

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G267</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WNC GROUP HOME - KENMORE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 KENMORE STREET ASHEVILLE, NC 28803</b>
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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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 000	INITIAL COMMENTS	W 000		
W 195	<p>Complaint Intake: NC139909</p> <p><b>ACTIVE TREATMENT SERVICES</b> CFR(s): 483.440</p> <p>The facility must ensure that specific active treatment services requirements are met.</p> <p>This CONDITION is not met as evidenced by: The facility failed to: assure that each client received a continuous active treatment program which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in the subpart, that is directed toward the prevention or deceleration of regression or loss of current optimal functional status (W196); assure data relative to the accomplishment of the criteria specified in the client individual service plan objectives was documented in measurable terms to enable quantitative analysis of the client's progress (W252); assure the individual service plan was reviewed by the qualified intellectual disabilities professional and that data was documented as prescribed to assure program objectives were revised as necessary to assure client progress (W257); assure comprehensive functional assessments were updated as needed (W259); assure training objectives were developed to meet the client needs as identified by the comprehensive assessment (W227).</p> <p>The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to</p>	W 195	See Attached	8/24/18 <del>7/15/18</del>



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Program Administrator</i>	(X6) DATE <i>7/18/18</i>
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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 195	Continued From page 1 it's clients.	W 195		8/24/18
W 196	ACTIVE TREATMENT CFR(s): 483.440(a)(1)  Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.  This STANDARD is not met as evidenced by: Based on record review and interviews, the team failed to assure that an aggressive consistent active treatment program was provided to 3 of 3 sampled clients (#1, #2 and #3). The findings are:  A. Cross reference W252. The facility failed to assure data relative to accomplishment of the criteria specified in the client individual service plan objectives was documented in measurable terms to enable quantitative analysis of the client's progress (#1, #2 and #3).  B. Cross-reference W257. The facility failed to assure the individual service plans were reviewed by the qualified intellectual disabilities professional and that objective data was documented as prescribed to assure revisions as necessary relative to client progress.	W 196	See attached	7/15/18

*Julie Cary* Program Administrator 7/15/18

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W 196	Continued From page 2	W 196			
W 227	<p>C. Cross-reference W259. The facility failed to assure comprehensive functional assessments were updated as needed for 3 of 3 sampled clients (#1, #2 and #3).</p> <p>D. Cross-reference W227. The facility failed to assure training objectives were developed to meet the needs identified by the comprehensive assessment for 1 of 3 sampled clients (#2).</p> <p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the individual service plan (ISP) for 1 of 3 sampled clients (#2) included objective training to address identified needs relative to academic/vocational skills. The finding is:</p> <p>Review of the record for client #2 on 7/10/18 revealed an ISP dated 5/7/18. Review of client #2's ISP revealed objective training in areas of cooking, oral hygiene and chore participation. Additional record review for client #2 revealed an educational/pre-vocational/vocational assessment dated 2/28/18. Review of the 2/28/18 vocational assessment revealed academic deficits for client #2 with telling time, remaining seated during training, assembling objects, selecting appropriate material for a task and math deficits. Additional review of client #2's training objectives</p>	W 227	See Attached	7/18/18	

*Ludaf Cay Program Administrator*

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W 227	Continued From page 3 revealed no academic or vocational training objectives.  Interview with the qualified intellectual disabilities professional (QIDP) on 7/10/18 revealed client #2 had no current training objectives relative to identified vocational deficits. Further interview with the QIDP revealed additional training for client #2 would benefit the client's need for structure in his daily schedule. The QIDP further verified vocational objectives should have been developed to support client #2 with deficits identified in the 2/28/18 vocational assessment, although none had been implemented.	W 227			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on record review and interview, the team failed to ensure data for 13 of 13 objectives listed on the individual service plans (ISP) was collected as prescribed for 3 of 3 sampled clients (#1, #2 and #3). The findings are:  A. The team failed to ensure data for 3 of 3 skill acquisition objectives listed on the ISP for client #2 was collected as prescribed.  1. Review of client #2's record on 7/10/18 revealed an ISP dated 5/7/18 which included an objective to prepare a vegetable or side item at	W 252	See Attached	8/24/18 <del>7/11/18</del>	

