STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G246	A. BUILDING _____ B. WING _____	09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENWOOD DRIVE HOME	5004 KENWOOD DRIVE DURHAM, NC 27712

(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 261	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3) The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure community representatives for it's specially constituted committee attended and participated in regular meetings. The finding is: Impartial human right's committee (HRC) members did not attend regular meetings. Review on 9/26/18 of the facility's HRC minutes revealed the following attendance by community representatives committee members: 8/29/17 - No community representative present 1/31/18 - No community representative present 7/12/18 - No community representative present During an interview on 9/25/18, the qualified intellectual disabilities professional (QIDP) confirmed their HRC did not have an impartial committee member and the company was currently looking into locating one.	W 261	W261 - While our CRC members did have outside community representatives, those representatives do have connection with our consumers. To rectify this deficiency, ASI has added another community representative that is impartial and has no relationship with either employees or consumers of ASI. Ms. Jolene Clites-Perry has more than 15 years experience with the IDD community in other facilities, and is currently working with children (no ASI consumers) at a middle school. We feel that she will bring expertise and insight to our CRC meeting, and she is currently meeting our consumers and staff prior to our next regularly scheduled CRC meeting. ASI's CEO, along with our program directors will monitor the presence of an community representative to assure that we have at least one community representative at all times to assure compliance with this standard. We are also currently attempting to add more community representatives in the coming months as we can locate volunteers willing to assist us with our CRC. DHSR - Mental Health OCT 26 2018 Lic. & Cert. Section	10/20/2018
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)	W 382		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

CEO | 10/24/18

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 382	Continued From page 1 The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The finding is: The medications were left unsecured and unsupervised by the medication technician. During morning medication administration observations in the home on 9/26/18 at 7:15am, the medication technician exited the medication room, to flush a pill which had been dropped on the floor. Further observations revealed the surveyor remained in the medication room with five bubble packs of pills; which were laid on the table. During an immediate interview, the medication technician confirmed the medications should not have been left unattended. The medication technician indicated he had training to ensure that all medications are to be kept locked up, except when being administered. Review on 9/26/18 of the facility's medication administration training questions (no date) revealed, "...22. Maintain security of medications during medication administration - ensuring medication room/cart is locked when Medication Aide steps away from it." During an interview on 9/26/18, the qualified intellectual disabilities professional (QIDP)	W 382	W382 - The direct support professional who failed to assure all medication was secured and locked up was immediately pulled off any medication duty. To prevent this deficiency from occurring again, the individual was re-trained along with all of the direct support professionals in that location on the policies and procedures for handling medication properly. The RN will monitor the direct support professionals on a monthly, quarterly and annual basis (as well as a prn basis) to assure anyone who works with medication is not only trained, but utilizes their training to follow all policies and procedures.	10/23/2018

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W 382	Continued From page 2 confirmed all medications should be secured all times when not being administered.	W 382		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of diet. This affected 1 of 3 audit clients (#4). The finding is: Client #4's diet was not followed. During dinner observations in the home on 9/25/18, client #4's dinner consisted of three tacos (shells), salad and a pear. Review of the menu for 9/25/18 revealed, "Two tortillas/taco shells." Review on 9/25/18 of client #4's IPP dated 7/17/18 stated, "...seconds of vegetables only." Review on 9/25/18 of client #4's annual nutrition note dated 7/16/18 revealed, "[Client #4] is allowed seconds of vegetables only, as we are attempting to stop his weight gain." During an interview on 9/25/18, the qualified intellectual disabilities professional (QIDP)	W 460	W460 - To correct this deficiency and to prevent it from re-occurring, the lead staff was re-trained on properly reading menus and assuring the clients adhered to their diet specified in their IPP. The lead staff then re-trained all of the staff in that facility on how to read menus and how to stay in compliance with consumer's IPP's in the area of diet. The QP in conjunction with ASI's dietician will monitor diets at least monthly to assure that all clients are receiving a nourishing and well-balanced diet in accordance with their IPP and in keeping in compliance with this standard.	10/23/2018

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W 460	Continued From page 3 confirmed client #4 should not have consumed the extra taco and should have been prompted to fix himself another salad.	W 460		