

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2023
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NAME OF PROVIDER OR SUPPLIER VOCA-BLAIRFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 111 BLAIRFIELD COURT N WILKESBORO, NC 28659
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W 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that restrictive techniques were monitored and reviewed annually by the human rights committee (HRC) for 5 of 6 clients (#1, #2, #3, #4, #6). The finding is:</p> <p>Observations throughout the recertification survey period from 11/6/23 - 11/7/23 revealed exterior door alarms to chime as staff, clients and surveyors entered and exited the group home. Continued observations revealed clients #1, #2, #3, #4, and #6 bedroom door to chime when clients, staff and surveyors would enter or exit their bedrooms.</p> <p>Review of client records on 11/7/23 for clients #1, #2, #3, #4, and #6 did not reveal signed consents from HRC relative to chimes on bedroom doors.</p> <p>Interview with the program manager (PM) on 11/7/23 revealed that signed consent forms could not be located during the survey. Continued interview with the QIDP and PM verified HRC limitation consent forms for all clients should be updated and signed by the HRC annually.</p>	W 262	<p>W 262</p> <p>Consent for door chimes (F.4.9a) will be revised to include interior and exterior door chimes. Revised consents will be completed and signed by guardians for all clients. Updated consents will then be submitted to HRC for review and signatures. HRC signatures will be obtained for all restrictive techniques that involve risks to client protection and rights. Upon receipt of HRC signatures, consents will be filed in the clients' charts by the QP. The QP will monitor completion of required consents to ensure all are filed in clients' charts within 30 days. In the future, the QP and Quality Assurance Manager will monitor completion of all required consents through chart reviews at least quarterly.</p>	1/6/2024
W 263	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed</p>	W 263	<p>DHSR - Mental Health</p> <p>DEC 14 2023</p> <p>Lic. & Cert. Section</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Malva Bentley</i>	TITLE <i>Program Manager</i>	(X6) DATE <i>11/20/2023</i>
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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 263	<p>Continued From page 1</p> <p>consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>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 5 of 6 clients (#1, #2, #3, #4, #6). The finding is:</p> <p>Observations throughout the recertification survey period from 11/6/23 - 11/7/23 revealed exterior door alarms to chime as staff, clients and surveyors entered and exited the group home. Continued observations revealed clients #1, #2, #3, #4, and #6 bedroom door to chime when clients, staff and surveyors would enter or exit their bedrooms.</p> <p>Review of client records on 11/7/23 for clients #1, #2, #3, #4, and #6 did not reveal signed consents from the legal guardian relative to chimes on bedroom doors.</p> <p>Interview with the program manager (PM) on 11/7/23 revealed that signed consent forms could not be located during the survey. Continued interview with the PM verified consent forms for all clients should be updated and signed by the legal guardian annually.</p>	W 263	<p>W263</p> <p>Consent for door chimes (F.4.9a) will be revised to include interior and exterior door chimes. Revised consents will be completed and signed by guardians for all clients. Updated consents will then be submitted to HRC for review and signatures. HRC signatures will be obtained for all restrictive techniques that involve risks to client protection and rights. Upon receipt of HRC signatures, consents will be filed in the clients' charts by the QP. The QP will monitor completion of required consents to ensure all are filed in clients' charts within 30 days. In the future, the QP and Quality Assurance Manager will monitor completion of all required consents through chart reviews at least quarterly.</p>	1/6/2024
W 454	<p>INFECTION CONTROL</p> <p>CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility</p>	W 454		

