

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

PRINTED: 05/16/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/14/2025
NAME OF PROVIDER OR SUPPLIER VOCA-SECOND AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 49 SECOND AVENUE SE TAYLORSVILLE, NC 28681		
(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 000	INITIAL COMMENTS	W 000			
W 227	<p>A complaint survey was completed for intake #NC00230063 at the time of the recertification survey. The complaint was unsubstantiated and no deficiencies were cited. However, deficiencies were cited in relation to the recertification survey.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the Individual Program Plan included needed interventions and supports for 1 of 4 audit clients (#3). The finding is:</p> <p>Observations in the group home on 5/13/25 and 5/14/25 revealed client #3 to participate in the dinner and breakfast meals with their housemates in a family-style setting. Continued observations during both meals revealed client #3 to drop or throw a significant portion of their food during both meals. Further observation revealed client #3 was not assisted by staff to consume their food nor were they offered any replacement for the food which was dropped or thrown.</p> <p>Record review on 5/14/25 revealed monthly reports from the qualified intellectual disabilities professional (QIDP) which indicated the following weights for client #3: June, 2024 - 108 lbs., July, 2024 - February, 2024 - 93.4 lbs., March, 2024 - 73.4 lbs. Continued record review revealed a nutritional evaluation dated 1/10/25 which</p>	W 227			

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.

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W 227	Continued From page 1 indicated client #3's weight was 86.4 lbs. and that client #3 needs to improve their nutritional status and gain 2-4 pounds per month. Further record review revealed a dietary review on 4/23/25 which indicated client #3's weight was 80.1 lbs. and states that healthy weight and safe PO intake continue to be the nutritional goals and that it is necessary to monitor weight and PO intake to continue to make recommendations as needed. Review of Client #3's individual program plan (IPP) dated 3/19/25 revealed no goals or guidelines in place to address client #3's need for assistance with eating their food efficiently so as to get maximum nutritional benefit from it.	W 227			
W 256	Interview with the Program Manager (PM), the Area Suprvisor (AS) and the Home Manager (HM) on 5/14/25 confirmed that client #3 has an identified need to address their low weight status and that there are currently no programs in place to address this need. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(ii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is regressing or losing skills already gained. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the Individual Support Plan for 1 of 4 audit clients (#3) was reviewed and revised when the client was regressing in the objectives. The finding is: Observations in the group home on 5/13/25 and 5/14/25 revealed client #3 to sit with other clients	W 256			

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W 256	Continued From page 2 indoors and outdoors, eat a snack, roam around the group home, and participate in the dinner and breakfast meals. Continued observations revealed client #3 was not prompted to clean their dining table area after meals, put away their laundry, take their meds independently, dust their bedroom furniture, or sweep the dining room after meals and did not, in fact do those things. Record review on 5/14/25 revealed an individual support plan (ISP) for client #3 dated 3/19/25 which states the following goals: clean dining table area after meals with 70% independence, put away their laundry with 65% independence, take their meds with 75% independence, dust their bedroom furniture with 50% independence, sweep the dining room after meals with 50% independence. Continued record review revealed all of the above goals to have been in place with no modification since 2020 or 2021. Interview with the Program Manager (PM), the Area Supervisor (AS) and the Home Manager (HM) on 5/14/25 confirmed that client #3 has regressed significantly in many of their skills, to include those identified in the current goals. Further interview revealed client #3's goals should be revised based on assessment of their current skills and needs.	W 256			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to update the individual support plan (ISP)	W 260			

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W 260	Continued From page 3 annually for 1 of 4 audit clients (#6). The finding is: Review on 5/13/25 of client #6's record revealed an ISP dated 5/10/24. Interview on 5/14/25 with the program manager (PM) revealed an ISP meeting was scheduled for May 2025 but was canceled and no meeting had been completed as of 5/14/25.	W 260			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at least quarterly for each shift. The finding is: Review on 5/13/25 and 5/14/25 of the facility's fire drills conducted April 2024 through May 2025 revealed the following drills were not completed per shift per quarter: April 2024 - June 2024, no 2nd shift drill; July 2024 - September 2024, no 1st shift drill; and October 2024 - December 2024, no 2nd shift drill.	W 440			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at varied times on second shift. The finding is:	W 441			

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W 441	Continued From page 4	W 441			
	Review on 5/13/25 - 5/14/25 of the facility's fire drills conducted April 2024 - May 2025 revealed the following: all drills completed on 2nd shift (3:00pm - 11:00pm) were completed between the hours of 5:00pm to 6:00pm.				
	Interview on 5/14/25 with the program manager (PM) and area supervisor (AS) confirmed the fire drills were not conducted at various times throughout second shift.				
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii)	W 474			
	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 interviews, the facility failed to serve food in a form consistent with the developmental level of 3 of 4 audit clients (#2, #3, #6) relative to prescribed diet. The findings are:				
	Observations in the group home on 5/13/25 at 5:50 PM revealed the dinner meal to be homemade chicken pot pie, tossed salad, and green beans. Continued observations revealed staff to serve clients #2, #3, and #6 each of the above items in their whole form and without any modification of consistency. Further observation revealed all three clients to eat the dinner meal. At no time during observation was staff observed to assist any of the clients with a chopped consistency dinner meal.				
	Observations in the group home on 5/14/25 at 6:45 AM revealed the breakfast meal to be a banana, dry cereal with milk, ham, and biscuits.				

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W 474	<p>Continued From page 5</p> <p>Continued observation revealed staff to cut up the banana, ham and biscuits served to clients #2, #3, and #6 using a scissors. Further observation revealed these items to remain in large chunks. Subsequent observation revealed all three clients to eat the breakfast meal. At no time during observation was staff observed to assist any of the clients with a chopped consistency meal.</p> <p>Review of client #2's record on 5/14/25 revealed an individual support plan (ISP) dated 3/27/25. Review of the IPP revealed client #2 to be prescribed a lactose free, chopped diet.</p> <p>Review of client #3's record on 5/14/25 revealed an individual support plan (ISP) dated 3/19/25. Review of the IPP revealed client #3 to be prescribed a regular chopped diet with second portions, high calorie snacks, 2000 CCs of fluid per day, and BOOST VHC, 1 container 3 times per day.</p> <p>Review of client #6's record on 5/14/25 revealed an individual support plan (ISP) dated 5/10/24. Review of the IPP revealed client #6 to be prescribed a 1500 calorie chopped diet with low cholesterol, low fat, no seconds, no green leafy vegetables/broccoli, 2000 CCs of fluid daily, low calorie snacks, Ensure Plus, 3 times per day, and 2000 CCs of fluid per day.</p> <p>Interview with the Program Manager (PM), the Area Supervisor (AS) and the Home Manager (HM) on 5/14/25 confirmed that each client's prescribed diet is current. Further interview with the PM, ASM, and HM confirmed specially modified diets should always be followed as prescribed.</p>	W 474			