

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:  <b>34G203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/18/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-BLAIRFIELD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 BLAIRFIELD COURT N WILKESBORO, NC 28659</b>	
(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><b>PROTECTION OF CLIENTS RIGHTS</b> 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	<p>This deficiency will be corrected by the following actions: <b>W-130- Protection of Client Rights:</b> The facility will ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. <b>The Team will train with the staff in the group home to ensure clients right to privacy is observed. 1. QIDP will train the staff on client rights and the right to privacy. The QIDP will in service with the staff at Blairfield and ensures they knock on doors and call out before entering the bathroom staff will also ensure they knock and call out on the interior bathroom door going to the toileting area to ensure it is empty to observe the right to privacy for individuals in the home. 2. GHS and QIDP will continue to train with staff on client rights at staff meetings to prevent the problem from happening in the future. 3. The GHS and QIDP will observe staff working in the home 2 times a week to ensure the individuals right to privacy are being maintained.</b></p> <p><b>Responsible Party: IDT team</b></p> <p><b>Completion Date: 11/17/2019</b></p> <p><b>RECEIVED</b></p> <p><b>OCT - 7 2019</b></p>	

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

*[Handwritten Signature]*

TITLE  
**DHSR NH L & C**  
**Black Mountain / WRO**

(X6) DATE  
**9/27/2019**

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.