

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

PRINTED: 12/06/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G266 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 12/03/2019 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER VOCA-APPLE VALLEY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1443 OLD HWY 60 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 249 | <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a hand washing objective contained in the individual support plan (ISP) was implemented as prescribed for 1 non-sampled client #4. The finding is:</p> <p>Observations in the group home on 12/2/19 at 5:15 PM revealed client #4 to be in a wheelchair propelling herself out of the laundry room to her room. At 5:30 PM client #4 came out of her room and propelled to the dining table. Continued observation revealed staff asked client #4 to come to the kitchen to prepare her dinner plate, she immediately responded "no". Further observation at 5:45 PM revealed staff pureed client #4 chicken noodle casserole based on diet consistency. Staff then placed client #4 plate in front of her and she began eating. Observation revealed at no time did staff prompt client to wash her hands or use hand sanitizer before eating.</p> <p>Review of client #4's record on 12/3/19 revealed an ISP dated 6/11/19 included a handwashing objective. Continued review of the handwashing</p> | W 249 | | | |

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 249 | Continued From page 1 objective revealed that given two verbal prompts, client #4 will use hand sanitizer to clean her hands. Client #4 will place hands under hand sanitizer pump, wait for staff to apply hand sanitizer, then rub hands together. Interview with the qualified intellectual disabilities professional (QIDP) on 12/3/19 confirmed that client #4 handwashing objective should have been implemented. QIDP further verified client #4 is capable of washing her hands with a minimum of verbal cuing and indicated staff should have prompted the client to use hand sanitizer prior to eating a meal. | W 249 | | | |
| W 340 | NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation, interview and record review, nursing services and the interdisciplinary team, failed to ensure staff were trained to assure adequate hygiene relative to hand washing for 1 of 4 sampled clients (#1) and 2 non-sampled clients (#2 and #6). The finding is: Observations in the group home on 12/2/19 at 4:25 PM revealed client #1 to be in a wheelchair propelling himself into the kitchen area to assist with dinner preparation. Client #1 was observed coughing into his hand while entering the kitchen | W 340 | | | |

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| W 340 | <p>Continued From page 2</p> <p>area. Client #1 was not prompted to wash hands before or after entering the kitchen area. Further observations revealed client #1 being prompted by staff B to assist with wrapping silverware into napkins for all clients. Client #1 was observed touching the non-handle end of multiple utensils. Continued observations at 4:50 PM revealed client #1 assisting staff B with putting drinking cups and plates on the table for all clients, and was observed touching the inside of the cups with no re-direction from staff. Further observations at 5:15 PM revealed client #1 to return to the kitchen and assist with making pudding for all clients, again without being prompted to wash hands. Continued observations at 5:30 PM revealed client #1 at the dining table preparing to eat dinner without being prompted to wash hands.</p> <p>Observations in the group home on 12/2/19 at 5:45 PM revealed staff C knocking on the bedroom door of client #2 and telling the client it was time for dinner. Further observations at 5:50 PM revealed client #2 to exit her bedroom and go straight to the dining table without washing hands or being prompted to wash hands.</p> <p>Observations in the group home on 12/3/19 at 6:35 AM revealed client #1 to leave his room in his wheelchair and enter the kitchen area to assist with the preparation of his breakfast items. Staff B was in the kitchen at that time and did not prompt client #1 to wash hands prior to assisting with breakfast meal preparation. Further observations at 6:50 PM revealed client #1 at the dining table preparing to eat the breakfast meal without being prompted by staff to wash hands.</p> <p>Continued observations in the group home on 12/3/19 at 7:05 AM revealed client #6 exiting his</p> | W 340 | | | |

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| W 340 | <p>Continued From page 3</p> <p>bedroom and wiping his nose with the back of his hand and then sitting in the living area. Further observations at 8:00 AM revealed client #6 at the dining table preparing to eat the breakfast meal. No staff member was observed prompting client #6 to wash his hands between 7:05 AM and 8:00 AM.</p> <p>Review of the record for client #1 on 12/3/19 revealed an individual service plan (ISP) dated 2/6/19. Continued review of the ISP revealed a Community/Life Assessment dated 2/5/19. The Community/Life Assessment indicated client #1 was capable of washing hands with verbal cues.</p> <p>Review of the record for client #2 revealed an admission date of 11/18/19. Continued review of the record revealed a Community/Life assessment completed 11/20/19 which indicated the client was capable of washing hands with a minimum of verbal cuing.</p> <p>Review of the record for client #6 revealed an ISP dated 2/19/19. Continued review of the ISP revealed a Community/Life assessment completed 2/19/19 which indicated the client was capable of washing hands with verbal cuing.</p> <p>Interview with the qualified intellectual disabilities professional on 12/3/19 confirmed that client's #1, #2 and #6 were all capable of washing their hands with a minimum of verbal cuing and indicated all staff should have prompted the clients to wash their hands or use hand sanitizer prior to assisting with meal preparation and/or prior to eating a meal.</p> | W 340 | | | |