PRINTED: 07/12/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G267	B. WING			07/1	10/2018
	ROVIDER OR SUPPLIER DUP HOME - KENMORE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 KENMORE STREET ASHEVILLE, NC 28803			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		w 00	00			
W 195	Complaint Intake: NO ACTIVE TREATMEN CFR(s): 483.440 The facility must ensu treatment services re	T SERVICES ure that specific active	W 19	95			
	The facility failed to: received a continuous which includes aggre implementation of a present training, treat related services described toward the pregression or loss of status (W196); assure accomplishment of the client individual service documented in measure quantitative analysis (W252); assure the inreviewed by the quality professional and that prescribed to assure revised as necessary (W257); assure compressional services assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs comprehensive assessments were up assure training object meet the client needs of the clien	program of specialized and ment, health services and ribed in the subpart, that is revention or deceleration of current optimal functional edata relative to the ecriteria specified in the explan objectives was curable terms to enable of the client's progress idividual service plan was fied intellectual disabilities data was documented as program objectives were to assure client progress inchensive functional odated as needed (W259); ives were developed to as identified by the essment (W227).					

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.

` '		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		34G267	B. WING		07/10/2018
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(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 CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
W 195	Continued From page	e 1	W 19	95	
W 196	it's clients. ACTIVE TREATMEN CFR(s): 483.440(a)(2)		W 19	96	
	treatment program, we consistent implement specialized and general services and related subpart, that is direct (i) The acquisition of the client to function determination and inception (ii) The prevention of	f the behaviors necessary for			
	Based on record rev failed to assure that a active treatment prog	not met as evidenced by: iew and interviews, the team an aggressive consistent fram was provided to 3 of 3 #2 and #3). The findings			
	assure data relative t criteria specified in the plan objectives was o	N252. The facility failed to o accomplishment of the se client individual service documented in measurable stitutive analysis of the #2 and #3).			
	assure the individual by the qualified intelled professional and that	objective data was cribed to assure revisions as			

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W 196	assure comprehensive were updated as need clients (#1, #2 and #3 D. Cross-reference Vassure training object	V259. The facility failed to e functional assessments ded for 3 of 3 sampled	w	196			
W 227	assessment for 1 of 3 INDIVIDUAL PROGR CFR(s): 483.440(c)(4 The individual program objectives necessary as identified by the control of the	sampled clients (#2). AM PLAN	W	227			
	Based on record revifailed to ensure the infor 1 of 3 sampled clie training to address ide academic/vocational services. Review of the record revealed an ISP date #2's ISP revealed obj cooking, oral hygiene Additional record revieducational/pre-vocate dated 2/28/18. Review assessment revealed #2 with telling time, retraining, assembling cappropriate material for the same services.	for client #2 on 7/10/18 d 5/7/18. Review of client ective training in areas of and chore participation. ew for client #2 revealed an cional/vocational assessment w of the 2/28/18 vocational academic deficits for client emaining seated during					

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W 227	objectives. Interview with the quaprofessional (QIDP) of had no current trainin identified vocational of with the QIDP reveals client #2 would benefit structure in his daily siverified vocational object developed to support identified in the 2/28/2 although none had be PROGRAM DOCUMB CFR(s): 483.440(e)(1). Data relative to accorspecified in client indi	diffied intellectual disabilities on 7/10/18 revealed client #2 gobjectives relative to leficits. Further interview ed additional training for it the client's need for echedule. The QIDP further lectives should have been client #2 with deficits 18 vocational assessment, then implemented. ENTATION Inplishment of the criteria		227			
	Based on record revifailed to ensure data to on the individual serviculected as prescribes (#1, #2 and #3). The A. The team failed to acquisition objectives #2 was collected as p 1. Review of client #2 revealed an ISP dates.	ed for 3 of 3 sampled clients findings are: ensure data for 3 of 3 skill listed on the ISP for client rescribed.					

