STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G266	A. BUILDING _____ B. WING _____	12/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-APPLE VALLEY	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	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. 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: 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. 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	W 249	This deficiency will be corrected by the following actions: **W-249** – As soon as the Inter Disciplinary Team has formulated a client's Individual Program Plan, each client will 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. **A). The QP will monitor staff to ensure that all formal training programs are implemented as scheduled. 1). Support Staff will receive appropriate training in the understanding of communication training objective, how objective should be trained and to optimize training opportunities when training objectives with consumers. The GHS will complete three shift observations each week to assure implementation of communication programs is occurring. The QP will complete two observations each week to assure implementation of hand-washing program is occurring. 2). QP will assess current training program and determine effectiveness and or need for revision or implementation of new training program and Support Staff will receive appropriate training in the understanding of training objective, how objective should be trained and to optimize training opportunities when training objectives with consumers. The group home supervisor will complete three shift observations each week to assure implementation of training initiatives. The clinical supervisor will**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sandi P. Houg SP Houg, | TITLE: DM | (X6) DATE: 12/13/2019

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.

DHSR-Mental Health

DEC 17 2019

Lic. & Cert. Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G266	A. BUILDING _____ B. WING _____	12/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-APPLE VALLEY	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	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	Continued From page 2 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. 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. 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. Continued observations in the group home on 12/3/19 at 7:05 AM revealed client #6 exiting his	W 340	**W-340** – Nursing services will include implementing with other members of the interdisciplinary, 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. **Staff will receive appropriate training to assure hygiene related to handwashing for health and hygiene. Staff will be trained on prompting clients to wash their hands for proper health and hygiene for infection control and proper hygiene. Staff will ensure they prompt clients to wash hands after going to the restroom, cleaning their nose, before meal preparation, setting the table and before coming to the table at meal time and other times as warranted to ensure proper health and hygiene. RN, QP, GHS, will ensure staff are trained and providing prompts to ensure hands are washed throughout the day to prevent infection control. Staff will be observed by QP and GHS 2 times a week to ensure staff are prompting and training with clients on handwashing.** **Responsible Party: IDT team, RN, QP, GHS and Direct support staff.** **Completion Date: 2/01/2020**	

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W 340	Continued From page 3	W 340		

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.

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.

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.

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.

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.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 12, 2019

Anthony Devore, Executive Director
Community Alternatives Of North Carolina
PO Box 150
Wilkesboro, NC 28697

Re: Recertification Completed December 3, 2019
VOCA-Apple Valley, 1443 Old Hwy 60 Wilkesboro, NC 28697
Provider Number #34G266
MHL# 097-016
E-mail Address: Adevore@rescare.com

Dear Mr. Devore:

Thank you for the cooperation and courtesy extended during the recertification survey completed December 3, 2019. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is February 2, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

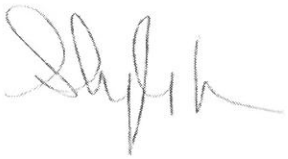
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call me at (828) 750-2702.

Sincerely,



Shyluer Holder-Hansen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: QM@partnersbhm.org
dhhs@vayahealth.com