

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

PRINTED: 09/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/18/2019
NAME OF PROVIDER OR SUPPLIER VOCA-BLAIRFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 111 BLAIRFIELD COURT N WILKESBORO, NC 28659		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy during care of personal needs for 1 of 3 sampled clients (#3) and 1 non-sampled client (#1). The finding is:</p> <p>Observations in the group home on 9/18/19 at 7:38 AM revealed staff B assisting client #3 into the bathroom located on the hall adjacent to the kitchen. Further observations at 7:40 AM revealed staff A assisting client #1 into the same bathroom. Staff went into the bathroom before client #1 and lightly knocked one time before entering. Continued observations at 7:42 AM revealed staff A and client #1 leaving the bathroom, and then at 7:43 AM staff B and client #3 left the bathroom.</p> <p>Interview with staff B on 9/18/19 indicated client #3 was toileting in a closeted room located inside the bathroom. Interview with staff A on 9/18/19 revealed she and client #1 had entered the bathroom so client #1 could brush her teeth. Staff A indicated she became aware client #3 and staff B were in the closet with the toilet after client #1 had started brushing her teeth. Interview with the qualified intellectual disabilities professional on 9/18/19 confirmed that facility staff should assure no more than one client should be in a bathroom at one time in order to ensure client privacy during the care of personal needs.</p>	W 130			

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.