PRINTED: 08/23/2018 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER WINC GROUP HOME - ORA STREET ADDRESS. CITY. STATE, ZIP CODE 95 ORA STREET ADAPTED STATE ADDRESS. CITY. STATE, ZIP CODE 95 ORA STREET ADAPTED STATE ADDRESS. CITY. STATE, ZIP CODE 95 ORA STREET ADAPTED STATE ADAPTED STATE ADDRESS. CITY. STATE, ZIP CODE 95 ORA STREET ADAPTED STATE SEGULATORY OR LSC IDENTIFYING INFORMATION) WE 288} MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: The team failed to ensure techniques to manage inappropriate behaviors were not used as a substitute for active treatment program for 1 of 3 sampled clients (#2) and 2 of 3 non-sampled clients (#5) and #6) as evidenced by observations, interview and review of records. The findings are: Observations during the 6/25-6/26/18 survey in the group home revealed an alarm was placed on the pantry door. Continued observations revealed the alarm was to alert staff when food seekers would enter the pantry. Additional interviews with the QIDP identified the food seekers as clients #2 and #6. A. Review of the records for client #2 revealed an individual support plan (ISP) to decrease incidents of target behaviors to zero per month for 12 consecutive months. Confinued review of the BSP revealed target behaviors were defined as aggression and agitation. Additional review of the BSP revealed an aggression and agitation. Additional review of the BSP revealed target behaviors were defined as aggression and agitation. Additional review of the BSP revealed target behaviors were defined as aggression and agitation. Additional review of the BSP revealed target behaviors were defined as aggression and agitation. Additional review of the BSP revealed target behaviors were defined as aggression and agitation. Additional review of the BSP revealed target behaviors were defined as aggression and agitation. Additional review of the BSP revealed target behaviors	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER WINC GROUP HOME - ORA (PA) ID (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) (PA) ID (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) (PA) ID (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) (PA) ID (EACH ORRORETTIVE ACTION SHOULD BE (EACH ORRORETTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICE OF T			34G031				
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### (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ### (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE ### (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE ### (FROME ACTION SHOULD BE CROSS-REFERENCE) ### (FROME ACTION SHOULD SHOULD BE CROSS-REFERENCE) ### (FROME ACTION SHOULD SHOULD SHOULD BE CROSS-REFERENCE) ### (FROME ACTION SHOULD SHOU	WNC GROUP HOME - ORA						
BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: The team failed to ensure techniques to manage inappropriate behaviors were not used as a substitute for active treatment or tied to a specific active treatment program for 1 of 3 sampled clients (#2) and 2 of 3 non-sampled clients (#5 and #6) as evidenced by observations, interview and review of records. The findings are: Observations during the 6/25-6/26/18 survey in the group home revealed an alarm was placed on the pantry door. Continued observations revealed the alarm would sound any time the pantry door was opened. Interview with direct care staff and the qualified intellectual disabilities professional (QIDP) stated the alarm was to alert staff when food seekers would enter the pantry. Additional interviews with the QIDP identified the food seekers as clients #2 and #6. A. Review of the records for client #2 revealed an individual support plan (ISP) dated 6/8/17. Review of this ISP revealed a behavior support plan (ISP) to decrease incidents of target behaviors to zero per month for 12 consecutive months. Continued review of the BSP revealed target behaviors were defined as aggression and agitation. Additional review of the BSP revefiled by interview with the QIDP, revealed neither the	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETION
agitation. Additional review of the BSP, verified by interview with the QIDP, revealed neither the	{W 288}	MGMT OF INAPPR BEHAVIOR CFR(s): 483.450(b) Techniques to manabehavior must never an active treatment This STANDARD is The team failed to inappropriate behave substitute for active active treatment proclients (#2) and 2 or and #6) as evidence and review of recommon the group home review of revealed the alarm pantry door. Correvealed the alarm pantry door was open interview with directintellectual disabilities the alarm was to also would enter the part the QIDP identified and #6. A. Review of the rean individual support Review of this ISP replan (BSP) to decrease behaviors to zero personths. Continued	age inappropriate client er be used as a substitute for program. Is not met as evidenced by: ensure techniques to manage viors were not used as a treatment or tied to a specific ogram for 1 of 3 sampled f 3 non-sampled clients (#5 ed by observations, interview ds. The findings are: If the 6/25-6/26/18 survey in vealed an alarm was placed on ontinued observations would sound any time the ened. It care staff and the qualified es professional (QIDP) stated ert staff when food seekers attry. Additional interviews with the food seekers as clients #2 Ecords for client #2 revealed or plan (ISP) dated 6/8/17. The revealed a behavior support ease incidents of target er month for 12 consecutive of the BSP revealed.	{W 28	,		
	LABORATO TO	agitation. Additiona by interview with the	al review of the BSP, verified e QIDP, revealed neither the	IATURE.	TITLE		(VC) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(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.

