of medical conduct administration area and chew 625 mgtwo tall meq.; Lexapro 20 mg. Risperdal 0.5 mg.; Cl. 20 mg.; Synthroid 75 mg. and Miralax 17 gobservations conduct administration for clien of prompted by Staff opportunity to particip medications. Client #5 be prompted or assist hands prior to medical was observed to retriffrom the storage closo out all the medication applesauce, feed the medications to client cup into the trash. Stoplace the Miralax proposed contains the medical contains the medica	dministration of medications nedication ogram objective.  To provide interventions in a frequency to support the cation self-administration 3.  Ited on 5/14/19 at 7:26 AM tered the medication and received Equalactin polets; Potassium chloride 20; Fibrotherapy 500 mg.; aritan 10 mg.; Furosemide mcg.; Calcium/D 600/400 rams. Continued and during the medication and #3 revealed client #3 was also not observed to ted by staff to wash his ation administration. Staff D eve client #3's medications et, scan the labels, punch s, mix the medications in applesauce containing the #3 and throw the medication aff D was further observed to wade 17GM into a lidded aining coffee and milk, rought into the medication	W	249					
	5/14/19, revealed an included a medication	ISP dated 7/20/18 which							

· · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G280	B. WING		05/14/2019		
	NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 19 SECOND AVENUE SE FAYLORSVILLE, NC 28681	E		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETION		
W 249	date of 3/1/18 statin in taking medication consecutive months objective documents picture on the Quick medications, tell whomedication card with pill from the medication card with from the medication self-administration area 0.25 mg.; NP Centumg.; Synthroid 50 m Lexapro 20 mg.; Tril Depakote ER 250 mmg. Continued obsthe medication admirevealed client #5 w provided with the opself-administration calso not observed to staff to wash/sanitize.	g client #3 would participate with 75% independence for 3. Steps included in this ed client #3 should tap his Mar, state at least two of his at the medication is for, scan in the scanner and pop out the client and into a medication.  with the QIDP on 5/14/19 at client #3's medication bjective should be taught at his interview further verified to been prompted and unity to participate in the edications as prescribed in the edications as prescribed in the edication self-administration with frequency to support the lication self-administration and received Clonazepam ry tab.; Calcium/D 600/400 reg.; Keppra XR 750 mg.; iptal 600 mg.; Glyco 2 mg.; iptal 600 mg.; Client #5 as not prompted by Staff D or portunity to participate in fi medications. Client #5 was be prompted or assisted by	W 249				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	IPLE CONSTRUCTION	(×	(X3) DATE SURVEY COMPLETED		
		34G280	B. WING _			05/14/2019	
	ROVIDER OR SUPPLIER  COND AVENUE GROUP	номе		STREET ADDRESS, CITY, STATE 49 SECOND AVENUE SE TAYLORSVILLE, NC 2868	•	00.0.0.0.0	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	(EACH CORRECT CROSS-REFERENCE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 249	to retrieve client #5's storage closet, scan to medications, mix the applesauce, feed the medications to client cup in the trash.  Review of the record 5/14/19, revealed an included a current me program objective stamedications with 50% consecutive months. objective documented medication basket out	medications from the he labels, punch out all the medications with applesauce containing the #5 and place the medication  for client #5, conducted on ISP dated 1/28/19 which edication self- administration iting client #5 would take his independence for three Steps included in this d client #5 should take his t of the storage closet,	W	249			
W 331	sanitize his hands, tap picture on the QuickMar, scan medication card with the scanner and pop out medications into the medication cup.  Interview conducted with the QIDP on 5/14/19 at 10:00 AM revealed client #5's medication self-administration objective should be taught at each opportunity. This interview further verified client #5 should have been prompted and provided the opportunity to participate in the administration of his medications as prescribed in the medication self-administration program objective.  NURSING SERVICES CFR(s): 483.460(c)  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to provide nursing services in accordance		w:	331			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION  3		(X3) DATE SURVEY COMPLETED	
		34G280	B. WING	<del></del>	0,	5/14/2019	
	ROVIDER OR SUPPLIER	PHOME		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681			