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W 252	10/10/17. The prograws to be collected Continued review of data collection for the date, as follows: 10/ of 30 days; 12/17, 0 days; 2/18, 0 of 28 of 7 of 30 days; 5/18, 130 days with only two 6/14-6/30/2018. 2. Review of client arevealed an ISP data objective to address bedroom with 90% of month by 6/1/19, improgram direction in collected daily. Concevealed monthly dafor the past year as 9/17, 3 of 30 days; 10/17, 11 days; 2/18, 0 of 28 of 11 of 30 days; 5/18, 30 days. 3. Review of client arevealed an ISP data objective to address of each step of progrompt for each step implemented 9/22/1 indicated data was to Continued review of data collection for the as follows: 8/17, 14 days; 10/17, 11 of 3	consecutive months, revised ram direction indicated data three times per week. The record revealed monthly is objective, since its revised 17, only 3 of 31 days; 11/17, 1 of 31 days; 1/18, 0 of 31 days; 3/18, 1 of 31 days; 4/18, of 31 days and 6/18, 15 of o data points from #2's record on 7/10/18 ed 5/7/18 which included an chore participation-clean of opportunities presented per olemented 6/22/17. The dicated data was to be ntinued review of the record ta collection for this objective follows: 8/17, 3 of 31 days; 0/17, 2 of 31 days; 11/17, 7 of 31 days; 1/18, 0 of 31 days; 3/18, 6 of 31 days; 4/18, 2 of 31 days and 6/18, 7 of #2's record on 7/10/18 ed 5/7/18 which included an oral hygiene with completion ram with one initial verbal o 90% of trials by 6/1/19, 6. The program direction	W 252				

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W 252	days; 5/18, 15 of 31 of days. Interview with the quaprofessional (QIDP) of data collection for the completed as prescrift with the QIDP verified for all objectives prevnecessary. B. The team failed to acquisition objectives #3 was collected as p. 1. Review of client #revealed an ISP date objective to adjust the showering 90% of triamonths, implemented direction indicated da Continued review of t data collection for this as follows: 8/17, 8 of 10/17, 2 of 31 days; 1/18, 0 of 3/18, 0 of 31 days; 4/31 days and 6/18, 0 of 2. Review of client #revealed an ISP date communication objection of the communication objective with the communication objective with the quaprofessional collection for the communication objective with the quaprofessional collection for the coll	alified intellectual disabilities on 7/10/18 confirmed that se objectives was not bed. Additional interview of the lack of data collection ented the ability to revise as a ensure data for 5 of 5 skill listed on the ISP for client prescribed. By a record on 7/10/18 do 9/6/17 which included an experimental series and the water temperature when als for three consecutive 17/5/17. The program ta was to be collected daily, the record revealed monthly so objective for the past year 31 days; 9/17, 7 of 30 days; 11/17, 7 of 30 days; 12/17, 4 and 18/18/19/19/19/19/19/19/19/19/19/19/19/19/19/	W	252	DEFICIENCY)		
	direction indicated da Continued review of t data collection for this	1 9/12/17. The program ta was to be collected daily. he record revealed monthly sobjective for the past year 30 days; 10/17, 3 of 31					

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W 252	1/18, 0 of 31 days; 31 days; 4/18, 0 of 3 and 6/18, 1 of 30 da 3. Review of client revealed an ISP dat objective to wash haby 6/11/18, implemedirection indicated of Continued review of data collection for the as follows: 8/17, 4 of 31 days; of 31 days; 1/18, 0 of 31 days; 1/18, 0 of 31 days; and 6/18, 3 days and 6/18, 3 days; 1/18, 0 of 31 days; 1/17, 2 of 31 days; 1/17, 2 of 30; 10/17 days; 1/17, 2 of 30; 10/17 days; 1/17, 2 of 30; 10/17 days; 1/17, 2 of 31 days. Seview of client revealed an ISP dat objective to brush has seview of client revealed an ISP dat objective to br	days; 12/17, 2 of 31 days; 2/18, 0 of 28 days; 3/18, 2 of 30 days; 5/18, 0 of 31 days ays. #3's record on 7/10/18 ded 9/6/17 which included an ands with 90% independence ented 8/18/17. The program data was to be collected daily. If the record revealed monthly his objective for the past year of 31 days; 9/17, 3 of 30 days; 11/17, 7 of 30 days; 12/17, 3 of 31 days; 2/18, 0 of 28 days; 4/18, 0 of 30 days; 5/18, 1 of 3 of 30 days. #3's record on 7/10/18 ted 9/6/17 which included an	W 252		

