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 _____	03/16/2021

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 000	INITIAL COMMENTS A complaint survey and a recertification survey were conducted on 3/15/21 and 3/16/21. Deficiencies were not cited as a result of the complaint survey for Intake #NC00174016.	W 000		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the individual service plans (ISPs) for 2 of 3 sampled clients (#3 and #5) included training in personal skills essential for self-feeding. The findings are: A. Client #3 failed to have objective training included in the ISP to meet self feeding needs. For example: Observations in the group home on 3/15/21 at 5:30 PM during the dinner meal, revealed client #3 plating two sliced ham pieces, stewed sweet potatoes, greens, and cornbread. The client was then observed to eat the greens and sweet potatoes with a fork, but ate the sliced ham pieces with his fingers. Client #3 plated a second helping of two ham slices after finishing the first,	W 242		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 242	Continued From page 1 and again ate them with his fingers. The client's place setting included a fork, knife and a spoon. No staff were observed prompting the client to cut the ham or to eat with a fork. Review of the record for client #3 revealed an ISP dated 4/1/20. The ISP included a Life Skills Assessment dated 4/6/20 which indicated the client was independent with the use of all utensils. Further review of the ISP did not reveal any current objectives related to dining skills. Interview with the program manager on 3/16/21 confirmed client #3 had no current training objectives related to dining skills, and confirmed the client would benefit from programming to assure the proper use of eating utensils. B. Client #5 failed to have objective training included in the ISP to meet self feeding needs. For example: Observations in the group home on 3/15/21 at 5:30 PM during the dinner meal, revealed client #5 plating two sliced ham pieces, stewed sweet potatoes, greens, and cornboard. Continued observation revealed client #5 to eat the greens and sweet potatoes with a fork, but ate the sliced ham pieces with her fingers. Client #5 plated a second helping of two ham slices after finishing the first, and again ate them with her fingers. The client's place setting included a fork, knife and a spoon. No staff were observed prompting the client to cut the ham and eat with a fork. Review of the record for client #5 revealed an ISP dated 5/11/20. The ISP included a Life Skills Assessment dated 5/9/20 which indicated the client was independent with the use of all utensils. Further review of the ISP did not reveal any	W 242		

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 _____	03/16/2021

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W 242	Continued From page 2 current objectives related to dining skills. Interview with the program manager on 3/16/21 confirmed client #5 had no current training objectives related to dining skills, and confirmed the client would benefit from programming to assure the proper use of eating utensils.	W 242		