STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G203	A. BUILDING _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-BLAIRFIELD	111 BLAIRFIELD COURT N WILKESBORO, NC 28659

(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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure that clients received a continuous active treatment program consisting of needed interventions and services as identified in the individual support plan (ISP) for 3 of 6 clients (#1, #2, and #5) relative to providing adaptive equipment and implementing training objectives. The findings are: A. The facility failed to provide adaptive equipment for client #1. For example: Morning observations in the group home on 10/30/24 at 6:32 AM revealed client #1 at the dining room table eating her breakfast meal. The breakfast meal for client #1 consisted of the following: fruit oatmeal with yogurt and beverages. Continued observations revealed that client #1 was provided with the following adaptive equipment: a Dycem mat. Further observations revealed client #1consumed about half of the breakfast meal. At no point during the observation period was client #1 provided with her prescribed scoop plate during the breakfast meal.	W 249	A. All staff will go through in service on using adaptive equipment consistent with their Individual Support Plan. Weekly home observations will be conducted by the QP to ensure adaptive equipment is being used appropriately.	12/29/2024
W 249		W 249	A. All staff will go through in service on using adaptive equipment consistent with their Individual Support Plan. Weekly home observations will be conducted by the QP to ensure adaptive equipment is being used appropriately.	12/29/2024

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Anita Hutchings, BS/RP		11/8/2024

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 249	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 eating. Review of records on 10/30/24 for client #2 revealed an ISP dated 8/14/24. 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 community, and practice safe eating habits. Continued review of ISP revealed a goal implemented on 6/17/24 for the client to slowly	W 249	A. All staff will go through in service on using adaptive equipment consistent with their Individual Support Plan. Weekly home observations will be conducted by the QP to ensure adaptive equipment is being used appropriately.	12/29/2024
		W 249	B. QP will Inservice all staff on the client's safe eating program. Weekly observations will be conducted by the QP to ensure safe eating habits are being practiced.	12/29/2024

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W 249	Continued From page 2 chew a bite of food with 80% independence, given 3 verbal prompts and staff will monitor and give support as needed. Interview with the QIDP on 10/30/24 confirmed that client #2's ISP is current. Continued interview with the QIDP confirmed that staff should be implementing training goals for client #2. C. The facility failed to implement training objective for client #5. For example: Observations in the group home 10/30/24 at 6:32 AM revealed client #5 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 into her mouth using her fingers. At no time during the survey observation was staff observed to prompt client #5 to slow eating. Review of records on 10/30/24 for client #5 revealed an ISP dated 2/29/24. Continued review of the ISP revealed goals for client #5 to include take out trash, identify coins and dollars, state one of her nighttime medications, obtain personal goals, style her hair, sign language, and practice safe eating habits. Continued review of ISP revealed a goal implemented on 6/1/23 for staff to monitor the client while she is eating, and staff will provide prompts necessary for client to eat her food appropriately and document the prompts. Interview with the QIDP on 10/30/24 confirmed that client #5's ISP is current. Continued interview with the QIDP confirmed that staff should be implementing training goals for client #5.	W 249	B. QP will Inservice all staff on the client's safe eating program. Weekly observations will be conducted by the QP to ensure safe eating practices are being followed.	12/29/2024
		W 249	C. QP will Inservice staff on the client's safe eating program. Weekly home observations will be conducted to ensure safe eating practices are being followed.	12/29/2024

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

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W 475	Continued From page 3	W 475		
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 3 of 6 clients (#1, #4 and #5) were provided appropriate utensils to allow each client to eat as independently as possible. The findings are: Morning observations in the group home on 10/30/24 at 6:32 AM revealed clients #1, #4, and #5 at the dining room table eating the breakfast meal. The breakfast meal for clients #4 and #5 consisted of the following: Cereal with milk, muffin, scrambled egg, and beverages. Continued observations revealed client #1's breakfast meal to consist of fruit oatmeal with yogurt and beverages. Further observations revealed clients #1, #4 and #5 to be provided a regular spoon. Subsequent observations revealed all clients consumed the breakfast meal with the utensils provided. At no point during the observation period were clients #1, #4 and #5 offered a full place setting consisting of a fork, knife, and spoon during the breakfast meal. Review of records on 10/30/24 for client #1 revealed an individual support Plan (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 community/home life assessment dated 9/20/24 to note that client #1 uses the following utensils: a spoon, fork, and knife with a verbal cue. Review of records on 10/30/24 for client #4	W 475	All staff will be Inserviced on the use of adaptive equipment. QP will do weekly observations to ensure the proper utensils are being used during meals.	12/29/2024

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

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W 475	Continued From page 4 revealed an ISP dated 9/13/24. Continued review of the ISP revealed that the client has the following adaptive equipment: a Dycem mat. Continued review of the ISP revealed a community/home life assessment dated 9/9/24 to note that client #4 uses the following utensils: a spoon, fork, and knife with a verbal cue. Subsequent review of records on 10/30/24 for client #5 revealed an ISP dated 3/29/24. Continued review of the ISP revealed that the client has no adaptive equipment needs for dining. Continued review of the ISP revealed a community/home life assessment dated 2/29/24 to note that client #5 uses the following utensils: a spoon, fork, and knife independently. Interview on 10/30/24 with the group home supervisor (GHS) and qualified intellectual disabilities professional (QIDP) confirmed that the ISP's for clients #1, #4 and #5 were current. Continued interviews with the GHS and QIDP confirmed that the clients should be provided with a full place setting of utensils which includes a fork, knife, and spoon.	W 475	All staff will be Inserviced on the use of adaptive equipment. QP will do weekly observations to ensure the proper utensils are being used during meals.	12/29/2024