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	NAME OF PROVIDER OR SUPPLIER WNC GROUP HOME - KENMORE			STREET ADDRESS, CITY, STATE, ZIP CODE I KENMORE STREET ASHEVILLE, NC 28803	STATE, ZIP CODE		
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W 252	2/18, 12 of 28 days; of 30 days; 5/18, 14 days. Interview with the Ql data collection for the completed as preser with the QIDP verifies for all objectives preserved accurately review an necessary. C. The team failed the acquisition skills objection skills objection #1 was collected. Review of client #1 revealed an ISP date communication objection data collection data collecti	is objective, since follows: 1/18, 0 of 31 days; 3/18, 9 of 31 days; 4/18, 11 of 31 days and 6/18, 13 of 30 IDP on 7/10/18 confirmed that ese objectives was not ribed. Additional interview and the lack of data collection wented the ability to and revise programs as a collectives listed on the ISP for ed as prescribed. #1's record on 7/10/18 ed 1/2/18 which included a ctive to imitate staff in a at 90% for 3 months. The indicated data was supposed eview of the monthly data ction summary sheets from evealed data was collected as 1 days; 9/17, 0 of 30 days; 11/17, 1 of 31 days; 12/17, 2 of 31 days; 2/18, 0 of 28 days; 1/18, 4 of 30 days; 5/18, 1 of	W 252	,			

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W 252	0 of 31 days; 9/17, 1 days; 11/17; 3 of 30 1/18, 0 of 31 days; 2 31 days; 4/18, 4 of 3 and 6/18, 2 of 30 da 3. Review of client a revealed an ISP date objective to dry upper independence for 6 directions indicated taken daily. Review collections summary 6/18 revealed data with 10 of 31 days; 9/17 days; 11/17, 13 of 30 1/18, 1 of 31 days; 2 31 days; 4/18, 6 of 3 and 6/18, 14 of 30 directions indicated taken daily. Review collections indicated taken daily. Review collections summary 6/18 revealed an ISP date objective to complete 70% for 3 months redirections indicated taken daily. Review collections summary 6/18 revealed data with 9 of 31 days; 9/17, 1 days; 11/17, 11 of 30 1/18, 2 of 31 days; 2 31 days; 4/18, 14 of and 6/18, 21 of 30 directions objective for the revealed an ISP date dining objective for the firection of the firection objective for the firection objective for the firection of the firection objective for the firection objective for the firection of the firection objective for the firection objective for the firection objective for the firection of the firection objective for the firection obj	vas collected as follows: 8/17, of 30 days; 10/17; 1 of 31 days; 12/17; 2 of 31 days; 2/18, 0 of 28 days; 3/18, 4 of 30 days; 5/18, 1 of 31 days ys. #1's record on 7/10/18 ed 1/2/18 which included an er body after bathing at 80% months. The program data was supposed to be of the monthly data a sheets from 8/17 through was collected as follows: 8/17, 10 of 30 days; 10/17, 8 of 31 of 30 days; 12/17, 9 of 31 days; 2/18, 2 of 28 days; 3/18, 1 of 30 days; 5/18, 2 of 30 days ays. #1's record on 7/10/18 ed 1/2/18 which included an e steps for oral hygiene at exised in 4/18. The program data was supposed to be of the monthly data a sheets from 8/17 through was collected as follows: 8/17, 11 of 30 days; 10/17, 12 of 31 of 30 days; 12/17, 8 of 31 days; 2/18, 17 of 28 days; 3/18, 7 of 30 days; 5/18, 11 of 31 days	W 25			

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W 252	revealed data was do for 6/18 was document of 6/18 with the QIDP verified for all objectives prevaccurately review and necessary. PROGRAM MONITO CFR(s): 483.440(f)(1) The individual program least by the qualified of professional and revisional to the first of 6/18 professional and revisional factories of 6/18 professional and revisional factories of 6/18 professional and revisional factories of 6/18 professional factories of 6	ns indicated data was daily. Review of the in summary sheet for 5/18 cumented 4 of 31 days and inted for 17 of 30 days. OP on 7/10/18 confirmed that se objectives was not bed. Additional interview of the lack of data collection ented the ability to of revise programs as RING & CHANGE (iii) In plan must be reviewed at mental retardation sed as necessary, including, attions in which the client is ward identified objectives the have been made. Interview in the team that was collected a mobjectives listed on the ins (ISPs) for 3 of 3 sampled (interview), the team that was collected a mobjectives listed on the ins (ISPs) for 3 of 3 sampled (interview), the team that was collected a mobjectives listed on the ins (ISPs) for 3 of 3 sampled (interview), the same that was collected a mobjectives listed on the ins (ISPs) for 3 of 3 sampled (interview), the sampled (interview) is the findings are: In the sample of the interview of the sample of th	W	252			

