PRINTED: 02/29/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
	34G128			02/28/2024	
NAME OF PROVIDER OR SUPPLIER  VOCA-KIMSEY			STREET ADDRESS, CITY, STATE, ZIP CODE 1305 OLD HWY 60 WILKESBORO, NC 28697	•	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICENCY)	D BE	(X5) COMPLETION DATE
§460.84(d)(2), §482 §483.475(d)(2), §482 §485.542(d)(2), §482 §485.920(d)(2), §482 *[For ASCs at §416 at §485.542, OPO, §485.727, CMHCs §491.12, and ESRE (2) Testing. The [facto test the emergen must do all of the formal of the formal of the formal of the formal exercise every 2 ye (B) If the [facility natural or man-made activation of the emexempt from engage community-based of functional exercise actual event. (ii) Conduct an addity years, opposite the functional exercise this section is conditional exercise this section is conditional exercise; (B) A mock disaster (C) A tabletop exercise.	3.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 34.102(d)(2), §485.68(d)(2), 35.625(d)(2), §494.62(d)(2).  3.54, CORFs at §485.68, REHs "Organizations" under at §485.920, RHCs/FQHCs at D Facilities at §494.62]:  cility] must conduct exercises acy plan annually. The [facility] bollowing:  all-scale exercise that is every 2 years; or unity-based exercise is not a facility-based functional ars; or y] experiences an actual de emergency that requires be regency plan, the [facility] is ging in its next required or individual, facility-based following the onset of the itional exercise at least every 2 year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is llowing: ale exercise that is or individual, facility-based or	E 03	TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(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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		34G128	B. WING			02/28/2024	
NAME OF PROVIDER OR SUPPLIER  VOCA-KIMSEY				STREET ADDRESS  1305 OLD HWY 6  WILKESBORO,		·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH C	(IDER'S PLAN OF CORREC CORRECTIVE ACTION SHO EFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
E 039	a facilitator and inca a narrated, clinical scenario, and a se directed messages designed to challer (iii) Analyze the [fa maintain documen exercises, and em [facility's] emergen *[For Hospices at 4 (2) Testing for hospatient's home. The exercises to test thannually. The hos (i) Participate in a community based (A) When a community based (A) When a community based (B) If the hospice of the emergency pla engaging in its nex community-based facility-based functionset of the emergency pla engaging in its nex community-based facility-based functionset of the emergency pla engaging in its nex community-based facility-based functionset of the emergency pla engaging in its nex community-based facility-based functionset of the emergency pla engaging in its nex community-based facility-based functionset of the emergency pla engaging in its nex community-based facility-based functionset of the emergency pla engaging in its nex community-based facility-based facility-based functionset of the emergency plane is conducted, that to the following:  (A) A second full-scommunity-based exercise; or  (B) A mock disast (C) A tabletop exercise	sludes a group discussion using ly-relevant emergency to for problem statements, so, or prepared questions ange an emergency plan. cility's] response to and tation of all drills, tabletop ergency events, and revise the cy plan, as needed.  418.113(d):]  spices that provide care in the ne hospice must conduct the emergency plan at least pice must do the following: full-scale exercise that is every 2 years; or unity based exercise is not experiences a natural or experiences a natural or experiences a natural or ency that requires activation of n, the hospital is exempt from at required full scale exercise or individual ional exercise following the ency event. ditional exercise every 2 years, the full-scale or functional eagraph (d)(2)(i) of this section may include, but is not limited scale exercise that is or a facility based functional	E	39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
		34G128	B. WING		02	/28/2024	
NAME OF PROVIDER OR SUPPLIER  VOCA-KIMSEY				STREET ADDRESS, CITY, STATE, ZIP C 1305 OLD HWY 60 WILKESBORO, NC 28697			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		I SHOULD BE	(X5) COMPLETION DATE	
E 039	a narrated, clinically scenario, and a set directed messages designed to challen (3) Testing for hosp care directly. The hexercises to test the year. The hospice (i) Participate in an is community-based (A) When a community-based functi (B) If the hospice eman-made emerge the emergency plar engaging in its next based or facility-based following the onset (ii) Conduct an add may include, but is (A) A second full-scommunity-based of exercise; or (B) A mock disasted (C) A tabletop exerting facilitator that include narrated, clinically-rand a set of problem messages, or preparately community to handly the homaintain document	or prepared questions ge an emergency plan.  ices that provide inpatient application must conduct the emergency plan twice per must do the following:  annual full-scale exercise that distriction and exercise; or experiences a natural or experiences a natural or experiences a natural or experience and exercise of the emergency event. In the hospice is exempt from required full-scale community sed functional exercise of the emergency event. In the hospice is exempt from a required full-scale community sed functional exercise of the emergency event. In the hospice is exempt from a functional exercise that exercise that is the following: the exercise that is the following is a facility based functional exercise or workshop led by a dies a group discussion using a elevant emergency scenario, in statements, directed exercise response to and exercise response to and exercise response to and exercise that is provided to gency plan.	EC	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION  IG	, ,	(X3) DATE SURVEY COMPLETED		
