PRINTED: 02/08/2020 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  VOCA-COLLEGE STREET  WILKESBORO, NC 28697  WILKESBORO, NC 28697  WILKESBORO, NC 28697  PREFIX PROVIDER'S PLAN OF CORRECTION CANDIDATION OF PREFIX TAG PROVIDER'S PLAN OF CORRECTION CANDIDATION OF PREFIX TAG PROVIDER'S PLAN OF CORRECTION OF CANDIDATION OF PREFIX TAG PROVIDER'S PLAN OF CORRECTION OF CANDIDATION OF PREFIX TAG PROVIDER'S PLAN OF CORRECTION OF CANDIDATION OF PREFIX TAG PROVIDER'S PLAN OF CORRECTION OF CANDIDATION OF CANDIDATIO		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG	(X3	) DATE SURVEY COMPLETED
STREET ADDRESS, CITY, STATE, ZIP CODE 301 COLLEGE STREET   STREET ADDRESS, CITY, STATE, ZIP CODE 301 COLLEGE STREET   WILKEBBORO, NC 2897   WILKEBORO, NC 2897   WILKEBBORO, NC 2897   WILKEBBORO, NC 2897   WILKEBBORO, NC 2897   WILKEBBORO, N			34G154	B. WING _			
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 000  INITIAL COMMENTS  A complaint survey was completed in conjunction with the recertification survey on 1/29/2020. Deficiencies were cited as a result of the complaint survey for Inlake #NC00159326. The complaint survey for Inlake #NC00159326. The complaint survey for Inlake #NC00159326. The complaint survey may be complaint survey. The facility must ensure that specific client protections requirements are met.  This CONDITION is not met as evidenced by: The facility failed to ensure implementation of written policies and procedures that prohibit mistreatment, neglect or abuse of clients (W149) and failed to ensure appropriate corrective action was taken relative to a verified finding of neglect (W157).  The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated client protections.  W 149 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.  This STANDARD is not met as evidenced by: Based on review of facility records and staff interviews, the facility faciled to assure its policies and proceedures prevented neglect, by not			•		301 COLLEGE STREET	DE	
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	W 149	The facility failed to written policies and pristreatment, neglect and failed to ensure was taken relative to (W157).  The cumulative effect resulted in the facility statutorily mandated STAFF TREATMENT CFR(s): 483.420(d)(  The facility must devipolicies and procedumistreatment, neglect this STANDARD is Based on review of interviews, the facility and procedures previous and procedures previous and procedures previous and procedures previous and procedures and procedures and procedures previous and procedures previous and procedures previous taken to ensure the procedure and procedures and procedure and procedur	ensure implementation of procedures that prohibit et or abuse of clients (W149) appropriate corrective action a verified finding of neglect et of these systemic practices y's failure to provide client protections.  TOF CLIENTS  1)  elop and implement written ares that prohibit et or abuse of the client.  not met as evidenced by: facility records and staff y failed to assure its policies rented neglect, by not	W 1	49		

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:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION		ATE SURVEY DMPLETED
		34G154	B. WING _		,	C 01/29/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZII 301 COLLEGE STREET WILKESBORO, NC 28697		
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W 149	6 of 6 clients (#1, #finding is:  Review of internal rinvestigation dated abuse and neglect. investigation reveal sleeping and not properties of the investigation reveal sleeping and not properties. A review of the investigation reveal have health, medicated that have inhibited responsibilities. Cofindings revealed "ir remember incidents" it appears" a grow with staff G and that rotations her difficurand more concerning distracted, lethargic concentrating. Subfindings revealed "ir staff at College Stredistressed and fright	dillowed to ensure the safety of 2, #3, #4, #5 and #6). The records on 1/28/20 revealed an 12/5-12/11/2019 for possible Review of the 12/5/19 red an allegation of staff (G) roviding needed supervision. Stigation procedure revealed staff G and interviews with and group home personnel.  In this procedure is staff G may actions, or situational difficulties ther from performing her job continued review of the internal at appears staff G may not be or periods of falling asleep, and problem has developed at over the past two shift the sast of G appears and seet group home have been appeared by the actions of staff G and returned by the actions of staff G and returned by the actions of staff G	W			
	difficulties in performance the standard of concompromised.  A review of the 12/5 conclusion revealed protection from Abutof abuse is "The actions".	ne possible cause for staff G's ming her job responsibilities, sumer safety must not be  5/19 internal investigation d: Per agency policy on use and Neglect, the definition t or failure to act, that results emotional or physical injury to				

34G154 B. WING 01/29/2	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  301 COLLEGE STREET	<u> </u>