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W 257	revealed an ISP date objective to prepare 80% of trials over 6 of 10/10/17. The programs to be collected to Continued review of data collection for the date, as follows: 10/10 of 30 days; 12/17, 0 days; 2/18, 0 of 28 of 7 of 30 days; 5/18, 130 days with only two 6/14-6/30/2018. Fur evidence of revision 2. Review of client for the revealed an ISP date objective to address bedroom with 90% of month by 6/1/19, improgram direction in collected daily. Correvealed monthly dafor the past year as 19/17, 3 of 30 days; 1 of 30 days; 12/17, 1 days; 2/18, 0 of 28 of 11 of 30 days; 5/18, 30 days. Further revof revision to this objective to address	2's record on 7/10/18 ed 5/7/18 which included an a vegetable or side item at consecutive months, revised am direction indicated data hree times per week. the record revealed monthly is objective, since its revised 17, only 3 of 31 days; 11/17, 1 of 31 days; 1/18, 0 of 31 ays; 3/18, 1 of 31 days; 4/18, of 31 days and 6/18, 15 of	W 2	257			
	prompt for each step	90% of trials by 6/1/19, 6. The program direction					

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(X4) ID PREFIX TAG			ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
W 257	Continued review of the data collection for this as follows: 8/17, 14 of days; 10/17, 11 of 31 12/17, 7 of 31 days; 3/18, 9 of days; 5/18, 15 of 31 days. Further review revision to this object. Interview with the quaprofessional (QIDP) collection for these of as prescribed. Additiverified the lack of day objectives prevented progression and revise. B. The team failed to acquisition objectives #3 was documented a revised as necessary. 1. Review of client #3 revealed an ISP date objective to adjust the showering 90% of triamonths, implemented direction indicated day Continued review of the data collection for this as follows: 8/17, 8 of 10/17, 2 of 31 days; 1/18, 0 of 3/18, 0 of 31 days; 4/	the record revealed monthly sobjective for the past year f 31 days; 9/17, 13 of 30 days; 11/17, 10 of 30 days; 1/18, 3 of 31 days; 2/18, 15 31 days; 4/18, 21 of 30 days and 6/18, 21 of 30 did not reveal evidence of a live over the review year. Alified intellectual disabilities confirmed that data objectives was not completed onal interview with the QIDP ta collection for all the ability to review for se as necessary. A ensure data for 5 of 5 skill listed on the ISP for client as necessary, and thus B's record on 7/10/18 d 9/6/17 which included an example water temperature when als for three consecutive 17/5/17. The program ta was to be collected daily, the record revealed monthly sobjective for the past year 31 days; 9/17, 7 of 30 days; 11/17, 7 of 30 days; 11/17, 7 of 30 days; 5/18, 0 of 30 days. Further review the of revision to this		257				

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		B. WING _		07/10/2018		
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W 257	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		W2	257		
	data collection for thi as follows: 8/17, 4 of 10/17, 4 of 31 days; of 31 days; 1/18, 0 o 3/18, 0 of 31 days; 4 31 days and 6/18, 3 did not reveal evider objective over the red. Review of client # revealed an ISP date objective to make be independence by 8/1 The program directic collected daily. Correvealed monthly days	s objective for the past year 31 days; 9/17, 3 of 30 days; 11/17, 7 of 30 days; 12/17, 3 of 31 days; 2/18, 0 of 28 days; 1/18, 0 of 30 days; 5/18, 1 of of 30 days. Further review ace of revision to this view year. 13's record on 7/10/18 and 9/6/17 which included an daily with 90% 1/18, implemented 8/18/17.				

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W 257	GROUP HOME - KENMORE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W 257				
	_	ctive to imitate staff in a it 90% for 3 months. The					