		34G128	B. WING _		02	/28/2024	
NAME OF PROVIDER OR SUPPLIER  VOCA-KIMSEY				STREET ADDRESS, CITY, STATE, ZIP 1305 OLD HWY 60 WILKESBORO, NC 28697			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
E 039	*[For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [PF conduct exercises at twice per year. The do the following: (i) Participate in an is community-based (A) When a community-based function (B) If the [PRTF, Ho actual natural or marequires activation (facility-based functionset of the emerging (ii) Conduct an and that may include following: (A) A second full-scommunity-based of functional exercises (B) A mock (C) A tabletop of led by a facilitator ad discussion, using a emergency scenari statements, directed questions designed plan.  (iii) Analyze the maintain document	1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must to test the emergency plan annual full-scale exercise that d; or unity-based exercise is not annual individual, onal exercise; or ospital, CAH] experiences an an-made emergency that of the emergency plan, the rom engaging in its next community based or individual, onal exercise following the ency event.  [additional] annual exercise or le, but is not limited to the cale exercise that is or individual, a facility-based or disaster drill; or exercise or workshop that is and includes a group narrated, clinically-relevant o, and a set of problem d messages, or prepared to challenge an emergency at [facility's] response to and ation of all drills, tabletop ergency events and revise the cy plan, as needed.	E 03				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		L. TIDENTIFICATION NUMBER.		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G128	B. WING		02	/28/2024	
NAME OF PROVIDER OR SUPPLIER  VOCA-KIMSEY				STREET ADDRESS, CITY, STATE, 2 1305 OLD HWY 60 WILKESBORO, NC 28697			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
E 039	(2) Testing. The Prexercises to test the annually. The PAC following: (i) Participate in a is community-based. (A) When a commaccessible, conducted facility-based functions for individual exercise following event.  (ii) Conduct ar years opposite the exercise under participate in the following: (A) A second full-community-based functional exercise. (B) A mock disast (C) A tabletop exercise a facilitator and incursing a narrated, of scenario, and a sed directed message designed to challe. (iii) Analyze the Present in the participate in the participate in the participate in the following:  (B) A mock disast (C) A tabletop exercise and a sed directed message designed to challe. (iii) Analyze the Present in the participate in the	ACE organization must conduct the emergency plan at least E organization must do the en annual full-scale exercise that ed; or unity-based exercise is not et an annual individual, ational exercise; or periences an actual natural or ency that requires activation of en, the PACE is exempt from at required full-scale community I, facility-based functional the onset of the emergency expear the full-scale or functional ragraph (d)(2)(i) of this section may include, but is not limited to escale exercise that is or individual, a facility based experies or workshop that is led by cludes a group discussion, clinically-relevant emergency et of problem statements, experies or workshop that is led by cludes a group discussion, elinically-relevant emergency et of problem statements, experies or workshop that is led by cludes a group discussion, elinically-relevant emergency et of problem statements, experies or workshop that is led by cludes a group discussion, elinically-relevant emergency et of problem statements, experies or workshop that is led by cludes a group discussion, elinically-relevant emergency et of problem statements, experies or workshop that is led by cludes a group discussion, elinically-relevant emergency et of problem statements, experies or workshop that is led by cludes a group discussion, elinically-relevant emergency et of problem statements, experies or workshop that is led by cludes a group discussion, elinically-relevant emergency experies or workshop that is led by cludes a group discussion, elinically-relevant emergency experies or workshop that is led by cludes a group discussion, elinically-relevant emergency et of problem statements, experies or workshop that is led by cludes a group discussion, elinically-relevant emergency et of problem statements, experies or workshop that is led by cludes a group discussion, elinically-relevant emergency et of problem statements.	EC	039			

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E 039	including unannou emergency proced ICF/IID] must do the (i) Participate in a is community-based (A) When a community-based functional exercised individual, facility-based functional exercised functional exercised (B) A mock disast (C) A tabletop exercised functional exercised (B) A mock disast (C) A tabletop exercised (B) A	y plan at least twice per year, need staff drills using the dures. The [LTC facility, ne following: In annual full-scale exercise that ed; or unity-based exercise is not et an annual individual, tional exercise. Itity] facility experiences an ean-made emergency that of the emergency plan, the empt from engaging its next le community-based or eased functional exercise to of the emergency event. Inditional annual exercise that is not limited to the following: scale exercise that is or an individual, facility based exercise or workshop that is led by es a group discussion, using a erelevant emergency scenario, em statements, directed exercised to receive the energency plan. TC facility] facility's response to energency events, and revise the ey's emergency plan, as needed.  483.475(d)]: EF/IID must conduct exercises ncy plan at least twice per year.	E	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		34G128	B. WING		02	/28/2024	
NAME OF PROVIDER OR SUPPLIER  VOCA-KIMSEY				STREET ADDRESS, CITY, STAT 1305 OLD HWY 60 WILKESBORO, NC 28697	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