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W 454	<p>Continued From page 2</p> <p>failed to ensure a sanitary environment was provided to avoid transmission of infection and to prevent possible cross-contamination during mealtimes for 2 of 4 audit clients (#1 and #5) residing in the home. The finding is:</p> <p>Observation on 11/06/23 at 5:00pm - 5:18pm revealed clients to come home from day programming with dinner from a restaurant (chicken, fries, biscuits, and drinks). Observed staff B prompt clients to wash their hands prior to dinner. Observed client #5 to wash his hands in the bathroom and then to use his hands to wheel himself into the kitchen using his wheelchair. Observed client #5 to touch his wheelchair tires while traveling to the kitchen and to pause to scratch his scalp and face. Staff did not prompt the client to rewash his hands when he made it to the kitchen. Observed staff B prompt client #5 to retrieve his chicken out of the box. Observed client #5 to use his hands and grab a fried chicken breast, wing, and fries out of the box. Observed staff to stand next to the client and did not prompt him to wash his hands or use a utensil to get his food out of the box. Observed client #5 to take his plate to the table and eat his food with his hands. Observations did not reveal hand sanitizer on the dining table.</p> <p>Observation on 11/06/23 at 5:19pm-5:25pm during dinner time revealed client #1 to walk into kitchen from bedroom hallway to prepare her meal. Staff B did not prompt her to rewash her hands. Observed client #1 to use her hands to retrieve fries from a box. Observed client #1 to lift the trash can lid with her hands, throw away the fry bag and then retrieve her chicken breast and wing from the box and place onto her plate with her hands. Staff B did not prompt her to rewash</p>	W 454	<p>W454</p> <p>All group home staff will be inserviced on Infection Prevention and cross contamination potential during mealtimes. All staff will also be inserviced on proper hand hygiene, including the proper way to ensure consumer's hands are clean during each step of meal preparation. QP will monitor progress through weekly meal observations in the home for 60 days.</p>	1/6/2024
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W 454	Continued From page 3 her hands before touching the food and the trash can.	W 454		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all foods were served at an appropriate temperature for 3 of 3 clients (#1, #5, #6) in the home. The finding is: Observations upon entering the group home on 10/6/23 at 4:00 PM revealed staff and clients were picking up Bojangles (chicken) for dinner. Continued observations at 4:15 PM revealed staff and clients to enter the group home, then place Bojangles dinner boxes on the kitchen counter. Further observations at 5:02 PM revealed client #5 to make his plate, then sit at the dining table. At 5:03 PM, client #6 was observed to make her plate in the kitchen, then sit at the dining table. At 5:10 PM client #1 was observed to make her plate in the kitchen then sit at the dining table. Further observations at 5:15 PM and 5:20 PM revealed the clients to sit at the dining table and participate in the dinner meal. Subsequent observations did not reveal staff to reheat the dinner meal prior to clients meal participation. Interview with the program manager (PM) and	W 473	W473 All group home staff will be inserviced on ensuring all foods are served at the appropriate temperature, to include reheating of meals as needed. QP will monitor progress through weekly meal observations for 60 days.	1/6/2024

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

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W 473	Continued From page 4 home manager (HM) on 10/7/23 confirmed staff should have served all clients' dinner meal at an appropriate temperature.	W 473		
W 474	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level and prescribed diet for 1 of 4 audit clients (#5). The finding is:</p> <p>Observations on 11/06/23 at 5:31 pm revealed client #5 eating dinner. The dinner meal consisted of 1 fried chicken breast, 1 fried chicken wing, 1 biscuit, a hand full of fried French fries and a cup of juice. During the dinner meal, client #5 was observed eating whole fries and 1 biscuit; staff was observed to slice up client #5's chicken breast into pieces. Observations did not reveal staff to chop up the client's fries and biscuit.</p> <p>Additional observations on 11/07/23 at 7:40 am revealed client #5 eating breakfast which consisted of a cold bowl of cereal with milk, chopped strawberries, and a whole slice of toast with jelly. Observed client #5 eating whole toast with jelly. Observations did not reveal staff to chop up his toast.</p> <p>Review on 11/07/23 of client #5's physician's order dated 7/11/23 revealed a diet order of chopped diet. Additional review of client #5's nutritional assessment dated 10/24/23 revealed client #5 was on a low fat/low cholesterol</p>	W 474	<p>W474</p> <p>All group home staff will be inserviced on use of the appropriate food consistency, as prescribed for each clients' diet, during all mealtimes. QP will monitor progress through weekly meal observations for 60 days.</p>	1/6/2024

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W 474	Continued From page 5 chopped diet. Interview on 11/07/23 with the facility nurse revealed client #5 prescribed diet is a low fat/low cholesterol chopped diet. She stated that staff should ensure client #5 meals are chopped and prepared as prescribed.	W 474		
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