

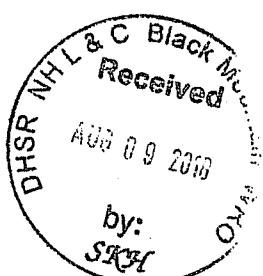
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/02/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/01/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WNC GROUP HOME-MONTFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 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 189	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure staff were trained to provide supervision during cooking and eating for 2 of 3 sampled clients (#3 and #4). The findings are:</p> <p>A. The facility failed to ensure staff provided proper monitoring for client #3 relative to supervision while cooking. For example:</p> <p>Observation in the group home on 8/1/18 at 7:10 AM revealed staff assisted client #3 to prepare his breakfast which included a fried egg, grits, applesauce and beverages. Continued observation revealed staff assisted client #3 to turn on the gas burner, place margarine and an egg in a pan and place it on the burner. Staff was then observed to leave the kitchen to assist another client while client #3 was standing alone in the kitchen in front of the stove.</p> <p>Review of the record for client #3 on 7/31/18 and 8/1/18 revealed an Individual Program Plan (IPP) dated 9/10/17 which revealed client #3 to have a diagnosis of autism and moderate intellectual disability. Further review of the IPP revealed a comprehensive functional assessment (CFA) dated 3/6/18. Review of the CFA revealed client #3 needs physical assistance relative to safety and harm prevention.</p>	W 189	<p>See Attached</p> 	9/7/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE <b>Program Administrator</b>	(X6) DATE <b>8/6/18</b>
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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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NAME OF PROVIDER OR SUPPLIER  <b>WNC GROUP HOME-MONTFORD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 KENMORE STREET ASHEVILLE, NC 28803</b>		
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W 189	Continued From page 1  Interview with the qualified intellectual disabilities professional (QIDP) conducted on 8/1/18 revealed at no time should a client be left unattended in the kitchen with the stove on. Further interview verified client #3 needs physical assistance with cooking skills and staff should have been present with the client at all times while the client was cooking his breakfast. B. The facility failed to ensure staff provided proper monitoring relative to dining supervision for client #4. For example:  Observations in the group home on 8/1/ 18 at 7:28 AM revealed client #4 to prepare her breakfast meal in the kitchen with staff assistance. Continued observation revealed client #4 to sit at the kitchen table and eat independently while staff at various times left the client unmonitored while assisting another client.  Review of record for client #4 on 7/31/18 and 8/1/18 revealed an IPP dated 7/23/18. Review of client #4's IPP revealed dining guidelines for all meals and snacks dated 6/27/17. Review of the guidelines revealed the client will follow a dining routine to slow her rate of eating. Further review revealed guidelines were developed because the team felt there were issues with the client's rate of eating. Additionally, review of the objective revealed the client will be verbally reminded that she is to eat slowly.  Interview with the QIDP revealed client #4 had a choking incident within the past 5 months. Further interview with the QIDP verified the client's dining guidelines are still current and staff should be present and usually sitting with client #4 while she is eating. Interview with the program	W 189			

*Lashay Coyle* Program Administrator 8/6/18

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W 189	Continued From page 2 administrator further verified the client should not be left unattended during meals.	W 189			

*Sueley Coy Program Administrator*

*8/2/18*

**Plan of Correction**

**Montford House Annual Recertification Survey**

**July 31-Aug 1, 2018**

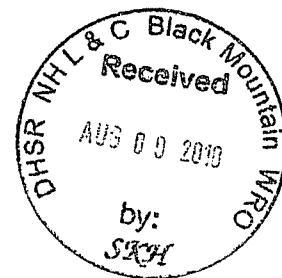
**W 189 Staff Training Program CFR(s)**

(e) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.

*The agency will ensure that all staff are properly trained to effectively, efficiently and competently perform his or her job duties. The QIDP will create formal guidelines for each resident regarding kitchen safety and rules for staff monitoring while residents are in the kitchen/dining room area (based off a resident's individual CFA) and train all staff accordingly.*

*This will be monitored by the Program Administrator, QIDP and House Manager. Monitoring will occur at least every 6 months.*

*This will be completed by September 17, 2018.*



Samantha Bereman, QIDP 8.6.18  
Signature Date