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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G334	A. BUILDING ______ B. WING ______	06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IWRC-DOGWOOD	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	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. 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. 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. 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.	W 473	Staff will be retrained and in serviced that hot food items should be served hot or reheated as needed to ensure proper temperature. Prevention - Staff will receive re-training on food service temperatures. Monitoring will occur daily by the Supervisor with random observations by the House Manager and Residential Coordinator. 	6/29/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Executive Director | (X6) DATE: 6/25/2018

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	DINING AREAS AND SERVICE CFR(s): 483.480(d)(3) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. 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: 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. 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. Therefore, the facility failed to ensure the prescribed adaptive plate for client #5 was consistently used to assist in promoting independence.	W 484	Staff will be in serviced and retrained on the proper adaptive equipment for each resident. Prevention - A picture guide of adaptive equipment for meals will be placed in dining room for staff reference. Monitoring will occur daily by the Supervisor with random observations by the House Manager and Residential Coordinator.	6/29/2018