PRINTED: 12/27/2018 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
	,	34G209	B. WING				12/	18/2018
	ROVIDER OR SUPPLIER			28 PI	ET ADDRESS, CITY, STATI SGAHVIEW AVENUE EVILLE, NC 28803	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	(EACH CORRECTI CROSS-REFERENCI	LAN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
W 247	Based on observation interview, the facility residing in the home were provided opport management relative other household skills. Observations in the grown 7:09 AM through member pouring wate the stove, getting iter pantry, and preparing member was also ob plates and utensils from the stove, getting the Client #2 was observed assistance preparing Otherwise, no clients with meal preparation should be noted that chose to have cereal Continued observations 8:32 AM revealed state client's #1 and #4, as room floor, clean the dishes. Review of the record revealed an individual 12/27/17. The ISP in Comprehensive Fundwhich indicated the collicity is which indicated the collicity in the state of the collicity is which indicated the collicity in the state of the collicity is which indicated the collicity in the state of the collicity is which indicated the collicity is stated in the collicity in the state of the collicity is stated in the collicity in the stated in the collicity is stated in the collicity in the stated in the collicity is stated in the collicity in the stated in the collicity is stated in the collicity in the stated in the collicity is stated in the collicity in the stated in the collicity is stated in the collicity in the stated in the collicity in the collicity is stated in the collicity is stated in the collicity i	m plan must include at choice and anot met as evidenced by: n, record review and failed to assure 6 of 6 clients (#1, #2, #3, #4, #5 and #6) cunities for choice and self to meal preparation and so. The findings are: group home on 12/18/18 and 7:22 AM revealed a staff er into a pot and putting it on ms from the refrigerator and goatmeal and toast. A staff served getting cups, bowls, om drawers and cabinets dining table for all clients. ed to provide minimal his own oatmeal and toast. It were observed assisting an or setting the table. It all clients except client #2, instead of oatmeal. Ons from 8:20 AM through aff to prepare lunch items for sewell as sweep the dining kitchen area and wash the	W	247	See O	Received of the Sand	Main Way	2)14)19 (X6) DATE
	The state of the s	Ca 85 218		Prot	from Ad	ministrat	or	1719

Any deficiency statement ending with an asterisk (*) devotes a deficiency which the institution may be exclused 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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	-	(X3) DATE SURVEY COMPLETED
		34G209	B. WING			12/18/2018
	ROVIDER OR SUPPLIER SROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 others. Review of the record for client #2 on 12/18/18 revealed an ISP dated 7/16/18. The ISP indicated the client is cooperative and helpful. The ISP also included documentation that client #2 participates in household chores, including setting the table and dusting. Review of the record for client #3 revealed an ISP dated 11/20/18. The ISP indicated the client is			STREET ADDRESS, CITY, S 28 PISGAHVIEW AVENUE ASHEVILLE, NC 28803	!	
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRI	E'S PLAN OF CORRECTION ECTIVE ACTION SHOULD B ENCED TO THE APPROPRI DEFICIENCY)	
W 247	others. Review of the record revealed an ISP data indicated the client is The ISP also include #2 participates in horsetting the table and Review of the record dated 11/20/18. The "extremely helpful ar helping to cook, clear included a current C "loves to help in the The CFA also indicated chores around the halping others. Review of the record dated 8/20/18. The which indicated the helping others. Review of the record dated 5/21/18. The capable of completing with minimal assistate indicated client #5 "syerbal and physical Review of the record dated 3/19/18. The which indicated the in the kitchen, and litterview with the record dated 3/19/18. The which indicated the in the kitchen, and litterview with the record dated 3/19/18. The which indicated the in the kitchen, and litterview with the record dated 3/19/18 on 12/18/18 on 12/18/18/18/18/18/18/18/18/18/18/18/18/18/	I for client #2 on 12/18/18 ed 7/16/18. The ISP s cooperative and helpful. ed documentation that client usehold chores, including dusting. If for client #3 revealed an ISP e ISP indicated the client is round the home" and enjoys an and run errands. The ISP FA which indicated the client kitchen and is good at it". ted the client helps with all ouse. If for client #4 revealed an ISP ISP included a current CFA client likes cooking and likes If for client #5 revealed an ISP ISP indicated the client is ng many household chores unce from staff. The ISP also sets the table quite nicely with prompting". If for client #6 revealed an ISP ISP included a current CFA client is helpful, likes to help	W 247		a.Ha chee	g. 2/14/17

