STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G150	A. BUILDING _____ B. WING _____	C 07/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRENE WORTHAM RESIDENTIAL CENTER-AZALEA	16 AZALEA STREET 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 000	INITIAL COMMENTS Complaint Intake #: NC00140577	W 000		
W 462	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(3) If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food services. This STANDARD is not met as evidenced by: Based on review of records and interviews, the facility failed to assure the registered dietician participated in the development of individual meal plans for 3 of 6 clients residing in the home (#1, #2 and #3). The findings are: A. Review of the record for client #1, conducted on 7/18/18, revealed a current physician's order dated 5/23/18 stating client #1 is allergic to fish, shrimp and eggs, and prescribing a cut diet with chopped meats. Interview conducted on 7/18/18 with the group home manager revealed the group home manager reviews the menu and writes in substitutions for client #1 when the basic meal plan includes items containing fish, shrimp or eggs. Continued interview with the group home manager revealed these substitutions are made independently and are not approved in advance by the dietician. A telephone interview conducted on 7/18/18 with the consulting registered dietician revealed the dietician reviews the general menu plan on a seasonal basis, however she does not formulate or review the individual meal plan or substitutions,	W 462		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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IRENE WORTHAM RESIDENTIAL CENTER-AZALEA	16 AZALEA STREET ASHEVILLE, NC 28803

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W 462	Continued From page 1	W 462		

which are made by the staff in the group home, for client #1.

B. Review of the record for client #2, conducted on 7/18/18, revealed a current physician's order dated 5/31/18 documenting client #2 has a gluten allergy and was prescribed a gluten-free, chopped diet with double portions.

Interview conducted on 7/18/18 with the group home manager revealed the group home manager reviews the menu and writes in substitutions for client #2 when the basic meal plan includes items containing gluten. Continued interview with the group home manager revealed these substitutions are made independently and are not approved in advance by the dietician.

A telephone interview conducted on 7/18/18 with the consulting registered dietician revealed the dietician reviews the general menu plan on a seasonal basis, however she does not formulate or review the individual meal plan or substitutions, which are made by the staff in the group home for client #2.

C. Review of the record for client #3, conducted on 7/18/18, revealed a current physician's order 6/18/18 prescribing a gluten-free diet, avoid dairy in diet.

Interview conducted on 7/18/18 with the group home manager revealed the group home manager reviews the menu and writes in substitutions for client #3 when the basic meal plan includes items containing gluten and/or dairy products. Continued interview with the group home manager revealed these substitutions are made independently and are not approved in

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W 462	Continued From page 2 advance by the dietician. A telephone interview conducted on 7/18/18 with the consulting registered dietician revealed the dietician reviews the general menu plan on a seasonal basis, however she does not formulate or review the individual meal plan or substitutions, which are made by the staff in the group home, for client #3.	W 462		