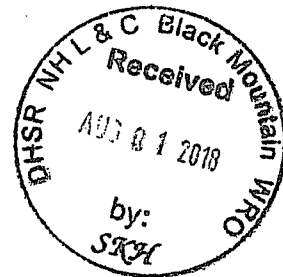


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2018
NAME OF PROVIDER OR SUPPLIER IRENE WORTHAM RESIDENTIAL CENTER-AZALEA			STREET ADDRESS, CITY, STATE, ZIP CODE 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	W 000		
W 462	<p>Complaint Intake #: NC00140577</p> <p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(3)</p> <p>If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food services.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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,</p>	W 462	<p>House Managers and the dietician will formulate seasonal menus for all regular diets biannually. The registered dietician will review and sign off on them. The registered dietician and house managers will develop individual meal plans for clients with physician approved specialized diets including a substitution list on a biannual basis. The Residential Coordinator will be included in the biannual distribution of the seasonal menu and individual meal plans for monitoring.</p>	8/15/2018



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

TITLE

(X6) DATE

Executive Director

7/31/2018

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.

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

PRINTED: 07/23/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/18/2018
NAME OF PROVIDER OR SUPPLIER IRENE WORTHAM RESIDENTIAL CENTER-AZALEA			STREET ADDRESS, CITY, STATE, ZIP CODE 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 462	<p>Continued From page 1 which are made by the staff in the group home, for client #1.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	W 462			

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

PRINTED: 07/23/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/18/2018
NAME OF PROVIDER OR SUPPLIER IRENE WORTHAM RESIDENTIAL CENTER-AZALEA			STREET ADDRESS, CITY, STATE, ZIP CODE 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 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			