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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G203	B. WING _			10/30/2024	
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 249	CFR(s): 483.440(d)(1 As soon as the interd formulated a client's i each client must rece treatment program conterventions and servand frequency to suprobjectives identified in plan. This STANDARD is an Based on observation interviews, the facility received a continuous consisting of needed as identified in the interviews of 6 clients (#1, since the content of th	isciplinary team has individual program plan, ive a continuous active insisting of needed vices in sufficient number port the achievement of the in the individual program not met as evidenced by: ins, record reviews, and failed to ensure that clients is active treatment program interventions and services dividual support plan (ISP) #2, and #5) relative to uipment and implementing ine findings are:	W 2		TOTENOT)		
	10/30/24 at 6:32 AM dining room table eat breakfast meal for clie following: fruit oatmea beverages. Continued client #1 was provide equipment: a Dycem revealed client #1con breakfast meal. At no period was client #1 scoop plate during the	d observations revealed that d with the following adaptive mat. Further observations sumed about half of the point during the observation provided with her prescribed		TITLE		(YS) DATE	

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

TITLE

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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Review of records of revealed an ISP dat of the ISP revealed following adaptive of a scoop plate. Contrevealed a physicial that client #1 is presscoop plate. Interview on 10/30/3 supervisor (GHS) and disabilities profession client #1's ISP was with the GHS and of should have provide scoop plate. B. The facility failed objectives for client Observations in the AM revealed client is breakfast meal. Corthe client to sit at the consume her breakfast meal control the client to sit at the consume her breakfast meal was staff observed eating. Review of records of the ISP revealed participate in medic teeth, participate in medic teeth, participate in in the consume teeth, participate in medic teeth participate in medic tee	on 10/30/24 for client #1 ted 9/13/24. Continued review that the client has the equipment: a Dycem mat and inued review of the ISP n order dated 7/5/24 to note scribed a Dycem mat and 24 with the group home nd qualified intellectual onal (QIDP) confirmed that current. Continued interviews QIDP confirmed that staff ed the client with prescribed I to implement training #2. For example: group home 10/30/24 at 6:28 #2 to participate in the ntinued observations revealed e dining room table and fast meal at a fast pace mounts of muffin on her uring the survey observation to prompt client #2 to slow on 10/30/24 for client #2 ted 8/14/24. Continued review goals for client #2 to include ation administration, brush a bathing routine, complete	W 249				
	OVIDER OR SUPPLIER SUMMARY: (EACH DEFICIEN REGULATORY O Continued From pa Review of records of revealed an ISP darendary of the ISP revealed following adaptive of a scoop plate. Conferevealed a physicial that client #1 is presscoop plate. Interview on 10/30/3 supervisor (GHS) and disabilities profession client #1's ISP was with the GHS and of should have provided scoop plate. B. The facility failed objectives for client objectives for client objectives for client breakfast meal. Confine the client to sit at the consume her break placing enormous a spoon. At no time of was staff observed eating. Review of records of revealed an ISP darendary, toileting, medicities in laundry, toileting, medicities and the client, participate in laundry, toileting, medicities and the client in laundry toileting the client in laundry to	OVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Review of records on 10/30/24 for client #1 revealed an ISP dated 9/13/24. Continued review of the ISP revealed that the client has the following adaptive equipment: a Dycem mat and a scoop plate. Continued review of the ISP revealed a physician order dated 7/5/24 to note that client #1 is prescribed a Dycem mat and scoop plate. Interview on 10/30/24 with the group home supervisor (GHS) and qualified intellectual disabilities professional (QIDP) confirmed that client #1's ISP was current. Continued interviews with the GHS and QIDP confirmed that staff should have provided the client with prescribed scoop plate. B. The facility failed to implement training objectives for client #2. For example: Observations in the group home 10/30/24 at 6:28 AM revealed client #2 to participate in the breakfast meal. Continued observations revealed the client to sit at the dining room table and consume her breakfast meal at a fast pace placing enormous amounts of muffin on her spoon. At no time during the survey observation was staff observed to prompt client #2 to slow	OVIDER OR SUPPLIER JIFFIELD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Review of records on 10/30/24 for client #1 revealed an ISP dated 9/13/24. Continued review of the ISP revealed that the client has the following adaptive equipment: a Dycem mat and a scoop plate. 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Continued review of the ISP revealed goals for client #2 to include participate in medication administration, brush teeth, participate in a bathing routine, complete laundry, toileting, make a purchase in the	OVIDER OR SUPPLIER ### STREET ADDRESS, CITY, STATE, ZIP COD ### STATE, ZIP COD ### STREET ADDRESS, CITY, STATE, ZIP COD ### STATE, Z	OVIDER OR SUPPLIER 18FIELD SIMMARY STATEMENT OF DEPICEMENTS SUMMARY STATEMENT OF DEPICEMENTS SUMMARY STATEMENT OF DEPICEMENTS REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Review of records on 10/30/24 for client #1 revealed an ISP dated 9/13/24. Continued review of the LSP revealed an ISP group home supervisor (GHS) and qualified intellectual disabilities professional (QIDP) confirmed that client #1 is prescribed a Dycem mat and scoop plate. B. The facility failed to implement training objectives for client #2. 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W 249	given 3 verbal prompgive support as need. Interview with the QI that client #2's ISP is with the QIDP confirming training. C. The facility failed objective for client #5 Observations in the QAM revealed client #5 breakfast meal. Confirming the client to sit at the consume her breakfast meal. Confirming the client to sit at the consume her breakfast meal. Confirming the client to sit at the consume her breakfast meal. Confirming the client #5 to slow eating the ISP revealed an ISP date of the ISP revealed Quality take out trash, identified the incomposition one of her nighttime goals, style her hair, safe eating habits. Or revealed a goal implementation of the client who provide prompts need food appropriately are linterview with the QI that client #5's ISP is	with 80% independence, ofts and staff will monitor and led. DP on 10/30/24 confirmed a current. Continued interview med that staff should be goals for client #2. To implement training in the group home 10/30/24 at 6:32 in to participate in the group home 10/30/24 at 6:32 in to participate in the group home 10/30/24 at 6:32 in to participate in the group home 10/30/24 at 6:32 in to participate in the group home 10/30/24 at 6:32 in to participate in the group home 10/30/24 at 6:32 in to participate in the group home 10/30/24 at 6:32 in to participate in the group home 10/30/24 at 6:32 in to participate in the group home 10/30/24 for client #5 in the group home home home home home home home home	W 2-	49		

