

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

PRINTED: 07/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-BLAIRFIELD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 BLAIRFIELD COURT N WILKESBORO, NC 28659</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><b>INDIVIDUAL PROGRAM PLAN</b> 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 observations, review of records and interviews, the individual support plan (ISP) failed to have a training objective to meet the identified client need for 1 of 3 sampled clients (#1) relative to oral hygiene. The finding is:</p> <p>Observations in the group home on 7/13/21 from 6:58 AM to 7:50 AM revealed client #1 to sit in a chair with a book, to participate in medication administration, and to participate in the breakfast meal. Continued observation at 7:53 AM revealed client #1 to follow staff to the client's room for her toiletry bin. Further observation at 7:55 AM revealed client #1 to go with staff to the bathroom to brush her teeth.</p> <p>Review of records for client #1 on 7/13/21 revealed an ISP dated 10/8/21. Review of the 10/2021 ISP for client #1 revealed training objectives in medication management, money management, to shave, to brush hair, to wash hands, to wear a face mask, to eat safe and to do chores/laundry. Continued review of records for client #1 revealed a dental consult dated 4/9/21. Review of the 4/9/21 dental consult for client #1</p>	W 242			

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.

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W 242	Continued From page 1 revealed findings of decay on #14 and #30.	W 242			
W 249	<p>Interview on 7/13/21 with the qualified intellectual disabilities professional (QIDP) verified the 10/8/21 ISP for client #1 was current. Interview with the facility nurse and QIDP confirmed that client #1 was currently prescribed Chlorhexidine for oral hygiene due to poor dental reports and risk of gingivitis. Subsequent interview with QIDP revealed client #1 would benefit from an oral hygiene program to improve overall dental care.</p> <p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 3 sampled clients (#3) received a continuous active treatment program consisting of needed interventions as identified in the individual support plan (ISP) relative to behavior management. The finding is:</p> <p>Observation in the group throughout the 7/12/21 and 7/13/21 survey revealed client #3 to participate in various activities to include leisure choices, meal preparation, medication</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>administration, meal participation and hygiene. Continued observation throughout the 7/12/21 and 7/13/21 survey observations revealed staff to support client #3 with various activity transitions with verbal prompts and choices. Subsequent observation revealed no use of a schedule to support any transition or to address any scheduled activity.</p> <p>Review of records for client #3 revealed an admit date of 1/7/21. Continued review of records for client #3 revealed a diagnosis history to include mild intellectual disability, binge eating disorder, excessive daytime sleepiness, sleep disturbance, mood disorder and ADHD. Further review of records for client #4 revealed an ISP dated 1/20/21 that included a revised behavior support plan (BSP) dated 2/21/21.</p> <p>Review of the BSP for client #3 revealed target behaviors of cooperation difficulty, physical aggression, self-injurious behavior, tantrum, stealing, lying, binge eating, inappropriate sexual behavior and inappropriate social behavior. Continued review of the 2/21/21 BSP for client #3 revealed a communication intervention to include the use of a schedule to help decrease anxiety and plan for activities and meals throughout the day. Review of a communication evaluation for client #3 dated 1/25/21 revealed the recommendation to continue to offer daily orientation verbally and/or with a clock or calendar.</p> <p>Interview with the facility behaviorist revealed client #3 is intelligent and needs a daily schedule to support behavior management. Continued interview with the behaviorist verified client #3's daily schedule should include tools recommended</p>	W 249			

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W 249	Continued From page 3 by the current communication evaluation. Interview with the facility home manager (HM) and qualified intellectual disabilities professional (QIDP) verified a schedule for client #3 had not been developed outside of a general schedule used for all clients. Additional interview with the HM and QIDP verified client #3 did not have a schedule that utilized tools of a clock or calendar.	W 249			