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		34G267	B. WING			07/10/2018	
NAME OF PROVIDER OR SUPPLIER WNC GROUP HOME - KENMORE				STREET ADDRESS, CITY, STATE, ZIP COD 1 KENMORE STREET ASHEVILLE, NC 28803			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
W 257	to be taken daily. Recollection data collect 8/17 through 6/18 rev follows: 8/17, 0 of 31 10/17, 1 of 31 days; of 31 days; 1/18, 0 of 3/18, 4 of 31 days; 4/31 days and 6/18, 1 of 2. Review of client # revealed an ISP date communication object with independence at program directions in to be taken daily. Recollection summary s 6/18 revealed data w 0 of 31 days; 9/17, 1 days; 11/17; 3 of 30 of 1/18, 0 of 31 days; 2/31 days; 4/18, 4 of 30 of 30. 3. Review of client # revealed an ISP date objective to dry upper independence for 6 in directions indicated of taken daily. Review of collections summary 6/18 revealed data w 10 of 31 days; 9/17 1 days; 11/17, 13 of 30 1/18, 1 of 31 days; 2/17 1 days; 11/17, 13 of 30 1/18, 1 of 31 days; 2/17 1 days; 11/17, 13 of 30 1/18, 1 of 31 days; 2/17	dicated data was supposed view of the monthly data tion summary sheets from realed data was collected as days; 9/17, 0 of 30 days; 11/17, 1 of 31 days; 12/17, 2 of 31 days; 2/18, 0 of 28 days; 18, 4 of 30 days; 5/18, 1 of of 31 days. 1's record on 7/10/18 dd 1/2/18 which included a tive to use table top games to 90% for 3 months. The dicated data was supposed view of the monthly data heets from 8/17 through as collected as follows: 8/17, of 30 days; 10/17; 1 of 31 days; 12/17; 2 of 31 days; 18, 0 of 28 days; 3/18, 4 of 0; 5/18, 1 of 31 and 6/18, 2 1's record on 7/10/18 dd 1/2/18 which included an or body after bathing at 80% months. The program ata was supposed to be of the monthly data sheets from 8/17 through as collected as follows: 8/17, 0 of 30 days; 10/17, 8 of 31 days; 12/17, 9 of 31 days; 18, 2 of 28 days; 3/18, 1 of 0 days; 5/18, 2 of 30 days bys.	W 25	7			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		1, ,	(X3) DATE SURVEY COMPLETED	
		34G267	B. WING			07/10/2018	
NAME OF PROVIDER OR SUPPLIER WNC GROUP HOME - KENMORE		STREET ADDRESS, CITY, STATE, ZIP CODE 1 KENMORE STREET ASHEVILLE, NC 28803					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	1		LD BE	(X5) COMPLETION DATE	
W 257	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 revealed an ISP dated 1/2/18 which included an objective to complete steps for oral hygiene at 70% for 3 months, revised in 4/18. The program directions indicated data was supposed to be taken daily. Review of the monthly data collections summary sheets from 8/17 through 6/18 revealed data was collected as follows: 8/17, 9 of 31 days; 9/17, 11 of 30 days; 10/17, 12 of 31 days; 11/17, 11 of 30 days; 12/17, 8 of 31 days; 1/18, 2 of 31 days; 2/18, 17 of 28 days; 3/18, 7 of 31 days; 4/18, 14 of 30 days; 5/18, 11 of 31 days and 6/18, 21 of 30 days. Interview with the qualified intellectual disabilities professional (QIDP) confirmed that data collection for these objectives was not completed as prescribed. Additional interview with the QIDP verified the lack of data collection for all objectives prevented the ability to review for progression and revise as necessary.		ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTIO TAG CROSS-REFERENCED TO THE				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		34G267	B. WING		07/10/2018	
NAME OF PROVIDER OR SUPPLIER WNC GROUP HOME - KENMORE			1	TREET ADDRESS, CITY, STATE, ZIP CODE KENMORE STREET ISHEVILLE, NC 28803		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION	
W 259	5/7/18. Further recomprehensive asses 6/21/16. Review of assessment form recomprehensive assessment form recomprehensive assessment form recomprehensive assessment form recomprehensive accurrent complete a current complete a co	al service plan (ISP) dated ord review revealed a resement form completed the 6/21/16 comprehensive vealed no assessment in the provocational skills to indicate additional record review al assessment dated 2/28/18. It is in a sessment revealed demic and vocational skills are revealed client #2 did not to reflect skills or deficits in a rether interview with the QIDP know when the client's last ated or updated to reflect the refunctioning level related to Further interview with the facility's procedure was to ually. To update the CFA for client ving skills. For example: For client #3 on 7/10/18 and 9/6/17. Further record comprehensive assessment and 17. Review of the 9/6/17 are sessment form revealed no reas of daily living or addicate identified needs. We revealed a vocational (28/18. Review of the ent revealed client deficits in	W 259			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		STRUCTION	(X3) DATE SURVEY COMPLETED	
34G267		B. WING	B. WING		07/10/2018		
NAME OF PROVIDER OR SUPPLIER WNC GROUP HOME - KENMORE				1 KENN	FADDRESS, CITY, STATE, ZIP CODE MORE STREET VILLE, NC 28803		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 259	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W	259			