*Ludov Cay Program Administrator 7/18/18*

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W 252	<p>Continued From page 4</p> <p>80% of trials over 6 consecutive months, revised 10/10/17. The program direction indicated data was to be collected three times per week. Continued review of the record revealed monthly data collection for this objective, since its revised date, as follows: 10/17, only 3 of 31 days; 11/17, 1 of 30 days; 12/17, 0 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 1 of 31 days; 4/18, 7 of 30 days; 5/18, 1 of 31 days and 6/18, 15 of 30 days with only two data points from 6/14-6/30/2018.</p> <p>2. Review of client #2's record on 7/10/18 revealed an ISP dated 5/7/18 which included an objective to address chore participation-clean bedroom with 90% of opportunities presented per month by 6/1/19, implemented 6/22/17. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective for the past year as follows: 8/17, 3 of 31 days; 9/17, 3 of 30 days; 10/17, 2 of 31 days; 11/17, 7 of 30 days; 12/17, 1 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 6 of 31 days; 4/18, 11 of 30 days; 5/18, 2 of 31 days and 6/18, 7 of 30 days.</p> <p>3. Review of client #2's record on 7/10/18 revealed an ISP dated 5/7/18 which included an objective to address oral hygiene with completion of each step of program with one initial verbal prompt for each step 90% of trials by 6/1/19, implemented 9/22/16. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective for the past year as follows: 8/17, 14 of 31 days; 9/17, 13 of 30 days; 10/17, 11 of 31 days; 11/17, 10 of 30 days; 12/17, 7 of 31 days; 1/18, 3 of 31 days; 2/18, 15</p>	W 252		

*Stede Cury* Program Administrator 7/18/18

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W 252	<p>Continued From page 5 of 28 days; 3/18, 9 of 31 days; 4/18, 21 of 30 days; 5/18, 15 of 31 days and 6/18, 21 of 30 days.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/10/18 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 revise as necessary.</p> <p>B. The team failed to ensure data for 5 of 5 skill acquisition objectives listed on the ISP for client #3 was collected as prescribed.</p> <p>1. Review of client #3's record on 7/10/18 revealed an ISP dated 9/6/17 which included an objective to adjust the water temperature when showering 90% of trials for three consecutive months, implemented 7/5/17. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective for the past year as follows: 8/17, 8 of 31 days; 9/17, 7 of 30 days; 10/17, 2 of 31 days; 11/17, 7 of 30 days; 12/17, 4 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 0 of 31 days; 4/18, 0 of 30 days; 5/18, 0 of 31 days and 6/18, 0 of 30 days.</p> <p>2. Review of client #3's record on 7/10/18 revealed an ISP dated 9/6/17 which included a communication objective to read sight words for 90% correct response for three consecutive months, implemented 9/12/17. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective for the past year as follows: 9/17, 0 of 30 days; 10/17, 3 of 31</p>	W 252			

*Linda J. Cary* Program Administrator 7/18/18

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W 252	<p>Continued From page 6</p> <p>days; 11/17, 6 of 30 days; 12/17, 2 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 2 of 31 days; 4/18, 0 of 30 days; 5/18, 0 of 31 days and 6/18, 1 of 30 days.</p> <p>3. Review of client #3's record on 7/10/18 revealed an ISP dated 9/6/17 which included an objective to wash hands with 90% independence by 6/11/18, implemented 8/18/17. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective for the past year as follows: 8/17, 4 of 31 days; 9/17, 3 of 30 days; 10/17, 4 of 31 days; 11/17, 7 of 30 days; 12/17, 3 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 0 of 31 days; 4/18, 0 of 30 days; 5/18, 1 of 31 days and 6/18, 3 of 30 days.</p> <p>4. Review of client #3's record on 7/10/18 revealed an ISP dated 9/6/17 which included an objective to make bed daily with 90% independence by 8/1/18, implemented 8/18/17. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective for the past year as follows: 8/17, 1 of 31 days; 9/17, 2 of 30; 10/17, 2 of 31 days; 11/17, 4 of 30 days; 12/17, 2 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 0 of 31 days; 4/18, 1 of 30 days; 5/18, 0 of 31 days and 6/18, 2 of 30 days.</p> <p>5. Review of client #3's record on 7/10/18 revealed an ISP dated 9/6/17 which included an objective to brush his teeth for 3 minutes with 90% independence for 6 consecutive months, implemented 1/1/18. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly</p>	W 252			