Facility ID: 942816

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
34G031		B. WING			R 08/22/2018		
NAME OF PROVIDER OR SUPPLIER WNC GROUP HOME - ORA			STREET ADDRESS, CITY, STATE, ZIP CODE 95 ORA STREET ASHEVILLE, NC 28801	•			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	((EACH CORRECTIVE ACTION SHO	OULD BE COMPLÉTION			
alarm on the pantry technique to address seeking identified as B. Review of the rean ISP dated 12/8/2 revealed a BSP to obehaviors to zero pmonths. Continued target behaviors we self-injurious behave Additional review of with the QIDP, reverpantry door was ideaddress food seeking identified as a target C. Review of the rean ISP dated 7/17/2 revealed a BSP to dedible/ consumable staff. Continued reinterview with the Continued reint	door was identified as a se food seeking nor was food se food seeking nor was food a target behavior. cords for client #6 revealed 17. Review of this ISP decrease incidents of target er month for 12 consecutive 1 review of the BSP revealed ere defined as aggression, riors and property destruction. If the BSP, verified by interview ealed neither the alarm on the entified as a technique to any nor was food seeking et behavior. cords for client #5 revealed 17. Review of this ISP decrease attempts to grab any eitem unless given to him by a view of the BSP, verified by eitem unless given to him by a view of the BSP, verified by eitem unless diven to him by eite	{W 28	8}				
DRUG USAGE	, J.	{W 31	2}				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From paralarm on the pantry technique to address seeking identified at B. Review of the rean ISP dated 12/8/revealed a BSP to behaviors to zero promonths. Continued target behaviors we self-injurious behave Additional review of with the QIDP, reverpantry door was ideaddress food seeking identified as a target. C. Review of the rean ISP dated 7/17/revealed a BSP to deaddress food seeking identified as a target. C. Review of the rean ISP dated 7/17/revealed a BSP to dead a	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 alarm on the pantry door was identified as a technique to address food seeking nor was food seeking identified as a target behavior. B. Review of the records for client #6 revealed an ISP dated 12/8/17. Review of this ISP revealed a BSP to decrease incidents of target behaviors to zero per month for 12 consecutive months. Continued review of the BSP revealed target behaviors were defined as aggression, self-injurious behaviors and property destruction. Additional review of the BSP, verified by interview with the QIDP, revealed neither the alarm on the pantry door was identified as a technique to address food seeking nor was food seeking identified as a target behavior. C. Review of the records for client #5 revealed an ISP dated 7/17/17. Review of this ISP revealed a BSP to decrease attempts to grab any edible/ consumable item unless given to him by a staff. Continued review of the BSP, verified by interview with the QIDP, revealed the alarm on the pantry door was not addressed in the BSP for client #5. Therefore, the facility failed to ensure the use of an alarm on the pantry door was not used as a substitute for active treatment or tied to a specific active treatment program. During the 8/22/18 follow-up interview with the QIDP, verified by review of the records for clients #2, #6 and #5 revealed no corrective actions had been take to remove the alarm from the pantry door to implement objective training to address the use of an alarm on the pantry door.	A BUILDII 34G031 B. WING PROVIDER OR SUPPLIER OUP HOME - ORA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 alarm on the pantry door was identified as a technique to address food seeking nor was food seeking identified as a target behavior. B. Review of the records for client #6 revealed an ISP dated 12/8/17. Review of this ISP revealed a BSP to decrease incidents of target behaviors to zero per month for 12 consecutive months. Continued review of the BSP revealed target behaviors were defined as aggression, self-injurious behaviors and property destruction. Additional review of the BSP, verified by interview with the QIDP, revealed neither the alarm on the pantry door was identified as a technique to address food seeking nor was food seeking identified as a target behavior. C. Review of the records for client #5 revealed an ISP dated 7/17/17. Review of this ISP revealed a BSP to decrease attempts to grab any edible/ consumable item unless given to him by a staff. Continued review of the BSP, verified by interview with the QIDP, revealed the alarm on the pantry door was not addressed in the BSP for client #5. Therefore, the facility failed to ensure the use of an alarm on the pantry door was not used as a substitute for active treatment or tied to a specific active treatment program. During the 8/22/18 follow-up interview with the QIDP, verified by review of the records for clients #2, #6 and #5 revealed no corrective actions had been take to remove the alarm from the pantry door to implement objective training to address the use of an alarm on the pantry door.	