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 331	with the needs of 1 c 2 non-sampled client raining staff in approclient participation of administration. The A. The facility failed accordance with the Observations condurevealed client #1 eradministration area including Proloprim units, three capsules 600/400 mg.; Esomo 0.526 mg.; Glycopyr Keppra ER 500 mg. and Ensure Plus- 1 observations conduradministration for client #1 with inform purpose or possible received, nor was client #1 with inform purpose or possible received, nor was client #1's mouth with a tist trash and then retrief from the storage cloout all the medications with applesauce containing #1 and throw the medication with a tast of D was further of the staff D was further o	of 3 sampled clients (#1), and ats (#3 and #5) relative to opriate hygiene practices and uring medication findings are:  to provide nursing services in eneeds of client #1.  cted on 5/14/19 at 7:05 AM entered the medication and received medications 100 mg.; Vitamin D-3 1000 s; multivitamin; Calcium/D eprazole 40 mg.; GNP fiber rolate 2 mgtwo tablets; etwo tablets; Baclofen 20 mg. carton. Continued cted during the medication ent #1 revealed staff reation (Staff D) did not provide ation related to the name, side effects of medications ient #1 offered the opportunity	W 33	31			
	units, three capsule: 600/400 mg.; Esomo 0.526 mg.; Glycopyr Keppra ER 500 mg. and Ensure Plus- 1 observations conduct administration for cli administering medicalient #1 with inform purpose or possible received, nor was cli to participate in self-medications. Staff I #1's mouth with a tist trash and then retrief from the storage clo out all the medications the medications with applesauce containing #1 and throw the medication godfee and brought into the medicalient of the medicaling coffee and brought into the medicalient of the medicalie	es; multivitamin; Calcium/D eprazole 40 mg.; GNP fiber rolate 2 mgtwo tablets; -two tablets; Baclofen 20 mg. carton. Continued cted during the medication ent #1 revealed staff ration (Staff D) did not provide ation related to the name, side effects of medications ient #1 offered the opportunity radministration of D was observed to wipe client sue, place the tissue in the eve client #1's medications set, scan the labels, punch ons into Staff D's hand before into the medication cup, mix on applesauce, feed the ng the medications to client edication cup into the trash. observed to place the Miralax					

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	ROVIDER OR SUPPLIER	P HOME		STREET ADDRESS, CITY, STATE, ZIP CODE  49 SECOND AVENUE SE  TAYLORSVILLE, NC 28681		,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 331	Interview conducted 7:18 AM revealed signification procession and provided by the faci. This interview further third shift and does a regular basis.  Interview conducted disabilities profession 10:00 AM revealed medications are explands and prompt of their hands prior to administration. Cor QIDP revealed staff hands any time during administration procession to the procession of the proce	d with staff D on 5/14/19 at taff had been employed by the ately one year and had medication administration ad interview with staff D or state no further training in administration had been lity since the initial training. For revealed staff D works on not administer medications on the with the qualified intellectual onal (QIDP) on 5/14/19 at staff administering preceded to wash/sanitize their each client to wash/sanitize participating in medication attinued interview with the stare expected to wash thiering the medication ess the hands come into ble contaminate. Further IDP revealed staff should punch their medications dication card into the out touching the medication. We with the QIDP verified staff in client with information purpose and possible side cations and provide each retunity to participate in the tration process. The facility	W3	31				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G280	B. WING			05/	14/2019
	VOCA-SECOND AVENUE GROUP HOME			4	STREET ADDRESS, CITY, STATE, ZIP CODE 19 SECOND AVENUE SE TAYLORSVILLE, NC 28681		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE
W 331	revealed client #3 ent administration area at chew 625 mgtwo tal meq.; Lexapro 20 mg Risperdal 0.5 mg.; Cli 20 mg.; Synthroid 75 mg. and Miralax 17 gobservations conduct administration for clienot provide client #3 the name, purpose or medications received the opportunity to par of medications. Staff client #3's medications scan the labels, punc staff D's hand before medication cup, mix tapplesauce, feed the medications to client cup into the trash. St wash or sanitize their prior to or during the process.  Interview conducted to 7:18 AM revealed stafacility for approximat received training in mupon hire. Staff D fur training related to me been provided by the	ted on 5/14/19 at 7:26 AM tered the medication and received Equalactin colets; Potassium chloride 20; Fibrotherapy 500 mg.; aritan 10 mg.; Furosemide mcg.; Calcium/D 600/400 rams. Continued ted during the medication and the start of the	W	331			

· · · · · · · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G280	B. WING		05/14/2019	
NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681	, 30.1.2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETION	
