

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 09/20/2018
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 227	<p>INDIVIDUAL PROGRAM PLAN 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 observation, record review and interview, the individual program plan (IPP) failed to include objectives to meet the need of 1 of 3 sampled clients (#3) relative to rate of eating. The finding is:</p> <p>Observations conducted on 9/20/18 at 5:45 AM revealed client #3 was assisted by staff to prepare and serve her breakfast consisting of pancakes, applesauce, yogurt and beverage. Continued observations revealed client #3 quickly fed herself large spoonfuls, consuming her entire breakfast meal and taking her dishes to the kitchen sink within 2 minutes. Staff was observed to sit with client #3 while she ate her meal, however, staff was not observed to prompt client #3 to slow her rate of eating.</p> <p>Review of the record for client #3, conducted on 9/20/18, revealed an IPP dated 10/12/17 which included program objectives for client #3 to wash her forehead, pull tabs of briefs, assist with meal prep, assist with wiping off her place at the table, toileting, set place at table and request more veggies with voice output switch. Further review of the 10/12/17 IPP for client #3 revealed a Speech Language Pathologist Evaluation dated 10/10/17 stating client #3 requires verbal cues to decrease rate of eating and decrease bolus size.</p>	W 227			

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

TITLE

(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.

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W 227	Continued From page 1 This evaluation further stated this recommendation should continue in order to prevent choking and aspiration.	W 227			
W 368	<p>Interview with the intellectual disabilities professional on 9/20/18 verified client #3 should be closely monitored for rate of eating and bolus size during meals, and further verified client #3 does not currently have a program goal in place to address this need.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure all drugs were administered according to physician's orders for 1 of 2 clients (#3) observed during medication administration. The finding is:</p> <p>Observations conducted on 9/20/18 at 5:05 AM revealed client #3 arrived at the medication administration area and was assisted by staff to receive medications including: Rhinocort allergy nasal spray- one spray to each nostril; Lamotrigine 25 mg., Acidophilus one tab.; Nature Thyroid G; Deep Sea nasal spray -one spray each nostril and BIEST 0.5 mg. 50/50 cream 1 ml. (4 clicks) which was applied topically - 2 clicks to each inner arm from elbow to wrist.</p> <p>Review of the record for client #3, conducted on</p>	W 368			

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

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W 368	Continued From page 2 9/20/18, revealed a physician's order dated 7/24/18 which documented client #3 should receive BIEST cream 0.5 ml. 50/50 cream 4 clicks daily- apply to alternate wrist site each day. Interview conducted with the nurse on 9/20/18 verified the BIEST cream should be applied to alternate wrist sites daily as ordered by the physician. This interview further verified the medication administration record for client #3 indicated the BIEST cream should have been applied to the left wrist area on 9/20/18.	W 368			