VOCA-COLLEGE STREET  WILKESBORO, NC 28697	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149  another." As it relates to the definition of abuse/neglect as defined in agency policies and procedures, Abuse/Neglect is substantiated.  Continued review of the internal conclusion of the 12/5/19 investigation revealed interviews and documentary evidence collected indicate evidence supportive to neglect of consumers at College Street home by staff G. Internal policy and requirements are not to leave consumers unattended. Interviews and documentary evidence collected indicate evidence supportive to neglect in that staff G was not in a conscious or responsive state on several occasions while monitoring or providing care resulting in the potential for grievous harm to consumers. In addition, operating a vehicle to transport consumers without being fully alert and responsive could result in dire consequences to both consumers and staff on board the vehicle. Subsequent review of the internal conclusion of the 12/5/19 investigation revealed the internal investigator's signature and date of 12/11/19.  A review of interviews conducted during the 12/5/19 internal investigation revealed an interview with the guardian of client #6 scare. Review of the guardians interview revealed in returning the client back to College Street from a home visit, the weekend before Thanksgiving between 2:00 and 3:00 PM, and several other times the door was answered by another consumers to coll die ave the premises without supervision in that staff G was asleep or had been sleeping.	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION		OMPLETED
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W 149	guardian of client #6 state staff G appear difficulty placing a b and seemed despon revealed the guardia concerns for client #6 home as they were questioned the safe  Continued review of the 12/5/19 internal interviews with clien internal interview wit to state staff G coul as her leg and hip w sat down and appea further stated during 12/5/19 investigatio receive his medicati with her head on the and he kept waiting  Review of the intern revealed the client t when it appeared st driving. Client #4 fu the van and he was stated during the int up on the curve and at a stoplight, the ve blow the horn to get Additional interview internal interview re G sleeps often and Client #4 was also co	ge 3 e internal interview of the 6 revealed the guardian to 1 st to be "out of it" and had lanket for client #6 in a bag indent. Additional review an of client #6 to state #6 and other consumers in the not being monitored and she try of the consumers.  If interviews conducted during investigation revealed the client #3 revealed the client ind not help him with his shower were hurting her and staff Guared to be sleeping. Client #3 internal interview per the in report that he was waiting to so on and staff G leaned forward the screen to apparently sleep for his medications.  In all interview with client #4 to state he was on the van aff G fell asleep and she was arther stated two staff were on very afraid. Client #4 further iternal interview that they ran at that as the van was stopped exhicle behind the van had to its staff G to pull forward.  With client #4 during the vealed the client to state he was vas giving him the correct	W	149		
	Client #4 was also concerned staff G w	documented to state he was vas giving him the correct a med pass as he seemed to				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		34G154	B. WING		01/29/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 COLLEGE STREET WILKESBORO, NC 28697	1 0.120.2020
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W 149	the 12/5/19 interna interviews with staff interview with staff she had difficulties asleep a lot and stafurther reported thr staff G did not help activities of the con-Review of the intervealed the staff to staff E and other st while a consumer was hav off the van. Staff E internal investigation van staff G was rur almost hitting them stoplights, and alm traffic barrel. Staff	f interviews conducted during I investigation revealed f C, D, E and F. Internal C revealed the staff to state working with staff G falling aff G is "out of it" often. Staff C ough internal interview that with showers or other	W 149		
	staff D revealed star medications, fell as to which staff G res mean to go to sleep medications." Staff documented intervi- had shown up for w door and could not responsive and star home manager.	nted internal interview with off D to state staff G gave bleep and had to be wakened sponded "I'm sorry I did not be. Dr. changed my f D further stated per ew that there were times shework and would beat on the get in because staff G was not ff D would have to call the onterview with staff F revealed e works with staff G almost			

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		34G154	B. WING				29/2020
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W 149	Continued From page	5	\\\	149			
** 110		eryday staff G falls asleep	V V	143			
		p. Staff F was documented					
		occasion, staff G was driving					
		ing lane, slightly hit the curb					
		an back over into the correct					
	· ·	terview with staff F further					
	revealed concerns wi	th staff G's driving and client					
	#4 has stated "Hey, V	Vake up". Staff F stated					
	staff G would close he	er eyes at traffic lights and					
	when the light turned	green, people would honk					
		Staff F further stated she					
		nd staff G would refuse.					
