

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/22/2018
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NAME OF PROVIDER OR SUPPLIER WNC GROUP HOME - ORA	STREET ADDRESS, CITY, STATE, ZIP CODE 95 ORA STREET ASHEVILLE, NC 28801
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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 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 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.

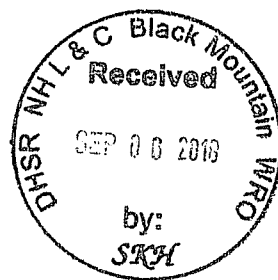
Interview with direct care staff and the qualified intellectual disabilities professional (QIDP) stated the alarm was to alert staff when food seekers would enter the pantry. Additional interviews with the QIDP identified the food seekers as clients #2 and #6.

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 (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 and agitation. Additional review of the BSP, verified by interview with the QIDP, revealed neither the

{W 288}

See attached

~~8/27/18~~
9/19/18



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE BSQP Program Administrator	(X6) DATE 8/27/18
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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 288}	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 or to implement objective training to address the use of an alarm on the pantry door.	{W 288}	See attached	8/27/18 9/19/18	
{W 312}	DRUG USAGE	{W 312}			

Stede Cany
Program Administrator

BS LP 8/27/18

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{W 312}	<p>Continued From page 2 CFR(s): 483.450(e)(2)</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: The team failed to ensure drugs used to assist in controlling inappropriate behaviors were used only as an integral part of the individual support plan (ISP) for 1 of 3 sampled clients (#2) as evidenced by interview and review of records. The finding is:</p> <p>Review of the records for client #2 revealed physician's orders dated 5/1/18. Review of these orders, substantiated by interviews with the qualified intellectual disabilities professional (QIDP), revealed the client is receiving Risperdal, Clonidine and Prozac.</p> <p>Continued review of the records for client #2 revealed an ISP dated 6/8/17. Review of this ISP for client #2 revealed a behavior support plan (BSP) to decrease the number of target behaviors to zero per month for 12 consecutive months with the target behaviors defined as aggression and agitation. Continued review of this BSP revealed the client is receiving Risperdal and Clonidine to assist in reducing these target behaviors. Additional review of the BSP verified by interview with the QIDP, revealed the BSP did not include the use of Prozac in the control or reduction of the target behaviors.</p>	{W 312}	See attached	8/21/18 9/19/18

Lula P. Cary BS QP 8/27/18
Program Administrator

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{W 312}	Continued From page 3 Therefore, the team failed to ensure the use of Prozac was used only as an integral part of the ISP in the reduction or elimination of the inappropriate behaviors for which it is used. During the 8/22/18 follow-up survey interview with QIDP, verified by review of the records for client #2, revealed the client continues to receive Prozac to assist in the control of inappropriate behaviors. Additional interviews with the QIDP, substantiated by review of the records, revealed no revisions had been made to the BSP to include the use of Prozac in controlling inappropriate behaviors.	{W 312}	See attached	8/21/18 9/19/18	

Linda J. Cary BS SP 8/27/18
Program Administrator

Plan of Correction
Ora Street Annual Recertification Survey
Follow up
August 22, 2018



W 288 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR

Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.

A., B., and C.: An interdisciplinary team meeting will be held to discuss ongoing food seeking with Clients #2, #5 and #6. Following the recommendations of the team, food seeking as a target behavior will be added to the Behavior Support Plans for the clients. Re-training for all staff will occur to reinforce the need for active supports and activities to re-direct any food seeking behaviors. Consent for all alarms will be obtained

Retraining will be done by the QIDP. Consents for all alarms will be obtained by the QIDP and reviewed by the Human Rights Committee. Ongoing monitoring will be done monthly and quarterly by the QIDP and Program Administrator.

All revisions to Behavior Support Plans, necessary consents and retraining of staff will be completed by September 19, 2018.

W312 Drug Usage

Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.

Cross referenced with W263

The Nursing department will be responsible for all consents for medications used for behavioral control. These consents will be signed by all parties, including but not limited to the parent/guardian, Medical Director and the Human Rights Committee.

The Nursing department will be responsible for ensuring that any medication changes are both reflected in the MAR and communicated to the QIDP and Psychological Associate.

The QIDP will be responsible for ensuring that any changes are reflected in the ARP/ISP documents, as well as in the Behavior Support Plan in Therap.

This will be monitored by the Nursing Department, Psychological Associate and the QIDP.

Monitoring will occur quarterly at regularly scheduled Quarterly Medical Review Meetings.

All consents will be signed and in place by September 19, 2018.

Shelby Croy BS QP 8/27/18
Program Administrator