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

PRINTED: 11/30/2023 FORM APPROVED OMB\_NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G154	B. WING	B. WING		11/29/2023	
NAME OF PROVIDER OR SUPPLIER  VOCA-COLLEGE STREET			STREET ADDRESS, CITY, STATE, ZIP CODE  301 COLLEGE STREET  WILKESBORO, NC 28697				2012020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 436	CFR(s): 483.470(g)(2).  The facility must furnis and teach clients to us choices about the use hearing and other comand other devices ider interdisciplinary team. This STANDARD is not assed on observation interview, the facility facequipment was furnish clients (#2, #5). The final face of the	sh, maintain in good repair, se and to make informed of dentures, eyeglasses, munications aids, braces, nitified by the as needed by the client. The second review and sailed to assure that adaptive need as prescribed for 2 of 6 indings are:  The ensure that client #2 was as prescribed. For example:  Collity during the rom 11/28/23-11/29/23 articipate in various assist with cleaning the non, medication ticipate in mealtimes. At servation period was client as prescribed eyeglasses.  The on 11/29/23 from 6:45 and client #2 to participate in ut his eyeglasses.  The on to assist him with oming. Further observation itent #2 to return to the nighis coat, prescribed preparation for departure	W	436	All staff will be inserviced on promptin to wear adaptive equipment as prescr Formal program for wearing glasses wimplemented for client #2. Client #5 has formal program will be revised for Clie All staff will be inserviced on the new prior to implementation. Qualified Prof (QP) will monitor implementation and completion of formal programs through review of recorded data in TMP for 90.  DHSR - Mental Healt.  DEC 14 2023  Lic. & Cest. Section	bed. vill be as a veglasses. ent #5. rograms essional n weekly days.	1/28/2024

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

TITLE

(X6) DATE

Any deliciency 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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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		NG	(X	(X3) DATE SURVEY COMPLETED	
		34G154	B. WING _			11/29/2023	
	OF PROVIDER OR SUPPLIER -COLLEGE STREET			STREET ADDRESS, CITY, STATE, ZI 301 COLLEGE STREET WILKESBORO, NC 28697	IP CODE	TITESTEDES	
(X4) PREF TAG	IX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LECTOR (LECTOR)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
W 4	3/28/23 which indical eyeglasses daily to a Continued review of revealed a vision corannual health summindicated the client heremoved from left eyestigmatism and intra Interview with the hound 11/30/23 revealed the wear his eyeglasses the HM also revealed eyeglasses when here the vocational program manager (Periodical allowers of the eyeglasses when here the vocational program manager (Periodical allowers of the eyeglasses with the eyeglasses with the revealed staff should wear his eyeglasses.  B. The facility failed the offered eyeglasses and Afternoon observation revealed client #5 to medical appointment Continued observation revealed client #5 to medical appointment Continued observation revealed client #5 to periodical activities including statelevision at a close of videos, use an electrof of dinner and particip wear a pair of sunglasses.	ted the client needs to wear assist with eyesight. The record for client #2 insult dated 9/16/22 and an ary dated 3/28/23 which as age-related cataracts it is, nystagmus, regular accular lens in right eye.  The manager (HM) on at client #2 does not like to in the facility. Interview with it client #2 will take off his returns to the facility from it. Interview with the M) on 11/29/23 revealed that it from a training objective is eyeglasses as prescribed. In the HM and program PM shave prompted client #2 to as prescribed.  The one sure that client #5 was is prescribed. For example:  The one of 11/28/23 at 5:08 PM is one of 11/28/	W 4	136			

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

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G154	B. WING _			11/29/2023	
5,000 10000 151 (	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 301 COLLEGE STREET WILKESBORO, NC 28697		11/20/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
	Morning observations 6:45AM-7:57 AM reversions activities we eyeglasses. Continue revealed client #5 to sand to squint as he within the series of the ISP revealed a staff should provide at to wear his eyeglasses time.  Interview with the HM revealed staff usually eyeglasses and he wood Continued interview with the PM in various activities.	s on 11/29/23 from ealed client #5 to participate ithout wearing his ed observation at 7:30 AM stand close to the television atched a television show of oservation at 7:57AM enter into the medication eyeglasses. Observations prompt client #5 to wear his stading the morning  for client #5 on 11/29/23 dr 1/26/23. Continued review program goal indicating in initial prompt for the client is for a specified amount of and PM on 11/29/23 prompt client #5 to wear his old later remove them. ith the PM verified client intions are current. Further	W 4	136			