		stated through documented					
		4 reported to her he was					
		ant staff G to drive anymore.					
		staff F revealed referenced					
		5 having a seizure on the Gleaving staff F and E on					
	· ·	ther stated that staff G					
	makes mistakes on d						
	medications and cour						
	A review of the intern	al interview with the qualified					
		professional (QIDP) and					
	home manager relative	e to the 12/5/19 internal					
	investigation revealed	the QIDP to state it had					
	been brought up that	staff G had been very					
		off at times. The QIDP was					
		tate he had talked with staff					
		nim she has prescriptions					
		ed and she was working					
		" it. The QIDP additionally					
		tate that it was told to him					
		d off on the van while driving wo med errors and in his					
		ajor health issues which					
		for her to work and be					
	attentive to consumer						
		·.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			ATE SURVEY DMPLETED
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W 149	(HM) in the 12/5/19 to state the guardiar her to report when the back to the group her consumer answered a chair sleeping and client #6 was back. Interview with the Hilbert professional opinot capable of doing for ensuring the contheir safety.  Review of the interm documented in the revealed staff G to operforming job dutie van. Staff G was dotired a lot and she difficulty with her ale documented by the left a phone message the investigation that very difficult to under and speech during the documented by the stifled, slow and sor Review of the personel record for corrective actions for action form dated 10 violations for sleepir the 10/2015 corrective indicate the reason	ew with the home manager investigation revealed the HM in of client #6 had contacted the guardian brought client #6 the guardian brought client #6 the door and staff G was in a did not wake up to know that Further review of the internal M revealed the HM to state in mion she believed staff G is gother required care necessary sumers needs are met or all interview with staff G as 12/5/19 internal investigation deny sleeping while is to include driving the facility ocumented to state she was id not remember having extness. Staff G was internal investigator to have go with the investigator during it was gargled, slurred and extstand. Staff G's demeanor the investigation interview was internal investigator to be	W	149		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION  NG	' '	ATE SURVEY OMPLETED
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W 149	ask permission to go her job done. It sho personnel action we (confirmed by the HI group home. Addition corrective action revon the severity of the terminated from emplater over ruled by HI Continued review of 10/12/15 corrective previous agency exemplater over ruled by HI Continued review of 10/12/15 corrective previous agency exemplater over ruled by HI Continued review of 10/12/15 corrective previous agency exemplater over ruled by HI Continued review of 10/12/15 corrective previous agency exemplater over ruled by HI Continued review of the job it is my fe back and she were the and fail to provide acconsumers and som looked at pretty hars.  Further review of the 1/29/20 revealed a consumer sand som looked at pretty hars.  Further review of the 1/29/20 revealed a consumer sand som looked at pretty hars.  Further review of the 1/29/20 revealed a consumer sand som looked at pretty hars.  Further review of the 1/29/20 revealed a consumer sand som looked at pretty hars.  Further review of the 1/29/20 revealed a consumer sand som looked at pretty hars.  Further review of the 1/29/20 revealed a consumer sand som looked at pretty hars.  Further review of the 1/29/20 revealed a consumer sand som looked at pretty hars.	ne didn't call her supervisor to be home because she still got all be noted with this are pictures of staff G and review of the 10/12/15 realed a statement that based a actions, staff G will be ployment, this decision was aluman Resources 10/15/15.  The emails associated with the action of staff G revealed with the action of staff G revealed the action of staff G revealed with the action of staff G will be acti	W 1	49		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION  IG	, ,	ODATE SURVEY COMPLETED
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W 149	A review of an inter 11/19/18 relative to home without staff interview with client client #4 revealed elike staff G was sleen head on the desk in conclusion of the 1 revealed an unsubstance of the interview with the of the interview with the of the interview of	y on occasion at work.  In al investigation dated client #2 leaving the group knowledge revealed an at #4. Internal interview with earlier in the morning it looked eping in the office with her in the dark. A review of the 1/2018 internal investigation estantiated finding of neglect.  In al policy on Abuse, Neglect 1/29/20 revealed abuse, ion is not tolerated and inve action will be taken to of any further occurrence.  If the internal policy on abuse, ation revealed neglect to be the of an individual to provide and in the health or safety of a	W 1	49		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		ATE SURVEY OMPLETED
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W 149	Continued From pag	e 9	W 1	49		
