

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

PRINTED: 02/26/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER VOCA-WELBORN AVE			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WELBORN AVENUE 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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 4 audited clients (#6) received a continuous active treatment program as identified in the person-centered plan (PCP). The finding is:</p> <p>Observation in the group home on 2/25/26 at 7:00 AM revealed client #6 to enter the medication room for medication administration. Continued observations revealed staff to prompt client #6 to wash her hands and retrieve her medication basket. Further observation revealed staff to provide education and punch each medication from the blister packs into a cup. Additional observation revealed client #6 to take her medications with a cup of water and exit the medication room.</p> <p>Review of client #6's record on 2/25/26 revealed a PCP dated 9/16/25. Review of the PCP revealed client #6 has the following formal training objectives relative to medication administration: will retrieve her medication basket with 70% independence for 3 consecutive months; will punch each medication from the</p>	W 249			

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 249	Continued From page 1 blister pack with 70% independence for 3 consecutive months; will take all medications with 75% independence for 3 consecutive months; will return medication basket with 70% independence for 3 consecutive months. Interview with qualified intellectual disabilities professional (QIDP) and program manager (PM) on 2/25/26 confirmed client #6's training objectives are current. Continued interview revealed staff should train client #6 on all her medication administration objectives at all opportunities.	W 249			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) 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 4 audited clients (#3). The finding is: Observations in the group home on 2/24/26 at 5:36 PM revealed client #3 to participate in the dinner meal which consisted of hamburger helper, greens beans, dinner roll, milk, water and juice. Continued observation revealed client #3 to serve herself and to independently tear the dinner roll into quarters. Further observation revealed client #3 to consume the remainder of the dinner meal in whole form. Observations in the group home on 2/25/26 at 6:40 AM revealed client #3 to participate in the breakfast meal which consisted of hard-boiled	W 474			

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W 474	<p>Continued From page 2</p> <p>eggs, cereal, water, coffee and juice. Continued observations client #3 to independently chop her boiled egg into quarter-size pieces and consume the breakfast meal.</p> <p>Review of client #3's record on 2/25/26 revealed a nutritional assessment dated 4/8/25 which indicated their diet order to be chopped, dime-size bites, no concentrated sweets.</p> <p>Interview with qualified intellectual disabilities professional (QIDP) and program manager (PM) on 2/25/26 confirmed the diet order for client #3 is current. Continued interview confirmed staff are responsible for ensuring clients receive their diet orders as prescribed.</p>	W 474			