W 331	10:00 AM revealed medications are exphands and prompt of their hands prior to administration. Cor QIDP revealed staff punch their medicat medication card into touching the medicat the QIDP verified st with information reg possible side effects provide each client participate in the me process. The facility interview.  C. The facility failed in accordance with the Cobservations condurevealed client #5 e administration area 0.25 mg.; NP Centur mg.; Synthroid 50 m Lexapro 20 mg.; Tri Depakote ER 250 mmg. Continued obsthe medication administration area observed to retrieve the storage closet, see the conductive to the storage closet, see the conductive to the conductive the storage closet, see the conductive to a conductive the storage closet, see the conductive to the conductive the storage closet, see the conductive the conductive to the conductive th	I with the QIDP on 5/14/19 at staff administering pected to wash/sanitize their each client to wash/sanitize participating in medication attinued interview with the should assist each client to ions directly from the other medication cup without attion. On-going interview with aff should provide each client arding the name, purpose and sof their medications and with the opportunity to edication administration y nurse was not available for to provide nursing services the needs of client #5.  Intered the medication and received Clonazepam ry tab.; Calcium/D 600/400 and received Client #5 with the other ame, purpose or of medications received.	W 33			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	HOME		49	REET ADDRESS, CITY, STATE, ZIP CODE  SECOND AVENUE SE  AYLORSVILLE, NC 28681			
(X4) ID PREFIX TAG			ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 331	medications with appl applesauce containing #5 and throw the medication and prompt applesauce containing #5 and throw the medication administration administration administration administration administration administration administration had be since the initial training subsequently revealed and does not administration administration and be since the initial training subsequently revealed and does not administration basis.  Interview conducted with 10:00 AM revealed stamedications are expended and prompt eatheir hands prior to paradministration. Continuity purchased staffs and prompt eatheir hands prior to paradministration. Continuity purchased staffs and prompt eatheir hands prior to paradministration. Continuity purchased staffs and prompt eatheir hands prior to paradministration. Continuity prevealed staffs and prompt eatheir hands prior to paradministration. Continuity prevealed staffs and prompt eather than the prompt eat	medication cup, mix the resauce, feed the g the medications to client lication cup into the trash. Wed to wash or sanitize their ands prior to or during the ation process.  With staff D on 5/14/19 at ff had been employed by the ely one year and had edication administration interview with staff D aning related to medication en provided by the facility g. This interview d staff D works on third shift ter medications on a regular with the QIDP on 5/14/19 at aff administering cted to wash/sanitize their ch client to wash/sanitize articipating in medication nued interview with the hould assist each client to ns directly from the he medication cup without on. On-going interview with f should provide each client reding the name, purpose and of their medications and th the opportunity to	W	331				
W 371	•	nurse was not available for	w:	371				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681			
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W 371	that clients are taugh medications if the int determines that self-is an appropriate obj does not specify other.  This STANDARD is Based on observation interview, the system failed to assure 3 of observed during medication self-admit teaching related to the side-effects of medication findings are:  A. The system for diassure client #1 was participate in medication provided teaching reand side-effects of medication conductions.	administration must assure at to administer their own erdisciplinary team administration of medications ective, and if the physician erwise.  Inot met as evidenced by: Inot m	W 37	,			
	including Proloprim 1 units, three capsules 600/400 mg.; Esome 0.526 mg.; Glycopyro Keppra ER 500 mg and Ensure Plus- 1 cobservations conducted administration for clients.	ted during the medication					

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W 371	purpose or possible sereceived, nor was clied to participate in self-amedications. Staff Doclient #1's medications scan the labels, purpose applesauce containine #1 and throw the medications of the process with information regapossible side effects provided teaching reliable to the process with assistant provided teaching the process with assistant provided teaching the process with assista	ation related to the name, side effects of medications ent #1 offered the opportunity administration of was observed to retrieve as from the storage closet, with applesauce, feed the ag the medications to client dication cup into the trash.  With staff D on 5/14/19 at staff had been employed by the tely one year and had nedication administration terview with staff D revealed ated to medication en provided by the facility and staff D works on third shift effer medications on a regular with the qualified intellectual that (QIDP) on 5/14/19 at taff administering extend to provide each client roding the name, purpose and of their medications and to dication administration dication administration	W 3 <sup>3</sup>	71		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
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W 371	Continued From pag	e 13	W 3	71			
