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

PRINTED: 09/30/2018 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER IRENE WORTHAM RESIDENTIAL CENTER-AZALEA CAN ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS CAN ID PREFIX TAGS CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 227 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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. 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: 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 sponfuls, 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,	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
IRENE WORTHAM RESIDENTIAL CENTER-AZALEA 16 AZALEA STREET ASHEVILLE, NC 28803			34G150				09/20/2018	
PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 227 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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. 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: 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 will eshe ate her meal,					16	S AZALEA STREET		
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however, staff was not observed to prompt client #3 to slow her rate of eating. 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. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		CFR(s): 483.440(c)(4) The individual progra objectives necessary as identified by the crequired by paragraph of the continued observation interview, the individual to include objectives sampled clients (#3) The finding is: Observations condurevealed client #3 who prepare and serve he pancakes, applesant Continued observatifed herself large spot breakfast meal and kitchen sink within 2 to sit with client #3 whowever, staff was a #3 to slow her rate of P/20/18, revealed a included program of her forehead, pull taprep, assist with with toileting, set place a veggies with voice of the 10/12/17 IPP Speech Language 10/10/17 stating clied decrease rate of each required to the same continued of the same continued of the same continued of the 10/12/17 IPP Speech Language 10/10/17 stating clied decrease rate of each required the same continued of the same continued observations.	am plan states the specific of to meet the client's needs, comprehensive assessment of (c)(3) of this section. Inot met as evidenced by: Inot, record review and ual program plan (IPP) failed to meet the need of 1 of 3 relative to rate of eating. Inot meet the need of 1 of 3 relative to rate of eating. Inot meet the need of 1 of 3 relative to rate of eating. Inot operate and beverage. Inot operate and beverage. Inot operate and beverage are taking her dishes to the set minutes. Staff was observed while she ate her meal, not observed to prompt client of eating. Ind for client #3, conducted on an IPP dated 10/12/17 which objectives for client #3 to wash also of briefs, assist with meal ong off her place at the table, at table and request more output switch. Further review for client #3 revealed a Pathologist Evaluation dated ent #3 requires verbal cues to thing and decrease bolus size.		227	mealtime guidelines and in-service new rate of eating program. The rate of eating program will be implemented daily at mealtimes to Client #3 learn to take appropriate bites, to set her utensil down after and to take a drink to clear food or mouth to help prevent choking and aspiration. This will be monitored routinely by Shift Supervisors and the Group Ho Manager and Monthly by the QIDE Manager and Monthly by the QIDE Sy: Saw	help sized 2 bites at of her d/or the	

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: 922044

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		34G150	B. WING		09/2	20/2018	
	OVIDER OR SUPPLIER	L CENTER-AZALEA		STREET ADDRESS, CITY, STATE, ZIP CO 16 AZALEA STREET ASHEVILLE, NC 28803	DE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TI- DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 368	Interview with the in professional on 9/2 be closely monitore size during meals, does not currently be address this need DRUG ADMINISTE CFR(s): 483.460(k). The system for druthat all drugs are at the physician's ord. This STANDARD Based on observation interview, the system failed to assure all according to physic (#3) observed during the finding is: Observations concrevealed client #3 administration area receive medication nasal spray- one stamotrigine 25 mg. Thyroid G; Deep each nostril and B ml. (4 clicks) which to each inner arm	ther stated this mould continue in order to daspiration. Intellectual disabilities 0/18 verified client #3 should ad for rate of eating and bolus and further verified client #3 have a program goal in place d. RATION 0(1) g administration must assure deministered in compliance with ers. is not met as evidenced by: tion, record review and em for drug administration drugs were administered cian's orders for 1 of 2 clients and medication administration. Bucted on 9/20/18 at 5:05 AM arrived at the medication and was assisted by staff to as including: Rhinocort allergy pray to each nostril; g, Acidophilus one tab.; Nature of Sea nasal spray -one spray IEST 0.5 mg. 50/50 cream 1 mas applied topically - 2 clicks from elbow to wrist.	W 2:	Staff who administer med re-trained on proper adm creams. The nursing department win medication administrat application and administrate nursing coordinator with medication the instruction creams. The nursing staff will continue administration of creaparticipation in monthly in for question and answers.	will re-emphasize tion training the ration of creams. will post in each as to apply tinue to monitor ams through house meetings	10/12/2018	
	Review of the rect	ord for client #3, conducted on					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		34G150	B. WING		0	9/20/2018		
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	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
W 368	7/24/18 which do receive BIEST cruciicks daily- apply Interview conductiverified the BIES alternate wrist sit physician. This is medication admir indicated the BIES	page 2 If a physician's order dated cumented client #3 should earn 0.5 ml. 50/50 cream 4 or to alternate wrist site each day. Ited with the nurse on 9/20/18 To cream should be applied to est daily as ordered by the interview further verified the inistration record for client #3 ST cream should have been the wrist area on 9/20/18.	W 36	58				