

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

PRINTED: 05/26/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2022
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NAME OF PROVIDER OR SUPPLIER VOCA-APPLE VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 1443 OLD HWY 60 WILKESBORO, NC 28697
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(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
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W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to teach clients to use and make informed choices relative to adaptive equipment for 1 sampled client (#5) and 1 non-sampled client (#2). The findings are:</p> <p>A. The facility failed to provide teaching relative to eyeglasses for client #5. For example:</p> <p>Observation throughout the 5/23-24/22 survey revealed client #5 to participate in various activities including Uno, coloring, counting money, meal preparation, chores, and independently participating during mealtime. Continued observation throughout the survey revealed client #5 to be without eyeglasses as well as revealed no prompts from staff for the client to wear their eyeglasses.</p> <p>Review of client #5's record on 5/24/22 revealed an individual support plan (ISP) dated 5/5/22. Review of the ISP revealed client #5's adaptive equipment to include eyeglasses which they are to wear daily. Continued review of client #5's record revealed a vision consult dated 8/9/21 which indicated a new eyeglass prescription and a follow-up in one year.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/24/22 revealed client #5</p>	W 436	<p>A. QP will implement a new program for client #5 to wear her glasses throughout the day for specified amounts of time. Upon completion of the program QP will implement guidelines to ensure Client #5 remembers to wear her glasses daily. QP will inservice all staff on the new program and will monitor progress monthly. In the future, QP will ensure all adaptive equipment is available and clients have received training on the importance of using their adaptive equipment.</p> <p style="text-align: right;">7/23/2022</p> <p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUN 13 2022</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sherry Chappell, BA/OP, Clinical Supervisor</i>	TITLE	(X6) DATE 6/9/2022
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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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to have eyeglasses but refuses to wear them. Continued interview with the QIDP revealed client #5 had a previous goal to wear their eyeglasses which was discontinued due to progress. Further interview with the QIDP confirmed client #5 has regressed relative to wearing their prescription eyeglasses and would benefit from a formal training goal.

B. The facility failed to provide teaching relative to eyeglasses for client #2. For example:

Observation throughout the 5/23-24/22 survey revealed client #2 to participate in various activities including reading, coloring, chores, hygiene, watching TV and independently participating during mealtime. Continued observation throughout the survey revealed client #2 to be without eyeglasses as well as revealed no prompts from staff for the client to wear their eyeglasses.

Review of client #2's record on 5/24/22 revealed an ISP dated 3/24/22. Review of the ISP revealed client #2's adaptive equipment to include eyeglasses which they are to wear daily. Continued review of client #2's record revealed a vision consult dated 6/26/20 recommending the client wear eyeglasses.

Interview with the QIDP on 5/24/22 revealed client #2 has a history of breaking their eyeglasses as well as refusing to wear them. Continued interview with the QIDP revealed client #2 has never had a formal training program to address wearing and maintaining their eyeglasses. Further interview with the QIDP revealed client #2 has vision consult scheduled on 7/12/22 and would benefit from a formal

W 436 B. Client #2 is scheduled for a Visit with the ophthalmologist In August. He will receive new Glasses at that time. Upon Receipt of his new glasses, QP Will develop and implement A glasses program to teach Client #2 to wear and care for His glasses appropriately. QP Will inservice staff on the new Program and monitor progress Monthly. In the future, QP Will ensure all adaptive Equipment is available and Clients have received training On the importance of using Their adaptive equipment.

7/23/2022

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W 436 Continued From page 2
training goal.

W 436