

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

PRINTED: 03/09/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VOCA-KIMSEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1305 OLD HWY 60 WILKESBORO, NC 28697</b>
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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 268	<p>CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i)</p> <p>These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure 1 of 3 sample clients (#3) had access to essential toiletries needed to promote client growth/development/independence relative to completing self-care needs after toileting. The finding is:</p> <p>Observation by surveyor in the group home on 3/7/23 at 4:35 PM revealed the bathroom off from the living room to be absent of all toiletries i.e. paper towels and/or hand towels, hand soap and/or hand sanitizer, and toilet paper. Continued observation in the group home on 3/7/23 at 5:02 PM revealed client #3 to enter the bathroom adjacent to the living room. Further observation revealed client #3 to exit the bathroom at 5:04 PM and announce to staff he had used the bathroom. Subsequent observation revealed staff to not offer, prompt or redirect client #3 to go to the bathroom or another bathroom to wash and/or sanitize his hands.</p> <p>Review of records on 3/8/23 revealed a current Individual Program Plan (IPP) dated 02/07/23. Continued review of the IPP revealed a toileting skills goal.</p> <p>Interview with the homes qualified intellectual disabilities professional (QIDP) on 03/08/23 revealed a non-sample client in the home destroys any and all items placed in the bathroom rendering it impossible to keep any commonly</p>	W 268		3/8/23
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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W 268	Continued From page 1 used item essential to toileting needs in the bathroom. Further interview with the QIDP revealed staff generally accompany clients to the bathroom with their toiletry baskets to take care of any needs. Continued interview with the QIDP revealed they will work to alleviate this concern so that all clients have access to their toiletries needs.	W 268			