	receives a corrective lasts one year. Inter subsequently revealed corrective action prior since 11/2018. Furthwerified, as reflected that staff G has a his sleeping at work since pictures. Additional in manager, behavioris revealed with the consubstantiated finding training had been correporting of abuse/ne medication training had (12/23-24/19) relative	ed staff G had not had a or to the 12/5/19 investigation er interview with HR staff in staff G's personnel record, tory of allegations related to be 10/2015 as evidenced by interview with the operations t, HM, QIDP and HR inclusion of the 12/2019 of neglect that in-service inducted relative to timely eglect (12/17/19) and a				
W 157	dated 12/5/19 and the records the facility was allow a staff person, issues of failing to prosupervision to the cliewith the clients in the STAFF TREATMENT CFR(s): 483.420(d)(4) If the alleged violation corrective action must	OF CLIENTS 4) n is verified, appropriate st be taken.	W 1:	57		
	Based on review of interviews, the facility	not met as evidenced by: facility records and staff y failed to assure appropriate s taken after a substantiated				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		34G154	B. WING _			C 01/29/2020
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W 157	clients (#1, #2, #3, #4 Review of internal reinvestigation dated 1 abuse and neglect. I investigation reveales sleeping and not provide Review of the investigation reveales the suspension of staclients, guardians and A review of the finding investigation reveales have health, medicated that have inhibited heresponsibilities. Confindings revealed "it are member incidents or "it appears" a growin with staff G and that rotations her difficultia and more concerning distracted, lethargic, concentrating. Substitutional findings revealed "it a staff at College Street distressed and frighted and regardless of the difficulties in perform the standard of conscompromised.  A review of the 12/5/conclusion revealed: protection from Abus	ensure safety for 6 of 6 4, #5 and #6). The finding is:  cords on 1/28/20 revealed an 2/5-12/11/2019 for possible Review of the 12/5/19 d an allegation of staff (G) viding needed supervision. gation procedure revealed off G and interviews with d group home personnel.  gs of the 12/5/19 internal d: "it appears" Staff G may ions, or situational difficulties or from performing her job tinued review of the internal appears" staff G may not or periods of falling asleep, g problem has developed over the past two shift es have become apparent as staff G appears	W 1	57		
	staff at College Street distressed and frighter and regardless of the difficulties in perform the standard of construction compromised.  A review of the 12/5/conclusion revealed: protection from Abus of abuse is "The act	t group home have been ened by the actions of staff G possible cause for staff G's ing her job responsibilities, umer safety must not be  19 internal investigation Per agency policy on e and Neglect, the definition or failure to act, that results motional or physical injury to				

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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 157	Continued review of 12/5/19 investigation documentary evidence evidence supportive College Street home and requirements are unattended. Interviewevidence collected in to neglect in that staff responsive state on smonitoring or providing potential for grievous addition, operating a consumers without be responsive could responsive could responsive could responsive state on smonitoring or providing potential for grievous addition, operating a consumers without be responsive could	ined in agency policies and leglect is substantiated.  the internal conclusion of the revealed interviews and ce collected indicate to neglect of consumers at by staff G. Internal policy e not to leave consumers ws and documentary dicate evidence supportive f G was not in a conscious or several occasions while ng care resulting in the harm to consumers. In vehicle to transport eing fully alert and ult in dire consequences to staff on board the vehicle. If the internal conclusion of tion revealed the internal re and date of 12/11/19.	W 1	57		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL1 A. BUILDI	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		34G154	B. WING _			C 01/29/2020	
NAME OF PROVIDER OR SUPPLIER  VOCA-COLLEGE STREET				STREET ADDRESS, CITY, STATE, ZIP O 301 COLLEGE STREET WILKESBORO, NC 28697	•	1 01/23/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 157	state staff G appear difficulty placing a b and seemed despor revealed the guardia concerns for client thome as they were questioned the safe.  Continued review of the 12/5/19 internal interviews with clien internal interview wito state staff G could as her leg and hip was to down and appear further stated during 12/5/19 investigation receive his medicati with her head on the and he kept waiting.  Review of the internevealed the client to when it appeared stafriving. Client #4 futhe van and he was stated during the interned at a stoplight, the verblow the horn to get Additional interview internal interview re G sleeps often and Client #4 was also concerned staff G was a staff G w	is revealed the guardian to so to be "out of it" and had anket for client #6 in a bag ident. Additional review an of client #6 to state if and other consumers in the not being monitored and she by of the consumers.  