	Observations conducted administration area as chew 625 mgtwo tameq.; Lexapro 20 mg. Risperdal 0.5 mg.; C 20 mg.; Synthroid 75 mg. and Miralax 17 gobservations conducted administration for clinot provide client #3 the name, purpose of medications received the opportunity to paragraph of medications. Staff client #3's medications can the labels, pure mix the medications applesauce containing #3 and throw the medications are evived training in rupon hire. Further in no further training readministration had be since the initial training subsequently revealed and does not administrations are experienced to the information regapossible side effects	cted on 5/14/19 at 7:26 AM attered the medication and received Equalactin ablets; Potassium chloride 20 g.; Fibrotherapy 500 mg.; laritan 10 mg.; Furosemide 6 mcg.; Calcium/D 600/400 grams. Continued atted during the medication ent #3 revealed staff D did with information related to be prossible side effects of d. nor was client #3 offered atteition the storage closet, ch out all the medications, with applesauce, feed the mg the medications to client dication cup into the trash.  With staff D on 5/14/19 at aff had been employed by the attely one year and had nedication administration terview with staff D revealed lated to medication een provided by the facility mg. This interview ed staff D works on third shift ster medications on a regular with the QIDP on 5/14/19 at					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G280	B. WING _			05	/14/2019	
VOCA-SECOND AVENUE GROUP HOME				49 SE	ET ADDRESS, CITY, STATE, ZIP CODE COND AVENUE SE ORSVILLE, NC 28681	<u> </u>		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 371	C. The system for drassure client #5 was participate in medicat provided teaching reliand side-effects of medicate and side-effects of medicate and side-effects of medicate and side-effects of medications conducted and side-effects of medication area at 0.25 mg.; NP Century mg.; Synthroid 50 mg.; Synthroid 50 mg.; Trillip Depakote ER 250 mg. Trillip Depakote ER 250 mg. Continued obsetthe medication administration related to possible side effects was client #5 offered in self-administration observed to retrieve of the storage closet, so the medications, mix applesauce, feed the medications to client cup into the trash.  Interview conducted with the trash of the storage closed the medication and the trash.  Interview conducted with the trash of the storage closed the medication and the trash.	lication administration ce as needed.  ug administration failed to provided the opportunity to ion self-administration or ated to the name, purpose edications administered.  ted on 5/14/19 at 6:50 AM tered the medication and received Clonazepam or tab.; Calcium/D 600/400 g.; Keppra XR 750 mg.; Otal 600 mg.; Glyco 2 mg.; In-three tablets and Abilify 15 rovations conducted during istration for client #5 of provide client #5 with the name, purpose or of medications received, nor the opportunity to participate of medications. Staff D was client #5's medications from an the labels, punch out all the medications with applesauce containing the #5 and throw the medication with staff D on 5/14/19 at ff had been employed by the ely one year and had edication administration in tinterview with staff D anining related to medication ten provided by the facility	W	371				
	since the initial training	· · · · · · · · · · · · · · · · · · ·						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G280	B. WING _			05/	14/2019
NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROUP HOME		НОМЕ	•	STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORI X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
W 474	Interview conducted of 10:00 AM revealed st medications are expensive with information regard possible side effects of provide each client with participate in the medications with assistant MEAL SERVICES CFR(s): 483.480(b)(2). Food must be served developmental level of the served in a form considered in a form considered in a form considered in a form considered client #3 was working on a craft profile he accessed a whole attein dependently. So client #3 if he wanted #3 was observed to dobservation during the 5:50 PM revealed client considered in serve himself casses.	with the QIDP on 5/14/19 at aff administering cted to provide each client reding the name, purpose and of their medications and the the opportunity to dication administration ce as needed.  (iii)  in a form consistent with the of the client.  not met as evidenced by: n, record review and failed to assure food was distent with the or 1 non-sampled client  ted on 5/13/19 at 5:20 PM as sitting in the dining area object with staff at which time and unpeeled apple which he taff was observed to ask the apple peeled and client ecline. Continued the supper meal on 5/13/19 at and the attent #3 was assisted by staff erole, tossed salad and a need to the staff of the salad and a need to the supper meal on 5/13/19 at the salad and a need to the salad a	W				
