

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

PRINTED: 05/01/2025
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 34G266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER VOCA-APPLE VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 1443 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 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 review and interview, the facility failed to ensure food was served in a form consistent with the developmental level of 1 of 3 audited clients (#4). The finding is:</p> <p>Observations in the group home on 4/29/25 at 5:29 PM revealed the dinner meal to include beef stroganoff, cooked carrots, biscuits, water and juice. Continued observations revealed client #4 to serve herself a whole biscuit and for staff to assist with cutting the biscuit into pieces larger than dime-size. Further observation revealed client #4 to participate independently in the dinner meal.</p> <p>Observations in the group home on 4/30/25 at 6:58 AM revealed the breakfast meal to include scrambled eggs, English muffin, white bread toast, milk and water. Continued observations revealed staff to serve client #4 their breakfast meal with the English muffin and white bread toast cut into pieces larger than dime-size. Further observation revealed client #4 to participate independently in the breakfast meal.</p> <p>Review of client #4's records on 4/30/25 revealed a nutritional assessment dated 7/10/24 which indicated their diet order to be low fat, low cholesterol, regular chopped dime-size bites.</p> <p>Interview with qualified intellectual disabilities professional (QIDP) on 4/30/25 confirmed the diet order for client #4 is current. Continued interview</p>	W 474	<p>QIDP will train and inservice prescribed diet order for client.</p> <p>Observations will be completed once per week by clinical staff to ensure staff are following prescribed diet order.</p>	06/30/2025

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

TITLE

(X6) DATE

Misty Dancy

BS CEP

5/2/2025

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.

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

PRINTED: 05/01/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER VOCA-APPLE VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 1443 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 474	Continued From page 1 with the QIDP confirmed staff are responsible for ensuring clients receive their diet orders as prescribed.	W 474			