Interviews conducted during investigation revealed its #3 and #4. A review of the client id not help him with his shower were hurting her and staff Guard to be sleeping. Client #3 internal interview per the in report that he was waiting to on and staff G leaned forward in screen to apparently sleep for his medications.  Interview with client #4 to state he was on the van aff G fell asleep and she was rither stated two staff were on very afraid. Client #4 further ernal interview that they ran that as the van was stopped chicle behind the van had to staff G to pull forward. With client #4 during the vealed the client to state staff he just leaves her alone. In occumented to state he was as giving him the correct as med pass as he seemed to	W	157			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G154	B. WING _			l	29/ <b>2020</b>
	ROVIDER OR SUPPLIER			301 C	ET ADDRESS, CITY, STATE, ZIP CODE COLLEGE STREET KESBORO, NC 28697	, <u> </u>	20/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 157	the 12/5/19 internal in interviews with staff C interview with staff C she had difficulties w asleep a lot and staff further reported throustaff G did not help wactivities of the consumer we consumer was having off the van. Staff E winternal investigation van staff G was runn almost hitting them a stoplights, and almost raffic barrel. Staff E anyone else drive an okay.  Review of documents staff D revealed staff medications, fell asle to which staff G responean to go to sleep, medications." Staff I documented interview had shown up for wo door and could not g responsive and staff home manager.  Review of internal interview of interview	nterviews conducted during hyestigation revealed C, D, E and F. Internal revealed the staff to state orking with staff G falling G is "out of it" often. Staff C agh internal interview that with showers or other amers.  al interview with staff E state on 11/15/19 staff G left f on the van with consumers and into a seizure and another g a behavior and trying to get as further documented in the to report while driving the ing up on the back of cars and closing her eyes at at hit an orange and white stated staff G would not let d would indicate she was bed internal interview with D to state staff G gave ep and had to be wakened anded "I'm sorry I did not Dr. changed my	W	157			
		reryday staff G falls asleep					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		34G154	B. WING _			C 1/29/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 301 COLLEGE STREET WILKESBORO, NC 28697		11/23/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 157	to also state on one and drifted into a tu and and jerked the lane. Documented revealed concerns #4 has stated "Hey staff G would close when the light turned their horns at them. had offered to drive Staff F subsequent interview that client scared and did not Internal interview w statements to client facility van and staff the van alone and formakes mistakes on medications and condition and condition with the intellectual disabilities home manager relativestigation reveal been brought up the distracted and doze documented to also G and she informed and they make her with her doctor to "forwas documented to that staff G had dozen and there had been opinion staff G has have made it difficulattentive to consum	e up. Staff F was documented e occasion, staff G was driving arning lane, slightly hit the curb van back over into the correct interview with staff F further with staff G's driving and client, Wake up". Staff F stated her eyes at traffic lights and ed green, people would honk. Staff F further stated she e and staff G would refuse. By stated through documented at the treported to her he was want staff G to drive anymore. We want staff G to drive anymore. We want staff F revealed referenced at the treported to her he was want staff F and E on further stated that staff G documentation for sunts have been off.  In a interview with the qualified desprofessional (QIDP) and with the qualified desprofessional (QIDP) and with the qualified desprofessional (QIDP) was off at times. The QIDP was off at times. The QIDP was off at times. The QIDP was off at times and talked with staff d him she has prescriptions tired and she was working fix" it. The QIDP additionally to state that it was told to him seed off on the van while driving a two med errors and in his major health issues which all for her to work and be	W	57		

	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  N OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING		' '	(X3) DATE SURVEY COMPLETED		
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	AME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  301 COLLEGE STREET  WILKESBORO, NC 28697		01/29/2020			
