STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G076	A. BUILDING _____ B. WING _____	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IWC-ROSE STREET HOME	1 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 190	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' developmental needs. This STANDARD is not met as evidenced by: Based on observation, record verification and interview the facility failed to assure staff was adequately trained with regard to the use of a gait belt for 1 sampled client (#5). The finding is: Observations on 6/11/18 at the vocational program revealed client #5 to ambulate with a rolling walker while wearing a gait belt. Client #5 was observed to ambulate while staff held the client from the back of his pants, at various times and by different staff, using the client's belt loop of his pants. Observation on 6/11 and 6/12/18 in the group home revealed client #5 to ambulate with a walker and a gait belt with staff assistance while staff supported client #5 by holding the back of his gait belt. A review of client #5's record on 6/12/18 revealed ambulation procedure guidelines dated 2/26/18 indicating when walking with a posterior rolling walker, guide with the gait belt. Interview with the qualified intellectual disabilities professional (QIDP) on 6/12/18 verified client #5 should be supported by staff when utilizing his walker with staff holding the client's gait belt as indicated in ambulation procedures implemented by the physical therapist. Further interview with the QIDP verified at no time should client #5 be held by the belt loop of his pants to support ambulation.	W 190		
W 249	PROGRAM IMPLEMENTATION	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 CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure an objective contained in the individual habilitation plan (IHP) was implemented as prescribed for 1 of 4 sampled clients (#5) related to communication. The finding is: Observations in the group home on 6/11/18 at 6:05 PM revealed client #5 to participate in his evening meal with a place setting that included a high sided divided dish, shirt protector, built up spoon and a cup with a lid and straw. Observation on 6/12/18 at 8:38 AM revealed client #5 to sit at the dining table for his breakfast meal with a place setting that included high sided divided dish, shirt protector, built up spoon and a cup with a lid and straw. It should be noted a voice output switch was not observed to be included with client #5's meal place setting during dinner on 6/11 or breakfast on 6/12/18. Review of the record for client #5 on 6/12/18 revealed an expressive communication objective to request more drink. Review of the communication objective revealed client #5 will	W 249		

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W 249	Continued From page 2 increase his expressive language skills by requesting more to drink at dinner time. Client #5 will push a single message voice output switch when asked "Do you want more to drink?" in 25% of trials. Interview with the qualified intellectual disabilities professional (QIDP) on 6/12/18 verified client #5's expressive communication objective remains current and was implemented in 1/2018. Continued interview with the QIDP verified client #5 should have a voice output switch with his place setting for all meals.	W 249		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure a recommended mobility trainer was furnished for 1 of 3 sampled clients (#9). The finding is: Observations in the group home throughout the 6/11-12/18 survey revealed client #9 to be in a wheelchair. No other equipment related to client ambulation was observed being used, or located in the home. Review of client #9's record on 6/12/18 revealed	W 436		

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W 436	Continued From page 3	W 436		

a habilitation plan (HP) dated 1/4/18. Review of the HP revealed a physical therapy (PT) section which indicated the client could propel a Mulholland gait trainer backwards without difficulty and forward with some effort. Continued review of the HP revealed a PT evaluation completed 1/2/18 which indicated the client was involved with a trial use of a Pacer Gait trainer at the time of the evaluation. The "Needs" section of the PT evaluation indicated consultation with a third party regarding evaluation for a gait trainer.

Further review of the client's record revealed PT notes. The notes indicated a supplier for the gait trainer was contacted, and a message left on 4/2/18 regarding the status of a Rifton Pacer mobility trainer. Another note dated 5/16/18 indicated the PT had not heard back from the supplier/provider and would be contacted again.

Interview with the qualified intellectual disabilities professional (QIDP) on 6/12/18 revealed the client had been without a mobility trainer for at least a year due to the fact she had outgrown the Mulholland gait trainer. The QIDP contacted the PT during the survey and then indicated the PT reported the new trainer was available at the supplier and once paid for, it could be delivered to the facility. Therefore, the facility failed to show evidence of sufficient effort to replace the recommended mobility trainer in a timely manner.