

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G266	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/06/2026
NAME OF PROVIDER OR SUPPLIER VOCA-APPLE VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 1443 OLD HWY 60 , WILKESBORO, North Carolina, 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
W0227	<p>INDIVIDUAL PROGRAM PLAN</p> <p>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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to implement specific objectives necessary to meet the needs of 1 of 6 audited clients (#5) relative to nutritional status.</p> <p>Observation in the group home on 5/5/26 at 5:06 PM revealed the dinner meal to include beef stroganoff, sliced potatoes, peas, fruit cocktail, sugar free cool-aid and water. Continued observation revealed client #5 to participate independently and consume the entire meal. Further observation at 5:18 PM revealed client #5 to request and serve herself a second portion of the entire dinner meal. Additional observation revealed client #5 to consume the second portions in entirety.</p> <p>Review of client #5's record on 5/6/26 revealed an individual support plan (ISP) dated 4/25/26. Review of the ISP indicated a training program for client #5 to exercise for 15 minutes a day with 60% independence for three consecutive months. Continued review of client #5's record revealed a nutritional assessment dated 7/22/25 which indicated her diet order as No Concentrated Sweets. Further review of the record revealed quarterly dietary notes from April 2025 to April 2026 which indicated client #5's current body weight (CBW) is 260 lbs with ideal body weight 108 lbs – 132 lbs. Additional review revealed client #5 has gained 17 lbs over the last year, as her April 2025 CBW was 243 lbs. Subsequent review of the record revealed a clinical functional assessment dated 4/26/26 which indicated client #5 is capable of understanding her diet when given verbal cues.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/6/26 revealed client #5's</p>	W0227		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0227	Continued from page 1 ISP and nutritional assessment are current. Continued interview revealed client #5 has been on the same diet plan for years and the dietician has never recommended a more restricted diet. Further interview confirmed that although client #5 has an exercise program, they have seen no progress in the last year with weight loss. Additional interview confirmed that given client #5's history of weight gain and currently being 128 lbs above her ideal body weight, she should not receive second portions at meal time.	W0227		
W0460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to provide a nourishing and well-balanced diet for 6 of 6 audited clients. The finding is: Observation in the group home on 5/6/26 revealed the breakfast menu to indicate hot cereal of choice, egg of choice, English muffin or wheat toast, 1% milk and beverage of choice. Continued observation of the breakfast meal revealed each client to stagger into the kitchen to prepare their own hot cereal of choice. Further observation revealed no other food items on the menu to be substituted, offered or provided. Additional observation revealed no eggs present in the refrigerator and a loaf of white bread sitting on top of the microwave. Interview the qualified intellectual disabilities professional (QIDP) and home manager on 5/6/26 confirmed the breakfast meal was not served in accordance with the menu. Continued interview with the home manager revealed there were sausage links that should have substituted for the egg of choice, and the bread on the microwave was overlooked. Further interview with the QIDP and home manager confirmed clients must be offered a nourishing and well-balanced diet to meet their nutritional needs.	W0460		