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 157	to state the guardia her to report when back to the group he consumer answere a chair sleeping an client #6 was back. Interview with the her professional op not capable of doin for ensuring the contheir safety.  Review of the interdocumented in the revealed staff G to performing job dutivan. Staff G was difficulty with her all documented by the left a phone messathe investigation the very difficult to undead speech during documented by the stifled, slow and so Review of the personnel record for corrective actions for action form dated 1 violations for sleepithe 10/2015 correctindicate the reason was because she were a chair sleeping the stifled to reconsume the stifled to record for corrective actions for sleepithe 10/2015 correctindicate the reason was because she were a chair sleeping the stifled to record for	investigation revealed the HM in of client #6 had contacted the guardian brought client #6 ome (date unknown) another d the door and staff G was in d did not wake up to know that Further review of the internal IM revealed the HM to state in inion she believed staff G is g the required care necessary insumers needs are met or anal interview with staff G as 12/5/19 internal investigation deny sleeping while es to include driving the facility ocumented to state she was did not remember having ertness. Staff G was internal investigator to have ge with the investigator during at was gargled, slurred and erstand. Staff G's demeanor the investigation interview was internal investigator to be	W 1	57		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	≣	
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VOCA-CO	LLEGE STREET			WILKESBORO, NC 28697		
(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 COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 157	Continued From page	e 16	W 1	57		
W 157	ask permission to go her job done. It shou personnel action were (confirmed by the HM group home. Addition corrective action reve on the severity of the terminated from empl later over ruled by Hu Further review of the 1/29/20 revealed a conform revealed staff G warning for behavior work. Additional review action of staff G revealed as working at Colclient #2 wandered as and was picked up apfrom the group home taken to Wilkes Region without staff G being in the group home. We staff G had been asle been getting drowsy of A review of an international transport of the without staff kn interview with client #4 revealed earlike staff G was sleep head on the desk in the conclusion of the 11/2 revealed an unsubstaff action.	thome because she still got lid be noted with this expictures of staff G. In sleeping on a couch of a chall review of the 10/12/15 aled a statement that based actions, staff G will be coyment, this decision was man Resources 10/15/15.  In personnel file for staff G on corrective action form dated the 11/2018 corrective action to receive a final written relative to sleeping during ew of the 11/2018 corrective aled on 11/18/18 while staff lege Street group home, way from the group home poproximately 1/10th of a mile by Wilkesboro Police and conal Medical Center ER, aware that client #2 was not when asked by the HM is exp. staff G stated she had on occasion at work.  If investigation dated itent #2 leaving the group cowledge revealed an 4. Internal interview with clier in the morning it looked ing in the office with her ne dark. A review of the 2018 internal investigation intiated finding of neglect.	W 1	57		
	conclusion of the 11/2 revealed an unsubsta	2018 internal investigation				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
	34G154	B. WING _		C 01/29/2020
NAME OF PROVIDER OR SUPPLIER  VOCA-COLLEGE STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 301 COLLEGE STREET WILKESBORO, NC 28697	·
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
and HM on 1/29/20 fur previous corrective act during the 11/2018 incompression the group home unsupwith the operations may to the 12/2019 investigned that neglect was substantially was recommended alto the termination. Interview and the termination of two clinical staff were alseping at the same to the same to the same to the termination. Interview with HR staff receives a corrective alasts one year. Interview subsequently revealed corrective action prior since 11/2018. Further verified, as reflected in that staff G has a history sleeping at work since pictures. Additional interviews. Additional interviews. Additional interviews. Additional interview with the concept of the substantiated finding of the training had been concepting of abuse/negmedication training had (12/23-24/19) relative documentation issues.	the operations manager rither verified staff G had a tion for alleged sleeping ident with client #2 leaving pervised. Further interview anager revealed with regard gation of staff G sleeping, tantiated and termination hough HR did not approve it with the facility QIDP on was over ruled by HR as unable to observe staff G ime.  If revealed when a staff action, the corrective action ew with HR staff a staff G had not had a to the 12/5/19 investigation interview with HR staff a staff G's personnel record, ory of allegations related to 10/2015 as evidenced by erview with the operations HM, QIDP and HR clusion of the 12/2019 of neglect that in-service ducted relative to timely glect (12/17/19) and a d been provided to medication errors and alleged in the investigation.  The operations manager, and HR verified no been provided to staff G dibilities and no formal vailable to reflect an	W 1	57	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G154	B. WING			1	29/ <b>2020</b>
	ROVIDER OR SUPPLIER			30	TREET ADDRESS, CITY, STATE, ZIP CODE 01 COLLEGE STREET VILKESBORO, NC 28697	1 011	23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 157		2019 internal investigation stantiated finding of neglect. ROGRAM		157 189			
	initial and continuing	ide each employee with training that enables the his or her duties effectively, etently.					
