

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

PRINTED: 02/12/2024
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G126 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/07/2024 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER VOCA-WELBORN AVE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WELBORN AVENUE 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 129 | <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to ensure 2 of 6 clients (#1 and #6) were treated with dignity and respect. The findings are:</p> <p>A. Observation in the group home on 2/7/24 at 6:41 AM revealed client #1 to sit in his wheelchair on an incontinence pad. Continued observation at 8:09 AM revealed client #1 to be assisted to the bathroom by staff. Further observation at 8:20 AM revealed client #1 to return to the living room with the incontinence pad still visible. Subsequent observation at 8:30 AM revealed client #1 to leave for work with the incontinence pad visible.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 2/7/24 revealed client #1 soils through his clothing but a waterproof cover can be purchased to protect his wheelchair. Further interviews with the QIDP confirmed staff provide prompts for client #1 for the bathroom. Continued interview with the QIDP confirmed use of the incontinence pads shows no regard to his dignity or respect for client #1.</p> <p>B. During observations in the home throughout the survey on 2/6-2/7/24 revealed a incontinence pad placed on a love seat. Continued observation revealed client #6 to enter the home from work and to sit on the incontinence pad. Further observation revealed client #6 to be prompted and taken to the rest room throughout observation. Subsequent observation revealed</p> | W 129 | | | |

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 129 | Continued From page 1 client #6 to have no toileting accidents throughout observations. Review of records for client #6 revealed a behavior support plan (BSP) dated 10/26/23. Further review of the BSP revealed client #6 to have the following target behaviors: cooperation difficulties, physical aggression, toileting accidents, undressing and property destruction. Continue review of the BSP revealed guidelines for self-stimulation, stealing drink or food, objects, or materials. Review of records for client #6 on 2/7/24 revealed a toileting schedule dated February 2024. Further review of the toileting schedule revealed client #6 is taken to the bathroom every hour during awake hours. Continued review of records for client #6 revealed no toileting accidents. Interview with the QIDP on 2/7/24 revealed client #6 is on a toileting schedule. Further interview with the QIDP confirmed staff follow the hourly toileting schedule with client #6. Continued interview with the QIDP confirmed use of the incontinence pads shows no respect to client #6. | W 129 | | | |
| W 130 | PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to assure that privacy was maintained for 1 of 6 clients (#5) relative to use of a monitoring device. The finding is: | W 130 | | | |

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| W 130 | Continued From page 2 Observation in the group home on 2/7/24 at 7:26 AM revealed client #6 to enter his bedroom to hang his laundry while talking to staff. Continued observation revealed client #6 could be heard while in his bedroom from a monitor sitting on the living room table. Further observations throughout the morning revealed client #6 entered his bedroom to put on a shirt, obtain a toothbrush, and obtain a jacket. Subsequent observations revealed the monitor to remain on throughout the morning observations. Interview with the group home supervisor on 2/7/24 verified that staff should be observing privacy and turn off the monitor in client #5's bedroom during waking hours. Continued interview revealed that the monitor was used to monitor seizures during the night while the client was in bed. | W 130 | | | |
| W 262 | PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure that restrictive techniques were monitored and reviewed annually by the human rights committee (HRC) for 1 of 6 clients (#5). Observation in the group home on 2/7/24 at 7:26 AM revealed client #6 to enter his bedroom to hang his laundry while talking to staff. Continued observation revealed client #6 could be heard | W 262 | | | |

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| W 262 | Continued From page 3 while in his bedroom from the monitor sitting on the living room table. Further observations throughout the morning revealed client #6 entered his bedroom to put on a shirt, obtain a toothbrush, and obtain a jacket. Subsequent observations revealed the monitor to remain on throughout the morning observations. Review of records on 2/7/24 revealed an Individual Support Plan (ISP) dated 4/26/24. Continued review of the ISP revealed no HRC approval for client #5 to use a monitor. Interview on 2/7/24 with the qualified intellectual disability professional (QIDP) verified that the ISP was current. Continued interview with the QIDP verified that there was no HRC approval for client #5's monitor. | W 262 | | | |
| W 263 | PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure restrictive techniques were reviewed and approved by the legal guardians for 1 of 6 clients (#5). The finding is: Observation in the group home on 2/7/24 at 7:26 AM revealed client #6 to enter his bedroom to hang his laundry while talking to staff. Continued observation revealed client #6 could be heard while in his bedroom from the monitor sitting on the living room table. Further observations | W 263 | | | |

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| W 263 | <p>Continued From page 4</p> <p>throughout the morning revealed client #6 entered his bedroom to put on a shirt, obtain a toothbrush, and obtain a jacket. Subsequent observations revealed the monitor to remain on throughout the morning observations.</p> <p>Review of records on 2/7/24 for client #5 revealed no guardian approval for the use of a monitor.</p> <p>Interview on 2/7/24 with the qualified intellectual disabilities professional (QIDP) confirmed that there are no guardian consents in place for client #5 to use a monitor.</p> | W 263 | | |