A BUILDING 34G031 ROVIDER OR SUPPLIER OUP HOME - ORA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR I.SC IDENTIFYING INFORMATION) Continued From page 1 alarm on the pantry door was identified as a technique to address food seeking indentified as a target behavior. B. Review of the records for client #6 revealed an ISP dated 12/8/17. Review of this ISP revealed a BSP to decrease incidents of target behaviors were defined as aggression, self-injurious behaviors and property destruction. Additional review of the BSP, verified by interview with the QIDP, revealed neither the alarm on the pantry door was identified as a target behavior. C. Review of the records for client #5 revealed an ISP dated 7/17/17. Review of this ISP revealed as Bary to decrease attempts to grab any edible/ consumable item unless given to him by a staff. Continued review of the BSP, verified by interview with the QIDP, revealed neither the alarm on the pantry door was not addressed in the BSP for client #5. Therefore, the facility failed to ensure the use of an alarm on the pantry door was not addressed in the BSP for client #5. Therefore, the facility failed to ensure the use of an alarm on the pantry door was not used as a substitute for active treatment or tied to a specific active treatment program. During the 8/22/18 follow-up interview with the QIDP, verified by review of the records for clients #2, #6 and #5 revealed no corrective actions had been take to remove the alarm from the pantry door or to implement objective training to address the use of an alarm on the pantry door.	ROUNDER OR SUPPLIER 34G031 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 95 ORA STREET ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES (READ DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 alarm on the pantry door was identified as a technique to address food seeking nor was food seeking identified as a target behavior. B. Review of the records for client #6 revealed an ISP dated 12/8/17. Review of this ISP revealed a BSP to decrease incidents of target behaviors were defined as aggression, self-injurious behaviors and property destruction. Additional review of the BSP, verified by interview with the QIDP, revealed the alarm on the pantry door was food seeking identified as a target behavior. C. Review of the records for client #5 revealed an ISP dated 7/17/17. Review of this ISP revealed as 8P to decrease attempts to grab any edible/ consumable item unless given to him by a staff. Continued review of the BSP, verified by interview with the QIDP, revealed the alarm on the pantry door was not addressed in the BSP for client #5. Therefore, the facility failed to ensure the use of an alarm on the pantry door was not used as a substitute for active treatment or tied to a specific auctive treatment program. During the 8/22/18 follow-up interview with the QIDP, verified by review of the records for clients #2, #8 and #5 revealed no corrective actions had been take to remove the alarm from the pantry door.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G031	B. WING			R 08/22/2018	
NAME OF PROVIDER OR SUPPLIER WNC GROUP HOME - ORA				STR	DRA STREET HEVILLE, NC 28801	<u> UO/2</u>	22/2016
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 312}	CFR(s): 483.450(e) Drugs used for commust be used only a client's individual prespecifically towards elimination of the bare employed. This STANDARD is The team failed to controlling inapproportion only as an integral plan (ISP) for 1 of 3 evidenced by intervation finding is: Review of the recomphysician's orders orders, substantiated qualified intellectual (QIDP), revealed the Risperdal, Cloniding Continued review or revealed an ISP data for client #2 revealed (BSP) to decrease behaviors to zero pmonths with the tara aggression and agithis BSP revealed the and Clonidine to as behaviors. Addition by interview with the	trol of inappropriate behavior as an integral part of the ogram plan that is directed the reduction of and eventual chaviors for which the drugs on the reduction of and eventual chaviors for which the drugs on the series of the individual support of the individual support of sampled clients (#2) as it is and review of records. In the records for client #2 revealed dated 5/1/18. Review of these and by interviews with the of disabilities professional the client is receiving and Prozac. If the records for client #2 ted 6/8/17. Review of this ISP and a behavior support plan the number of target the rumber of target the rumber of target the rumber of target the rumber of the client is receiving Risperdal sist in reducing these target and review of the BSP verified the QIDP, revealed the BSP did of Prozac in the control or	{W 3·	12}			

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34G031		B. WING			R 08/22/2018			
NAME OF PROVIDER OR SUPPLIER WNC GROUP HOME - ORA				STREET ADDRESS, CITY, STATE, ZIP 95 ORA STREET ASHEVILLE, NC 28801	I	<u>U0/2</u>	22/2016	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		N SHOULD I E APPROPR	IOULD BE COMPLÉTION		
{W 312}	Therefore, the team Prozac was used or ISP in the reduction inappropriate behave During the 8/22/18 QIDP, verified by re#2, revealed the clie Prozac to assist in the behaviors. Addition substantiated by resident in the prozact of t	failed to ensure the use of an failed to ensure the use of an or elimination of the viors for which it is used. follow-up survey interview with eview of the records for client ent continues to receive the control of inappropriate hal interviews with the QIDP, view of the records, revealed the made to the BSP to Prozac in controlling	{W 3·	12}				