*Shirley Carg* Program Administrator 7/15/18

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W 252	<p>Continued From page 7</p> <p>data collection for this objective, since implementation, as follows: 1/18, 0 of 31 days; 2/18, 12 of 28 days; 3/18, 9 of 31 days; 4/18, 11 of 30 days; 5/18, 14 of 31 days and 6/18, 13 of 30 days.</p> <p>Interview with the QIDP on 7/10/18 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 accurately review and revise programs as necessary.</p> <p>C. The team failed to ensure data for 5 of 5 acquisition skills objectives listed on the ISP for client #1 was collected as prescribed.</p> <p>1. Review of client #1's record on 7/10/18 revealed an ISP dated 1/2/18 which included a communication objective to imitate staff in a variety of activities at 90% for 3 months. The program directions indicated data was supposed to be taken daily. Review of the monthly data collection data collection summary sheets from 8/17 through 6/18 revealed data was collected as follows: 8/17, 0 of 31 days; 9/17, 0 of 30 days; 10/17, 1 of 31 days; 11/17, 1 of 31 days; 12/17, 2 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 4 of 31 days; 4/18, 4 of 30 days; 5/18, 1 of 31 days and 6/18, 1 of 31 days.</p> <p>2. Review of client #1's record on 7/10/18 revealed an ISP dated 1/2/18 which included a communication objective to use table top games with independence at 90% for 3 months. The program directions indicated data was supposed to be taken daily. Review of the monthly data collection summary sheets from 8/17 through</p>	W 252		

*Linda Cary* Program Administrator 7/18/18



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W 252	<p>Continued From page 8</p> <p>6/18 revealed data was collected as follows: 8/17, 0 of 31 days; 9/17, 1 of 30 days; 10/17; 1 of 31 days; 11/17; 3 of 30 days; 12/17; 2 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 4 of 31 days; 4/18, 4 of 30 days; 5/18, 1 of 31 days and 6/18, 2 of 30 days.</p> <p>3. Review of client #1's record on 7/10/18 revealed an ISP dated 1/2/18 which included an objective to dry upper body after bathing at 80% independence for 6 months. 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, 10 of 31 days; 9/17 10 of 30 days; 10/17, 8 of 31 days; 11/17, 13 of 30 days; 12/17, 9 of 31 days; 1/18, 1 of 31 days; 2/18, 2 of 28 days; 3/18, 1 of 31 days; 4/18, 6 of 30 days; 5/18, 2 of 30 days and 6/18, 14 of 30 days.</p> <p>4. Review of client #1's record on 7/10/18 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.</p> <p>5. Review of client #1's record on 7/10/18 revealed an ISP dated 1/29/18 which included a dining objective for using a napkin and wiping his mouth at 99% for 6 months implemented in 4/18.</p>	W 252			

*Judith Cary* Program Administrator 7/18/18

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W 252	Continued From page 9 The program directions indicated data was supposed to be taken daily. Review of the monthly data collection summary sheet for 5/18 revealed data was documented 4 of 31 days and for 6/18 was documented for 17 of 30 days.  Interview with the QIDP on 7/10/18 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 accurately review and revise programs as necessary.	W 252			
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii)  The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.  This STANDARD is not met as evidenced by: Based on record review and interview, the team failed to ensure that data was collected as prescribed for program objectives listed on the individual service plans (ISPs) for 3 of 3 sampled clients (#1, #2 and #3), thus client progression for 12 of 13 objectives could not be accurately reviewed and assessed. The findings are:  A. The team failed to ensure data for 3 of 3 skill acquisition objectives listed on the ISP for client #2 was documented as prescribed, and thus revised as necessary.	W 257	See Attached	8/24/18 <del>7/15/18</del>	

