

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

PRINTED: 06/01/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G266</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-APPLE VALLEY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1443 OLD HWY 60 WILKESBORO, NC 28697</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 436	<p><b>SPACE AND EQUIPMENT</b> 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 observations, record review and interview, the facility failed to furnish adaptive equipment for 2 of 6 clients (#4, and #6). The findings are:</p> <p>A. The facility failed to furnish prescribed adaptive equipment for client #4. For example:</p> <p>Observation in the group home on 5/23/23 revealed client #4 to participate in the dinner meal. Continued observation revealed client #4 to have a dinner meal consisting of beef stroganoff, carrots, biscuits, and fruit cocktail. Further observation revealed the client to have the following adaptive items for the dinner meal to include a rubber mat, grip spoon, grip fork, and grip knife. Subsequent observation revealed at no time throughout the observation was staff observed to provide client #4 with a high sided plate. Additionally, client #4 had large amounts of spillage throughout the dinner meal.</p> <p>Observation in the group home on 5/24/23 revealed client #4 to participate in the breakfast meal. Continued observation revealed client #4 to have a breakfast meal consisting of eggs, cereal, and milk. Further observation revealed the client to have the following adaptive items for the breakfast meal to include grip spoon, grip fork, and grip knife. Subsequent observation</p>	W 436			

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 436	<p>Continued From page 1</p> <p>revealed at no time through the observation was staff observed to provide client #4 with a dycem grip and a high sided plate. Additionally, client #4 had to hold bowl to keep from sliding while eating cereal.</p> <p>Review of records on 5/24/23 for client #4 revealed an individual support plan (ISP) dated 6/27/22. Continued review of record for client #4 revealed an occupational therapy consult dated 12/22/22. Further review of the occupational therapy consults revealed client #4 to be prescribed a dycem grip/high sided plate and large grip utensils to decrease spillage with self-feeding.</p> <p>Interview on 5/24/23 with the qualified intellectual disabilities professional (QIDP) confirmed that client #4's ISP is current. Continue interview with the QIDP revealed that client #4 should have been provided prescribed adaptive equipment during mealtimes.</p> <p>B. The facility failed to furnish prescribed adaptive equipment for client #6. For example:</p> <p>Observation in the group home on 5/23/23 revealed client #6 to participate in the dinner meal. Continued observation revealed client #6 to have a dinner meal consisting of beef stroganoff, carrots, biscuits, and fruit cocktail. Further observation revealed the client to use a divided plate during the dinner meal. Subsequent observation revealed at no time throughout the observation was staff observed to provide client #6 with a scoop plate and dycem mat. Additionally, client #6 had large amounts of spillage throughout the dinner meal.</p>	W 436			

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W 436	<p>Continued From page 2</p> <p>Observation in the group home on 5/24/23 revealed client #6 to participate in the breakfast meal. Continued observation revealed client #6 to have a breakfast meal consisting of toast with jelly, cereal, and milk. Further observation revealed staff to cut up toast for the client. Subsequent observation revealed at no time through the observation was staff observed to provide client #6 with a scoop plate and dycem mat.</p> <p>Review of records on 5/24/23 for client #6 revealed an ISP dated 2/2/23. Continued review of ISP for client #6 revealed that client #6 is prescribed a scoop plate and dycem mat. Further review of records on 5/24/23 revealed a nutritional assessment dated 1/19/22 for client #6 to have a regular chopped -quarter size bites and scoop plate.</p> <p>Interview on 5/24/23 with the QIDP confirmed that client #6's ISP is current. Continue interview with the QIDP revealed that client #6 should have been provided prescribed adaptive equipment during mealtimes.</p>	W 436			