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W 475 W 475	This STANDARD is Based on observati interviews, the facili clients (#1, #4 and # utensils to allow each independently as possible of the following of the facility of	d with appropriate utensils. In not met as evidenced by: Itensions, record reviews, and Ity failed to ensure 3 of 6 Its of were provided appropriate Itensions to eat as Itensions are: In sin the group home on If revealed clients #1, #4, and If table eating the breakfast It meal for clients #4 and #5 Itensions revealed client #1's Itensions revealed client #1's Itensions fruit oatmeal with Itensions are: Itensions are: Itensions are: Itensions revealed client #1's Itensions revealed client #1's Itensions are are also as a sequent observations Itensions are also as a sequent observations revealed Itensions are also as a sequent observation and #5 Itensions are al	W 475			

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W 475	revealed an ISP date of the ISP revealed the ISP revealed the following adaptive equicontinued review of the community/home life note that client #4 us spoon, fork, and knife subsequent review of client #5 revealed an Continued review of the client has no adaptive dining. Continued review of the community/home life to note that client #5 spoon, fork, and knife supervisor (GHS) and disabilities profession ISP's for clients #1, #Continued interviews confirmed that the client #5 spoon, fork, and knife supervisor (GHS) and disabilities profession ISP's for clients #1, #Continued interviews confirmed that the clients	d 9/13/24. Continued review hat the client has the uipment: a Dycem mat. the ISP revealed a assessment dated 9/9/24 to see the following utensils: a with a verbal cue. If records on 10/30/24 for ISP dated 3/29/24. The ISP revealed that the see equipment needs for view of the ISP revealed a assessment dated 2/29/24 uses the following utensils: a see independently. With the group home did qualified intellectual hal (QIDP) confirmed that the 44 and #5 were current. With the GHS and QIDP ents should be provided with utensils which includes a	W	175			