	Based on observation failed to ensure staff v	not met as evidenced by: n and interview, the facility were sufficiently trained food/dairy expiration dates.					
	AM revealed client #4 with preparing his bre hot cereal. Continued revealed the client to staff E assistance. So revealed staff E to as grits. Observation of client#4's breakfast re 1/27/20, two days expedite of 1/29/20. It shows assisted with discardithe preparation of additional continuation.	oup home on 1/29/20 at 7:10 to participate in the kitchen akfast meal that included dobservation of client #4 pour milk into a blender with absequent observation sist client #4 with making the milk carton used for evealed an expiration date of bired as of the current survey and be noted client #4 was ng the expired milk and with ditional grits with milk from a per interview with the home is surveyor.					
	Further interview with verify the date on foo	on 1/29/20 revealed ot be in the group home. the HM verified staff should d and dairy items in the reparation. Interview with					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	IPLE CONSTRUCTION  NG		DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 COLLEGE STREET WILKESBORO, NC 28697	<b>.</b>	0112012020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 189	staff should always food/dairy items alth available to reflect to expiration dates of f	s manager and HM revealed check expiration dates of cough no formal training was raining of staff relative to cood items.	<b>W</b> 1			
W 257	least by the qualified professional and rev but not limited to sitt failing to progress to	1)(iii) am plan must be reviewed at	W 2			
	Based on review of team failed to ensur to adaptive equipme support plan (ISP) for were revised in a tin identified need of the A. The team failed to objective for client # hearing aid when latifinding is:	not met as evidenced by: records and interview, the e training objectives relative ent listed in the individual or 1 of 4 sampled clients (#5) nely manner to address e client. The findings are: to timely revise a training 5 relative to maintaining a ck of progress occurred. The				
	hearing aid with 100 months. Review of implementation date the objective reveal hearing aid. In 8/20 replacement, 8/21/1	tain proper care of his 1% accuracy for 3 consecutive the objective revealed an e of 1/2019. Further review of ed in 7/2019 No data; lost 19 on 8/2/19: Received new 9: lost hearing aid, can not 1/19: Found hearing aid/				

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		34G154	B. WING _			C <b>1/29/2020</b>	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 COLLEGE STREET WILKESBORO, NC 28697	1 0	1/23/2020	
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W 257	8/29/19; being fixed run.  Interview with the question professional (QIDP) client #5 currently do as it is lost. Continuate verified client #5 doe aid, has a history of device. Subsequent verified the training of been revised since to ongoing lack of progenis hearing aid. The training relative to client.	ta reflected: Broke hearing aid. In 11/2019: lost unable to ualified intellectual disabilities on 1/29/20 revealed that bees not have his hearing aid led interview with the QIDP es not like to wear his hearing improper care of the auditory to interview with the QIDP objective for client #5 has not 7/2019 to address client #5's press with properly caring for e QIDP additionally indicated ient #5's hearing aid remains as evidenced by improper	W 2	57			
	objective for client # lack of progress occording to be progress occording to be progress occording to be professional (QIDP) has a history of conding the with the professional (QIDP) has a history of implementation date the objective reveals 8/2019: Broken. In 9/11/2019: Dost (40%) Interview with the quantity professional (QIDP) has a history of improper professional with the professional (QIDP) has a history of improper professional with the quantity professional (QIDP) has a history of improper professional with the quantity professional (QIDP) has a history of improper professional with the quantity professional (QIDP) has a history of improper professional with the quantity professional (QIDP) has a history of improper professional control of the professional control of	the objective revealed an of 3/2018. Further review of of 3/2019: lost glasses. In 0/2019: 0%, refused. In unable to wear, broken. In					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	1 040104		STREET ADDRESS, CITY, STATE, ZIP CODE 301 COLLEGE STREET WILKESBORO, NC 28697	I	01/29/2020	
(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 COF X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 257	eyeglasses. Subsectiverified the training of been revised 6/2019	uent interview with the QIDP objective for client #5 has not to address client #5's ress with properly caring for	W2	257			