STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G128	A. BUILDING _____ B. WING _____	09/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-KIMSEY	1305 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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure the individual support plan (ISP) for 1 of 3 sampled clients (#6) included training to address needs relative to coughing/choking. The finding is: Observation in the group home on 9/15/20 at 5:35 PM revealed client #6 to sit at the dining table and to participate in the dinner meal. Continued observation revealed the place setting for client #6 to include a regular plate, regular cups and regular eating utensils. Further observation revealed at 5:48 PM client #6 began to cough after taking a bite of his dinner. Subsequent observation revealed staff A to verbally prompt client #6 to keep coughing and then direct staff B to take client #6 down the hall for a walk to help clear his throat. Client #6 was then observed to walk the hallway of the group home until he stopped coughing. Additional observation revealed client #6 to return to the dinner table at 5:52 PM and to continue his dinner meal. Review of records for client #6 on 9/16/20 revealed an ISP dated 3/6/20. Review of the ISP for client #6 revealed training objectives relative to personal goals, social skills, money management, safely eating (rate of eating), medication management, nail care, handwashing,	W 227		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 227	Continued From page 1	W 227		

wearing a face mask and activity participation. Review of the training objective for client #6 relative to safely eating revealed steps to include: sit upright with good posture, use of a fork and spoon to obtain bite size portions, completely chew and swallow portion before obtaining more, take a sip of a drink periodically and clear throat during meals. Review of the medication management training objective for client #6 revealed steps to include: Find MAR, name medications, scan medications, state purpose of medications, state side effects of medications, punch medications and take medication.

Continued review of records for client #6 on 9/16/20 revealed a choking assessment dated 3/6/20 that noted descriptive mealtime behavior of distractible, reduced chewing ability with few teeth and rapid spooning on modified chopped diet. Review of a nutritional assessment dated 1/28/20 revealed client #6 has had some coughing spells, chest x-ray was clear; Nurse practitioner feels coughing is related to COPD. Further review of records for client #6 revealed a history of emergency room visits for coughing/choking on 6/17/18 and 12/24/19. Subsequent record review revealed client #6 had a swallow study 3/16/20 that revealed recommendations to include: Continue current diet, soft solid, thin liquids; aspiration precautions and administer medications one at a time.

Interview with staff B on 9/15/20 revealed client #6 often coughs with his meals. Continued interview with staff B revealed when client #6 starts to cough the client sits at the table until he stops coughing or staff get him up to walk until he stops. Interview with staff A revealed she had not been trained to walk client #6 with coughing and

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W 227	Continued From page 2 she developed the intervention on her own as she noticed that it worked in the past when she had walked the client during coughing. Further interview with staff A and staff B revealed coughing incidents of client #6 were not usually documented and sometimes the nurse was notified. Interview with the facility qualified intellectual disabilities professional (QIDP) and facility nurse on 9/16/20 verified client #6 does have a history of coughing with his meals and had been treated in the ER for coughing/choking incidents. Further interview with the QIDP verified aspiration precautions had been developed for client #6 relative to the safe eating objective although guidelines to address incidents of coughing/choking had not been developed. Further interview with the QIDP verified client #6 should get medications one at a time during medication administration and this was not part of the guidelines for the medication administration of client #6.	W 227		