E 039	is community-base (A) When a comm accessible, conduct facility-based funct (B) If the ICF/IID e man-made emerge the emergency platengaging in its new community-based functional exercise emergency event. (ii) Conduct an add may include, but is (A) A second full-s community-based functional exercise (B) A mock disaste (C) A tabletop exert a facilitator and incusing a narrated, of scenario, and a sed directed messages designed to challe (iii) Analyze the IC maintain document exercises, and em ICF/IID's emergen  *[For HHAs at §48 (d)(2) Testing. The to test the emerge least annually. The (i) Participate in a for community-based; (A) When a co- accessible, conduct (B) If the ICF/IID emergen (B) If the ICF/IID emergen (C) A tabletop exert (E) A tabletop (E) A tableto	ed; or unity-based exercise is not et an annual individual, cional exercise; or. experiences an actual natural or ency that requires activation of n, the ICF/IID is exempt from et required full-scale or individual, facility-based of following the onset of the ditional annual exercise that not limited to the following: cale exercise that is or an individual, facility-based et; or er drill; or reise or workshop that is led by eludes a group discussion, elinically-relevant emergency et of problem statements, et, or prepared questions enge an emergency plan. ef/IID's response to and etation of all drills, tabletop ergency events, and revise the ecy plan, as needed.  4.102] HHA must conduct exercises ency plan at et HHA must do the following: full-scale exercise that is	E	039			

l' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G128	B. WING			02/28/2024	
NAME OF PROVIDER OR SUPPLIER  VOCA-KIMSEY				1305	ET ADDRESS, CITY, STATE, ZIP CODE OLD HWY 60 KESBORO, NC 28697	·	
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E 039	or man-made eme of the emergency pengaging in its next community-based functional exercise emergency event.  (ii) Conduct an add opposite the year the exercise under partise conducted, that limited to the follow (A) A second from the follow (A) A second from the follow (B) A mock districtional exercise (B) A mo	experiences an actual natural regency that requires activation plan, the HHA is exempt from it required full-scale or individual, facility based of following the onset of the ditional exercise every 2 years, the full-scale or functional ragraph (d)(2)(i) of this section at may include, but is not wing:  ull-scale exercise that is or an individual, facility-based it or an individual, facility-based it or an individual, facility-based it or an includes a group an arrated, clinically-relevant it, and a set of problem ed messages, or prepared it to challenge an emergency did to challenge an emergency did to challenge and maintain all drills, tabletop exercises, and it and revise the HHA's seneded.	E	039			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SLIPPI JER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	TIPLE CONSTRUCTION ING		COMPLETED		
		34G128	B. WING		0:	2/28/2024	
NAME OF PROVIDER OR SUPPLIER  VOCA-KIMSEY				STREET ADDRESS, CITY, STATE 1305 OLD HWY 60 WILKESBORO, NC 28697	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE FO THE APPROPRIATE	(X5) COMPLETION DATE	
E 039	questions designed plan. If the OPO ex man-made emerge the emergency plan engaging in its next following the onset (ii) Analyze the OPO documentation of a emergency events, OPO's] emergency *[RNCHIs at §403. (d)(2) Testing. The exercises to test th must do the followin (i) Conduct a paper least annually. A tadiscussion led by a clinically-relevant e of problem statemed prepared questions emergency plan. (ii) Analyze the RNI maintain document and emergency plan, as This STANDARD in Based on record refacility failed to con emergency prepared to contemp the finding is:  Review of the facility evidence of a full-s facility-based training literview with the hypogram manager of the statement of the facility-based training literview with the hypogram manager of the statement of the facility-based training literview with the hypogram manager of the statement of the facility-based training literview with the hypogram manager of the statement of the stat	Ito challenge an emergency periences an actual natural or ncy that requires activation of n, the OPO is exempt from a required testing exercise of the emergency event. O's response to and maintain II tabletop exercises, and and revise the [RNHCI's and plan, as needed.  748]: RNHCI must conduct e emergency plan. The RNHCI ng: rebased, tabletop exercise at oletop exercise is a group facilitator, using a narrated, mergency scenario, and a set ents, directed messages, or a designed to challenge an HCI's response to and ation of all tabletop exercises, ents, and revise the RNHCI's ents, and revise the RNHCI's eview and interviews, the duct exercises to test the edness plan (EPP) annually.		039			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED		
		34G128	B. WING				02/2	28/2024
NAME OF PROVIDER OR SUPPLIER  VOCA-KIMSEY				1305 OLD H	ORESS, CITY, STATE, Z IWY 60 ORO, NC 28697	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EA	PROVIDER'S PLAN OF ACH CORRECTIVE AC' SS-REFERENCED TO DEFICIENC	TION SHOULD	BE	(X5) COMPLETION DATE
E 039	Continued From pa	ge 9	E 0	39				
W 440	facility-based training EVACUATION DRII CFR(s): 483.470(i)(	LLS	W 4	40				
	This STANDARD is Based on record re failed to ensure eva	r each shift of personnel. s not met as evidenced by: eview and interview, the facility acuation drills were held at ach shift of personnel. The						
	revealed missing se fire drills for the revi revealed no first shi	ies fire drill reports on 2/27/24 econd, third, and fourth quarter iew period. Continued review ift drill conducted in the d no third shift drills conducted th quarter.						
	Professional (QIDP	Qualified Intellectual Disability ) on 2/28/24 confirmed fire een conducted quarterly for nnel.						