*Shela Cary* Program Administrator 7/18/18

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W 257	<p>Continued From page 10</p> <p>1. Review of client #2's record on 7/10/18 revealed an ISP dated 5/7/18 which included an objective to prepare a vegetable or side item at 80% of trials over 6 consecutive months, revised 10/10/17. The program direction indicated data was to be collected three times per week. Continued review of the record revealed monthly data collection for this objective, since its revised date, as follows: 10/17, only 3 of 31 days; 11/17, 1 of 30 days; 12/17, 0 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 1 of 31 days; 4/18, 7 of 30 days; 5/18, 1 of 31 days and 6/18, 15 of 30 days with only two data points from 6/14-6/30/2018. Further review did not reveal evidence of revision to this objective in 9 months.</p> <p>2. Review of client #2's record on 7/10/18 revealed an ISP dated 5/7/18 which included an objective to address chore participation-clean bedroom with 90% of opportunities presented per month by 6/1/19, implemented 6/22/17. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective for the past year as follows: 8/17, 3 of 31 days; 9/17, 3 of 30 days; 10/17, 2 of 31 days; 11/17, 7 of 30 days; 12/17, 1 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 6 of 31 days; 4/18, 11 of 30 days; 5/18, 2 of 31 days and 6/18, 7 of 30 days. Further review did not reveal evidence of revision to this objective over the review year.</p> <p>3. Review of client #2's record on 7/10/18 revealed an ISP dated 5/7/18 which included an objective to address oral hygiene with completion of each step of program with one initial verbal prompt for each step 90% of trials by 6/1/19, implemented 9/22/16. The program direction indicated data was to be collected daily.</p>	W 257			

*Julia J. Cary* Program Administrator 7/18/18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G267</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/10/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>WNC GROUP HOME - KENMORE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 KENMORE STREET ASHEVILLE, NC 28803</b>		
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W 257	<p>Continued From page 11</p> <p>Continued review of the record revealed monthly data collection for this objective for the past year as follows: 8/17, 14 of 31 days; 9/17, 13 of 30 days; 10/17, 11 of 31 days; 11/17, 10 of 30 days; 12/17, 7 of 31 days; 1/18, 3 of 31 days; 2/18, 15 of 28 days; 3/18, 9 of 31 days; 4/18, 21 of 30 days; 5/18, 15 of 31 days and 6/18, 21 of 30 days. Further review did not reveal evidence of a revision to this objective over the review year.</p> <p>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.</p> <p>B. The team failed to ensure data for 5 of 5 skill acquisition objectives listed on the ISP for client #3 was documented as necessary, and thus revised as necessary.</p> <p>1. Review of client #3's record on 7/10/18 revealed an ISP dated 9/6/17 which included an objective to adjust the water temperature when showering 90% of trials for three consecutive months, implemented 7/5/17. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective for the past year as follows: 8/17, 8 of 31 days; 9/17, 7 of 30 days; 10/17, 2 of 31 days; 11/17, 7 of 30 days; 12/17, 4 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 0 of 31 days; 4/18, 0 of 30 days; 5/18, 0 of 31 days and 6/18, 0 of 30 days. Further review did not reveal evidence of revision to this objective over the review year.</p>	W 257			

*Leibel Coy* Program Administrator 7/18/18

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W 257	<p>Continued From page 12</p> <p>2. Review of client #3's record on 7/10/18 revealed an ISP dated 9/6/17 which included a communication objective to read sight words for 90% correct response for three consecutive months, implemented 9/12/17. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective for the past year as follows: 9/17, 0 of 30 days; 10/17, 3 of 31 days; 11/17, 6 of 30 days; 12/17, 2 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 2 of 31 days; 4/18, 0 of 30 days; 5/18, 0 of 31 days and 6/18, 1 of 30 days. Further review did not reveal evidence of revision to this objective in the 10 months since implementation.</p> <p>3. Review of client #3's record on 7/10/18 revealed an ISP dated 9/6/17 which included an objective to wash hands with 90% independence by 6/11/18, implemented 8/18/17. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective for the past year as follows: 8/17, 4 of 31 days; 9/17, 3 of 30 days; 10/17, 4 of 31 days; 11/17, 7 of 30 days; 12/17, 3 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 0 of 31 days; 4/18, 0 of 30 days; 5/18, 1 of 31 days and 6/18, 3 of 30 days. Further review did not reveal evidence of revision to this objective over the review year.</p> <p>4. Review of client #3's record on 7/10/18 revealed an ISP dated 9/6/17 which included an objective to make bed daily with 90% independence by 8/1/18, implemented 8/18/17. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective for the past year as follows: 8/17, 1 of 31 days;</p>	W 257			

