

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

PRINTED: 12/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER VOCA-COLLEGE STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 301 COLLEGE STREET 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 455	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to implement an active program for the prevention and control of infection and communicable diseases. The finding is:</p> <p>Observation upon entry to the group home on 11/29/22 at 12:00 PM revealed staff A and staff B to be present with client #3. Continued observation revealed both staff to be without a face mask, which is a current requirement by the Centers for Medicare and Medicaid Services (CMS) to limit the potential spread of the COVID-19 virus. Further observation revealed both staff to put on a face mask upon the qualified intellectual disabilities professional's (QIDP) entry to the home at approximately 12:15 PM.</p> <p>Review of facility records on 11/30/22 revealed their face mask and infection control requirements to indicate all staff must wear a surgical mask at all times regardless of vaccination status. Further review of facility records revealed staff A to have an approved vaccination exception.</p> <p>Interview with the QIDP on 11/30/22 confirmed all staff should wear a face mask while providing direct care to clients.</p>	W 455			
W 474	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p>	W 474			

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 474	<p>Continued From page 1</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure food was served in a form consistent with the developmental level of 1 of 6 clients (#6). The finding is:</p> <p>Evening observation in the group home on 11/29/22 revealed the dinner meal to be beef stroganoff with egg noodles, mashed yams, garlic bread sticks, and fruit. Continued observation of the dinner meal revealed client #6 to participate independently and to consume the bread stick in whole form. Further observation revealed staff to serve client #6 a second bread stick in whole form, which client #6 also consumed in whole form.</p> <p>Morning observation in the group home on 11/30/22 revealed the breakfast meal to be scrambled eggs, oatmeal, and toast. Continued observation of the breakfast meal revealed client #6 to participate independently and to consume the toast in whole form. Further observation revealed client #6 to take his plate to the kitchen, enter the living room with a second piece of toast, and to consume in whole form.</p> <p>Review of client #6's record on 11/29/22 revealed an individual support plan (ISP) dated 6/14/22. Review of the ISP indicated client #6's diet is regular, chopped, quarter inch. Continued review of client #2's record on 11/30/22 revealed a nutritional assessment dated 6/1/22. Review of the nutritional assessment indicated client #6's diet order is regular, chopped, quarter inch due to his rate of eating.</p>	W 474			

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W 474	Continued From page 2 Interview with the qualified intellectual disabilities professional (QIDP) on 11/30/22 verified client #6's diet orders are current. Continued interview with the QIDP confirmed client #6's diet order should be followed as prescribed at all times.	W 474			