

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

PRINTED: 11/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2022
NAME OF PROVIDER OR SUPPLIER VOCA-WOODLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 123 WOODLAND DR RUTHERFORDTON, NC 28139		
(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 249	<p>PROGRAM IMPLEMENTATION 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 interview, the facility failed to ensure 1 of 3 non-sampled clients (#2) received a continuous active treatment program consisting of needed interventions relative to adaptive equipment. The finding is:</p> <p>Observations in the group home on 11/08/22 at 5:36 PM revealed client #2 to participate independently in the dinner meal which consisted of chili, pasta salad, corn bread, milk and tea. Continued observation revealed client #2 to utilize a divided dish, noney cup, and built-up spoon to support him with consuming the dinner meal.</p> <p>Observations in the group home on 11/09/22 at 7:42 AM revealed client #2 to participate independently in the breakfast meal which consisted of cereal, banana, fruit muffin, milk and juice. Continued observation revealed client #2 to utilize a divided dish, noney cup, and built-up spoon to support him with consuming the breakfast meal.</p> <p>Review of client #2's record on 11/9/22 revealed</p>	W 249			

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 249	Continued From page 1 an individual support plan (ISP) dated 9/9/22. Review of the ISP indicated client #2's current adaptive equipment to include eyeglasses, wheelchair, hospital bed, trapeze bar, shower chair, divided plate, built-up utensils, non-slip mat, nosey cup and Hoyer lift. Continued review of the record revealed a monthly nursing summary dated 9/2022 which also indicated the non-slip mat as adaptive equipment. Further review of the record revealed a speech language pathologist assessment dated 8/20/14 which indicated recommendations to continue current adaptive equipment including built-up spoon, nosey cup, and non-slip mat. It should be noted no documentation to reflect a discontinuation of client #2's non-slip mat was indicated in the record. Interview with the program manager (PM) on 11/9/22 revealed client #2's adaptive equipment to include the divided dish, built-up spoon, and nosey cup. Continued interview with the PM and home manager (HM) revealed they were unaware that client #2's record indicated a non-slip mat as adaptive equipment. Further interview with the HM revealed they could not find a non-slip mat in the home.	W 249			
W 463	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 6 clients (#5 and #6) received their specially prescribed diet as ordered by the interdisciplinary	W 463			

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W 463	<p>Continued From page 2 team. The findings are::</p> <p>A. The facility failed to ensure client #5 received their special diet. For example:</p> <p>Morning observations in the group home on 11/09/22 revealed the regular breakfast menu to include 1 cup of cereal, 1 banana, 1 fruit muffin, milk, and juice. Continued observation revealed the 1800 calorie breakfast menu to include 1 cup of cereal, 1 banana, 1 slice of toast, milk, and juice. Breakfast meal observations at 8:16 AM revealed client #5 to serve himself cereal, banana, and a blueberry muffin. Further observation revealed client #5 to participate in the breakfast meal independently and consume the entire meal.</p> <p>Review of client #5's record on 11/9/22 revealed a nutritional evaluation dated 7/14/22 which indicated his current diet order includes 1800 calorie, ADA, 1/4" pieces, carbonated beverages 1 per day. Continued review of the nutritional evaluation indicated client #5's ideal body weight is between 148 - 176 pounds. Continued review of client 5's record revealed monthly nursing notes which indicated the following body weight recordings: May 2022 - 246 lbs.; June 2022 - 255 lbs.; July 2022 - 262 lbs.; August 2022 - 259 lbs., September 2022 - 259 lbs.</p> <p>Interview with the facility nurse on 11/9/22 revealed they record each client's weight weekly and as well as monthly. Continued interview with the facility nurse revealed the nutritionist assesses each client annual or as otherwise indicated and is also responsible for creating regular and special menus utilized by the group home. Further interview with the facility nurse and</p>	W 463			

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W 463	<p>Continued From page 3</p> <p>program manager (PM) on 11/9/22 revealed it is staff's responsibility to ensure clients received their modified or special diet.</p> <p>B. The facility failed to ensure client #6 received their special diet. For example:</p> <p>Morning observations in the group home on 11/09/22 revealed the regular breakfast menu to include 1 cup of cereal, 1 banana, 1 fruit muffin, milk, and juice. Continued observation revealed the 1800 calorie breakfast menu to include 1 cup of cereal, 1 banana, 1 slice of toast, milk, and juice. Breakfast meal observations at 8:00 AM revealed client #6 to serve himself cereal, banana, and a blueberry muffin. Further observation revealed client #6 to participate in the breakfast meal independently and consume the entire meal.</p> <p>Review of client #6's record on 11/9/22 revealed a nutritional evaluation dated 10/13/21 which indicated his current diet order includes 1800 calorie, ADA, no caffeine, no grapefruit. Continued review of the nutritional evaluation indicated client #6's ideal body weight is between 133 - 162 pounds. Continued review of client 6's record revealed monthly nursing notes which indicated the following body weight recordings: May 2022 - 190 lbs.; June 2022 - 190 lbs.; July 2022 - 193 lbs; August 2022 - 196 lbs., September 2022 - 193 lbs.</p> <p>Interview with the facility nurse on 11/9/22 revealed they record each client's weight weekly and as well as monthly. Continued interview with the facility nurse revealed the nutritionist assesses each client annual or as otherwise indicated and is also responsible for creating</p>	W 463			

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W 463	Continued From page 4 regular and special menus utilized by the group home. Further interview with the facility nurse and program manager (PM) on 11/9/22 revealed it is staff's responsibility to ensure clients received their modified or special diet.	W 463			