	(#3). The finding is:  Observations conduct revealed client #3 wa working on a craft prohe accessed a whole ate independently. So client #3 if he wanted #3 was observed to dobservation during the 5:50 PM revealed clied to serve himself casses whole biscuit, which hobservations conduct	ted on 5/13/19 at 5:20 PM so sitting in the dining area object with staff at which time unpeeled apple which he taff was observed to ask the apple peeled and client ecline. Continued se supper meal on 5/13/19 at ent #3 was assisted by staff erole, tossed salad and a se ate in two bites. Further					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		34G280	B. WING _			05/14/2019	
NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE  49 SECOND AVENUE SE  TAYLORSVILLE, NC 28681	1 00/1-7/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 474	and placed them in hi observed to ask clien he would need during gave one to staff and pocket as he loaded of AM for transportation.  Review of the record 5/14/19, revealed an dated 7/20/18 which devaluation dated 3/18 exhibited signs of dysta diet of chopped confurther review of the a physician's order dated low fat, low cholester consistency for client.  Interview conducted was manager verified client prescribed a diet of client consistency.  MEAL SERVICES CFR(s): 483.480(b)(2)  Food must be served.  This STANDARD is residing in the home of were provided with an adaptive equipment to independently as possible.	s pockets. Staff was then t #3 how many tangerines the day at which time he kept the other two in his onto the facility van at 8:20 to the day program.  for client #3, conducted on individual support plan (ISP) contained a communication /15 stating client #3 phagia, and recommended sistency for client #3. record for client #3 revealed ated 4/12/19 prescribing a ol diet of chopped #3.  with the facility operations in #3 was currently hopped consistency and all t #3 should be of chopped  (iv)  with appropriate utensils.	W 4				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			TE SURVEY MPLETED		
		34G280	B. WING _			٥	5/14/2019	
NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROUP HOME				STREET ADDRESS 49 SECOND AVEN TAYLORSVILLE		•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACI	ROVIDER'S PLAN OF CORRECTI H CORRECTIVE ACTION SHOUI S-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
W 475	PM revealed client # table and was assist the supper meal whic casserole, tossed sa beverages. Her place consist of a spoon, pregular cups.  Review of the record 5/14/19 revealed andated 12/21/18. Reviewelded a Commundated 12/21/18 docu utensils as needed with spoon and fork. Interview the operations of should have been proconsisting of a knife, supper meal on 5/13.  B. Observations comply revealed client # table and was assist the supper meal whice casserole, tossed sa beverages. Her place consist of a spoon, proconsist of a spoon, processed and the 4/2/19 ISP revealed and the 4/2/1	aducted on 5/13/19 at 6:15  1 was seated at the dining ed by staff to serve herself ch consisted of chicken lad, a biscuit, fruit cup and ee setting was observed to late with plate guard and  for client #1, conducted on individual support plan (ISP) riew of the 12/21/18 ISP ity/Home Life Assessment menting client #1 uses all rith a verbal cue, including a rview conducted on 5/14/19 manager verified client #1 ovided with a place setting fork and spoon during the r/19.  aducted on 5/13/19 at 6:15 2 was seated at the dining ed by staff to serve herself ch consisted of chicken lad, a biscuit fruit cup and the setting was observed to late and regular cup.  for client #2, conducted on ISP dated 4/2/19. Review of led a Community/Home Life r/4/18 documenting client #2 and knife independently.	W 2	7.75				
	been provided with a	place setting consisting of a during the supper meal on						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
		34G280	B. WING _			05/14/2019		
NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CO 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681	•				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
W 475	PM revealed client # table and was assist the supper meal whicasserole, tossed sa beverages. Client # observed to consist guard and a cup with observation during the client #3's plate guard of his plate, facing an observations revealed spoon in his right had toward the left side of amount of his meal to onto the table.  Review of the record 5/14/19, revealed and of the 7/20/18 ISP relative Assessment does fork and spoon independent of the provided with a place fork and spoon during 5/13/19. This interviplate guard should his side of his plate to act toward the left in ord	nducted on 5/13/19 at 6:15 3 was seated at the dining ed by staff to serve himself ch consisted of chicken lad, a biscuit, fruit cup and 3's place setting was of a spoon, plate with plate in a lid and straw. Continued the supper meal revealed did was positioned on the top way from him. Further ed client #3 was utilizing a and to feed himself, scooping of his plate resulting in a large peing scooped out of his plate  If for client #3, conducted on a ISP dated 7/20/18. Review evealed a Community/Home cumenting client #3 uses a	W 4					
	as possible.  D. Observations cor PM revealed client # table and was assist the supper meal white	nducted on 5/13/19 at 6:15 4 was seated at the dining ed by staff to serve herself ch consisted of chicken lad, a biscuit and beverages.						