*Judal Cey* Program Administrator 7/18/18

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NAME OF PROVIDER OR SUPPLIER  WNC GROUP HOME - KENMORE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 KENMORE STREET ASHEVILLE, NC 28803
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W 257	<p>Continued From page 13</p> <p>9/17, 2 of 30; 10/17, 2 of 31 days; 11/17, 4 of 30 days; 12/17, 2 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 0 of 31 days; 4/18, 1 of 30 days; 5/18, 0 of 31 days and 6/18, 2 of 30 days. Further review did not reveal evidence of revision to this objective over the review year.</p> <p>5. Review of client #3's record on 7/10/18 revealed an ISP dated 9/6/17 which included an objective to brush his teeth for 3 minutes with 90% independence for 6 consecutive months, implemented 1/1/18. The program direction indicated data was to be collected daily. Continued review of the record revealed monthly data collection for this objective, since implementation, as follows: 1/18, 0 of 31 days; 2/18, 12 of 28 days; 3/18, 9 of 31 days; 4/18, 11 of 30 days; 5/18, 14 of 31 days and 6/18, 13 of 30 days. Further review did not reveal evidence of revision to this objective in the 6 months since implementation.</p> <p>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.</p> <p>C. The team failed to ensure data for 3 of 5 skill acquisition objectives listed on the ISP for client #2 was documented as prescribed, and thus program revision completed as necessary.</p> <p>1. Review of client #1's record on 7/10/18 revealed an ISP dated 1/2/18 which included a communication objective to imitate staff in a variety of activities at 90% for 3 months. The</p>	W 257		
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*Linda J. Coy Program Administrator 7/18/18*

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W 257	<p>Continued From page 14</p> <p>program directions indicated data was supposed to be taken daily. Review of the monthly data collection data collection summary sheets from 8/17 through 6/18 revealed data was collected as follows: 8/17, 0 of 31 days; 9/17, 0 of 30 days; 10/17, 1 of 31 days; 11/17, 1 of 31 days; 12/17, 2 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 4 of 31 days; 4/18, 4 of 30 days; 5/18, 1 of 31 days and 6/18, 1 of 31 days.</p> <p>2. Review of client #1's record on 7/10/18 revealed an ISP dated 1/2/18 which included a communication objective to use table top games with independence at 90% for 3 months. The program directions indicated data was supposed to be taken daily. Review of the monthly data collection summary sheets from 8/17 through 6/18 revealed data was collected as follows: 8/17, 0 of 31 days; 9/17, 1 of 30 days; 10/17; 1 of 31 days; 11/17; 3 of 30 days; 12/17; 2 of 31 days; 1/18, 0 of 31 days; 2/18, 0 of 28 days; 3/18, 4 of 31 days; 4/18, 4 of 30; 5/18, 1 of 31 and 6/18, 2 of 30.</p> <p>3. Review of client #1's record on 7/10/18 revealed an ISP dated 1/2/18 which included an objective to dry upper body after bathing at 80% independence for 6 months. 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, 10 of 31 days; 9/17 10 of 30 days; 10/17, 8 of 31 days; 11/17, 13 of 30 days; 12/17, 9 of 31 days; 1/18, 1 of 31 days; 2/18, 2 of 28 days; 3/18, 1 of 31 days; 4/18, 6 of 30 days; 5/18, 2 of 30 days and 6/18, 14 of 30 days.</p> <p>4. Review of client #1's record on 7/10/18</p>	W 257			

*Julie Cary* Program Administrator 7/16/18

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NAME OF PROVIDER OR SUPPLIER  WNC GROUP HOME - KENMORE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 KENMORE STREET ASHEVILLE, NC 28803		
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W 257	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.	W 257			
W 259	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)  At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to review and update the Comprehensive Functional Assessment (CFA) for 3 of 3 sampled clients (#1, #2 and #3). The finding is:  A. The facility failed to update the CFA for client #2 relative to daily living skills. For example:  Review of records for client #2 on 7/10/18	W 259	See Attached	8/24/18 <del>11/8/18</del>	

*Judee Cey* Program Administrator 7/18/18



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W 259	<p>Continued From page 16</p> <p>revealed an individual service plan (ISP) dated 5/7/18. Further record review revealed a comprehensive assessment form completed 6/21/16. Review of the 6/21/16 comprehensive assessment form revealed no assessment in the areas of daily living or vocational skills to indicate identified needs. Additional record review revealed a vocational assessment dated 2/28/18. Review of the vocational assessment revealed client deficits in academic and vocational skills only.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) revealed client #2 did not have a current CFA to reflect skills or deficits in daily living skills. Further interview with the QIDP revealed she did not know when the client's last full CFA was completed or updated to reflect the clients current skill or functioning level related to areas of daily living. Further interview with the QIDP confirmed the facility's procedure was to complete a CFA annually.</p> <p>B. The facility failed to update the CFA for client #3 relative to daily living skills. For example:</p> <p>Review of records for client #3 on 7/10/18 revealed an ISP dated 9/6/17. Further record review revealed a comprehensive assessment form completed 9/6/17. Review of the 9/6/17 comprehensive assessment form revealed no assessment in the areas of daily living or vocational skills to indicate identified needs. Further record review revealed a vocational assessment dated 2/28/18. Review of the vocational assessment revealed client deficits in academic and vocational skills only.</p> <p>Interview with the QIDP on 7/10/18 revealed</p>	W 259			

