

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G266</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/16/2021</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>VOCA-APPLE VALLEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1443 OLD HWY 60 WILKESBORO, NC 28697</b>
--	--

(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	W 000		
W 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>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.</p> <p>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:</p> <p>A. Client #3 failed to have objective training included in the ISP to meet self feeding needs. For example:</p> <p>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,</p>	W 242	<p>This deficiency will be corrected by the following actions: <b>W-242</b> – The Individual Program Plan will 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. <b>1. The QMRP will monitor consumer's progress and needs and implement continuous formal training programs to address areas in personal skills essential for privacy and independence in self-feeding identified as a need in the Individual Program Plan and Comprehensive Functional Assessment, until training is no longer identified as a need. Goals Involving self-feeding will be constantly addressed by QMRP and prioritized to highest level. 2. The QMRP will update Home/Life Assessment and Individual Support Plan to show the clients need for training in the area of self-feeding. 3. Support Staff will receive appropriate training in the understanding of training objective, how objective should be trained and to optimize training opportunities for when training objectives with consumers.</b></p> <p><b>Responsible Party: IDT Team Completion Date: 5/15/2021</b></p>	

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

*SP How* *Program Manager* *3/26/2021*

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G266</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-APPLE VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1443 OLD HWY 60 WILKESBORO, NC 28697</b>		
(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 242	<p>Continued From page 1</p> <p>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.</p> <p>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.</p> <p>B. Client #5 failed to have objective training included in the ISP to meet self feeding needs. For example:</p> <p>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.</p> <p>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</p>	W 242	<p>This deficiency will be corrected by the following actions: <b>W-242</b> – The Individual Program Plan will 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. <b>1. The QMRP will monitor consumer's progress and needs and implement continuous formal training programs to address areas in personal skills essential for privacy and independence in self-feeding identified as a need in the Individual Program Plan and Comprehensive Functional Assessment, until training is no longer identified as a need. Goals Involving self-feeding will be constantly addressed by QMRP and prioritized to highest level. 2. The QMRP will update Home/Life Assessment and Individual Support Plan to show the clients need for training in the area of self-feeding. 3. Support Staff will receive appropriate training in the understanding of training objective, how objective should be trained and to optimize training opportunities for when training objectives with consumers.</b></p> <p><b>Responsible Party: IDT Team Completion Date: 5/15/2021</b></p>	

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

PRINTED: 03/19/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G266</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-APPLE VALLEY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1443 OLD HWY 60 WILKESBORO, NC 28697</b>		
(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 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			