

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

PRINTED: 03/13/2025
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G128 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/12/2025 |
| NAME OF PROVIDER OR SUPPLIER VOCA-KIMSEY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1305 OLD HWY 60 WILKESBORO, NC 28697 | | |
| (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 125 | <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 6 clients (#1) had the right to dignity and respect regarding the use of incontinence pads. The finding is:</p> <p>Observations throughout the 3/11-12/25 survey revealed client #1 to ambulate independently in his wheelchair. Continued observations revealed an incontinence pad in client #1's wheelchair seat for both days of survey.</p> <p>Review of client #1's record on 3/12/25 revealed a Urology Assessment dated 4/1/24 which indicated recommendations to "continue condom catheter during weekdays." Continued review of client #1's records revealed an individual support plan dated 12/13/24 which indicated the condom catheter is for daily use for the purpose of dignity for incontinence.</p> <p>Interview with the facility nurse on 3/12/25 confirmed client #1 continues to use the condom catheter on weekdays and takes a break on weekends. Continued interview with the facility nurse confirmed the incontinence pad should not be on client #1's wheelchair and constitutes a client rights violation with respect to dignity.</p> | W 125 | | | |

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

TITLE

(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.