*Yvonne Croy* Program Administrator 7/18/18

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W 259	<p>Continued From page 17</p> <p>client #3 did not have a current CFA to reflect deficits in daily living skills. Further interview with the QIDP revealed she did not know if client #3 had ever had an assessment to reflect current skills or functioning level in daily living skills since the client's admission to the facility in 8/2017. Further interview with the QIDP confirmed the facility's procedure was to complete a CFA upon admission and annually.</p> <p>C. The facility failed to update the CFA for client #1 relative to skills of daily living. For example:</p> <p>Review of the record for client #1 on 7/10/18 revealed an ISP dated 1/29/18. Further record review revealed a comprehensive functional assessment (CFA) last completed on 6/27/16. Review of this CFA did not reveal assessment in the areas of daily living or vocational/educational skills. Continued record review revealed only a vocational/educational assessment completed on 2/28/18.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/10/18 revealed client #1 did not have a current CFA to reflect skills or deficits in daily living skills. Further interview with the QIDP confirmed the facility's procedure was to complete a CFA annually.</p>	W 259			

*Judal Coy* Program Administrator 7/18/18

**Plan Of Correction  
Kenmore Annual Recertification Survey  
July 9-10, 2018**

**W 195 Active Treatment Services**

The facility must ensure that specific active treatment services requirements are met.

*The Facility will ensure that all areas of Active Treatment are fully in compliance as referenced in each subsequent area W 227, W252, W257 and 259.*

*The Facility will ensure that all areas of Active Treatment are fully in compliance as referenced in each subsequent area W 227, W252, W257 and 259.*

*This will be monitored by the Program Administrator, and the QIDP.*

**W 196 Active Treatment**

Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:

- (i) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and
- (ii) The prevention or deceleration of regression or loss of current optimal functional status.

*The Facility will ensure that all areas of Active Treatment are fully in compliance as referenced in each subsequent area W 227, W252, W257 and 259.*

*This will be monitored by the Program Administrator, and the QIDP.*

*This will be completed by August 24, 2018*



## **W 227 Individual Program Plan**

The Individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.

*The facility will ensure that an updated CFA is completed for all residents. Goals and objectives will be written and implemented based on the needs identified and prioritized by the IDT. The facility will further ensure that academic/vocational needs identified in the CFA will be also be prioritized and goals written to compliment skills worked on in the IEP for each individual.*

*This will be completed, monitored and updated annually by the QIDP*

*This correction will be completed by August 24, 2018*

## **W 252 Program Documentation**

Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.

*The facility will ensure that all data is collected according to the frequency listed in each program for all residents. A data collection checklist will be utilized and initialed by each DSP as data collection is completed. A data collection "Buddy Check" will be completed daily to ensure that a second staff member is looking at all programs scheduled for any given shift. Retraining on the importance of accurate data collection will be done with all DSP staff.*

*A review of data collection will be done weekly by the QIDP*

*This correction will be implemented by August 24, 2018*

## **W 257 Program Monitoring and Change**

The individual program plan must be reviewed at least by the QP and revised as necessary, including but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.

*The facility will ensure that programs and data collection are reviewed monthly with a progress note. Additionally, programs will be reviewed quarterly again with a progress note, and annually with the Annual Review plan process. Revisions will be made if there is 3 months of decline or lack of progress noted, or if criterion has been met on any given goal.*

*This will be completed by the QIDP, and further reviewed by the Program Administrator.*

*This correction will be implemented by August 24, 2018*

## **W 259 Program Monitoring and Change**

At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.

*The facility will ensure that the Comprehensive Functional Assessment will be updated annually. Additionally, any needs identified in the CFA will be discussed with the team as part of the Annual Review Process, goals/needs prioritized and included as part of the completed plan.*

*This will be completed by the QIDP with input from the Interdisciplinary team.*

*This correction will be implemented by August 24, 2018*

*Juda | Cary Program Administrator 7/18/18*