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	MULTIPLE CONSTRUCTION UILDING			SURVEY LETED	
		34G280	B. WING _			05/	14/2019	
NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROUP HOME			•	STREET ADDRESS, CITY  49 SECOND AVENUE S  TAYLORSVILLE, NC	SE .	1 03/14/2013		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COR	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B ERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 475	Client #4's place settion of a dycem mat, large scoop dish with plate  Review of the record 5/14/19, revealed an of the 7/20/18 ISP revealed an of the 7/20/18 ISP revealed client #4 were within acceptabe documented client #4 knife independently. 5/14/19 with the oper client #4 should have setting consisting of a during the supper med.  E. Observations con PM revealed client #8 table and was assisted the supper meal whice casserole, tossed sal CLient #5's place set of a spoon, plate with cups.  Review of the record 5/14/19, revealed an of the 1/28/19 ISP revealed and uses a knife with Interview conducted coperations manager where the provided with a knife, fork and spoon 5/13/19.	ing was observed to consist a handled curved spoon, guard and a handled cup.  for client #4, conducted on ISP dated 7/20/18. Review realed a Community/Home and 7/17/18 which are setting and table manners be range, and further auses a spoon, fork and Interview conducted on ations manager verified been provided with a place a knife, fork and spoon all on 5/13/19.  ducted on 5/13/19 at 6:15 awas seated at the dining and by staff to serve himself the consisted of chicken and, a biscuit and beverages. The consistency of the consist plate guard and regular for client #5, conducted on ISP dated 1/28/19. Review realed a Community/Home and 1/10/18 documenting and fork independently physical assistance.	W 4	7.75				

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	34G280	B. WING	<del> </del>	05/14/2019		
NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  49 SECOND AVENUE SE  TAYLORSVILLE, NC 28681	, 00.120.0		
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES IT BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION		
PM revealed client #6 was table and was assisted by the supper meal which co- casserole, a biscuit and be place setting was observed plate with plate guard and Continued observation durevealed the client's plate on the right side of her plate on the right side of her plate on the right hand, so side of her plate causing a to be pushed from her plate.  Review of the record for costat/19, revealed a Comman Assessment dated 3/13/19, assessment reveas poon and fork with verba physical assistance. Interestable of the should have been setting consisting of a knift during the supper meal or interview further verified coshould have been placed plate to accommodate her left side of her plate in ord client's ability to eat as ind MENUS CFR(s): 483.480(c)(1)(ii)  Menus must provide a varimeal.  This STANDARD is not meased on observation, do	staff to serve herself nsisted of chicken everages. Client #6's d to consist of a spoon, a regular cup. ring the supper meal guard was positioned te. Subsequent t #6 was utilizing her cooping toward the left moderate of her meal te onto the table.  iient #6, conducted on nunity/Home Life D. Review of the alled client #6 uses a I cues and a knife with view conducted on s manager verified n provided with a place e, fork and spoon 5/13/19. This iient #6's plate guard on the left side of her scooping toward the er to facilitate the ependently as possible.  iet as evidenced by:	W 47				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION	· /	(X3) DATE SURVEY COMPLETED		
		34G280	B. WING			05/14/2019	
	NAME OF PROVIDER OR SUPPLIER  VOCA-SECOND AVENUE GROUP HOME  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681		1 33/1-1/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 478	residing in the home were offered the varimenu. The finding is Observations conduct morning of 5/14/19 reprompted and assist dining area as their rand dressing activitic On-going observation direct care staff G remeal consisted of a beverage. This intervevealed this is the unclients each morning. Review of the facility kitchen of the home breakfast items for 5 breakfast items for 5 include apple juice, of biscuits with margari Interview with the que professional on 5/14 should have been of	failed to assure 6 of 6 clients (#1, #2, #3, #4, #5 and #6) ety of foods listed on the s: cted in the home on the evealed each client was ed by staff to come to the morning hygiene, grooming es were completed. ns, verified by interview with vealed all 6 clients' breakfast bowl of instant oatmeal and a view with staff G further isual breakfast served to all	W 47	8			