

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

PRINTED: 06/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/19/2018
NAME OF PROVIDER OR SUPPLIER IWRC-DOGWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 2 ROSE STREET W ASHEVILLE, NC 28803		
(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 473	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure food was served at an appropriate temperature for 3 of 6 client's residing in the home (#1, #3 and #4) for one of two meals observed.</p> <p>Observations upon entering the group home on 6/19/18 at 5:55 AM revealed serving bowls containing breakfast items to be on the dining table. The breakfast items included oatmeal, cinnamon buns, and individual serving size apple sauce. Client's #2 and #5 were observed eating at that time. Continued observations at 6:40 AM revealed client #3 being served, and assisted with eating all breakfast items. Client #3's oatmeal was not re-heated before being served. Further observations an 7:27 AM revealed client #4 being assisted with serving and eating all breakfast items, including oatmeal, which was not re-heated. Continued observations at 7:47 AM revealed client #1 being assisted with serving all breakfast items. Client #1 was offered all breakfast items, including the oatmeal which was not re-heated, but refused to eat.</p> <p>Therefore, food was not served at an appropriate temperature, as the oatmeal was left on the table for at least 1 hour and 45 minutes before the last client was served, and was never re-heated. Interview with the qualified intellectual disabilities professional on 6/19/18, confirmed the oatmeal should have been re-heated prior to serving client's #1, #3 and #4.</p>	W 473			

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 484	<p>DINING AREAS AND SERVICE CFR(s): 483.480(d)(3)</p> <p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>This STANDARD is not met as evidenced by: The facility failed to ensure prescribed adaptive equipment for 1 of 3 sampled clients (#5) was consistently used as evidenced by observations, interview and review of records. The finding is:</p> <p>Observations in the group home on 6/18/17 during the evening meal revealed client#5's place setting to include a divided lipped plate with regular silverware and cups. Observations in the group home on 6/19/18 during the morning meal revealed client #5's place setting to include a high sided divided plate with regular silverware and cups.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP), verified by review of client #5's 8/31/17 individual habilitation plan, revealed an occupational therapy assessment dated 8/27/17 which recommended the client use a 1 and 1/2 inch sectional scoop plate. Continued interview with the QIDP revealed the adaptive plate used during the morning meal on 6/19/18 was the appropriate plate to use and not the plate used during the evening meal on 6/18/18.</p> <p>Therefore, the facility failed to ensure the prescribed adaptive plate for client #5 was consistently used to assist in promoting independence.</p>	W 484			