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		NSTRUCTION	_		TE SURVEY MPLETED
		34G209	B. WING_				1:	2/18/2018
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	(EACH CORF	R'S PLAN OF CORRECT RECTIVE ACTION SHOL RENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 249	and other household on 12/18/18. PROGRAM IMPLEM CFR(s): 483.440(d). As soon as the interformulated a client's each client must rectreatment program of interventions and seand frequency to surplications of the search client must rectreated by the search client must rectreated by the search client must rectified plan. This STANDARD is Based on observatinterview, the facility sampled clients (#4 continuous active trinterventions and search medication administrate: A. The team failed received continuous during the 12/17-18 1. Observations in the 4:05 PM revealed a client #5 to check a located in the living began getting ready	home should have to assist with meal activities d chores during the morning	W	249	See	all che	J	2)14/19

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	0	K3) DATE SURVEY COMPLETED	
		34G209	B. WING				12/18/2018	
	ROVIDER OR SUPPLIER			28 i	REET ADDRESS, CITY, STATE, ZIP CODE PISGAHVIEW AVENUE HEVILLE, NC 28803	-		
(X4) ID PREFIX TAG	(EA¢H DEFICIE	/ STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	j
W 249	which time staff pr schedule again an room. At 5:55 PM come out of his room and a staff member client to put shoes returned to his room observed sitting deating dinner. In 1 spend 95 of 125 of in his room. Review of the recrevealed an indivitive spend 10 spend 12	age 3 out of his room until 5:25 PM, at compted him to check the ad the client returned to his a client #5 was observed to om and go to the living area, ar was observed to prompt the son, and again the client born. At 6:10 PM, client #5 was own at the dining table to begin total, client #5 was noted to observed minutes on 12/17/18, and for client #5 on 12/18/18 dual service plan (ISP) dated of the current program and 7 programs including math, reising for 30 minutes and ses. Continued review of the amentation that client #5 should than 25 minutes in his room and ger than that could make it him in activities. The ISP also is was capable of completing hores, and well as well as the amounts of time in his firmed the client should have tions for training and leisure on the continuous active treatment. In the group home on 12/17/18 led client #6 going outside with a the on the back porch area. The led to be outside until 4:40 PM,		249	See affach	20	2)14/19	Ĵ

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ONSTRUCTION		(X3) DATE COMF	SURVEY PLETED
		· 34G209	B. WING _				12/	18/2018
	ROVIDER OR SUPPLIER			28	REET ADDRESS, CITY PISGAHVIEW AVENU HEVILLE, NC 288	JE		
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	1	(EACH COR	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULI RENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
W 249	and was observed At 5:20 PM, client and then returned the client went to his hands and bromeal preparation room. At 6:10, controlled the dining table processed the dining table processed an ISP current program using letters of the exercise. The IS intervention program using letters of the exercise. The IS intervention program using letters of the exercise. The IS intervention program using letters of the exercise. The IS intervention program using letters of the exercise. The IS intervention program using letters of the exercise. The IS intervention program using letters of the exercise. The IS intervention program using letters of the exercise. Intervention program using letters of the exercise. Interview with the 12/18/18 confirmed the clioptions for training assure continuous. In the team fail guidelines were #6 during the 12. 1. For client #4,	chose to have time in his room d to take a timer into his room. t #6 briefly came out of his room d to the bedroom. At 5:45 PM, the kitchen area and washed iefly assisted with the dinner , and at 5:55 PM returned to his llent #6 was observed to be at preparing to eat dinner. In total, led to spend 75 of 125 observed	W	249	See	Attached		2/4/19

	DF DEFICIENCES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G209	B. WING		12/18/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 28 PISGAHVIEW AVENUE ASHEVILLE, NC 28803	
(X4) ID PREFIX TAG	(EACH DEFIC	RY STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
W 249	staff handing clie a locked cabinet was observed to his room and to the was observed to of mineral oil to a with the client. The client of mineral oil to a with the client. The client of mineral oil to a with the client. The client of the c	in the laundry room. The client in the laundry room. The client independently take the basket to the bathroom for his bath. Staff bring the client a medication cup add to his bath but did not stay the client was observed to turn the treatment basket to staff the eating breakfast. #4's ISP dated 8/20/18 revealed in for client #4 to independently the appropriate amounts of topicals ampted for 6 consecutive months. If the program, substantiated by aff, revealed staff are to be not #4 to teach him to apply unts of prescribed topicals to his y failed to assure client #4's was implemented as prescribed. #5 morning observations in the 12/18/18 at 7:47 AM revealed and #6 his treatment basket from in the laundry room. The client independently take the basket to ore returning the basket at 7:55	W 24	See allach	2/14/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIÉS CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		34G209	B. WING			12/18/2018
	ROVIDER OR SUPPLIER		28	REET ADDRESS, CI PISGAHVIEW AVE SHEVILLE, NC 2		
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	IDER'S PLAN OF CORRECTIO ORRECTIVE ACTION SHOULD FERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
W 249 W 367	implemented as p	topical guidelines were prescribed. FRATION	W 249 W 367	•		
		have an organized system for on that identifies each drug up to				
	The facility failed was maintained t point of administr (#4 and #6) as ev	is not met as evidenced by: It to assure an organized system to identify each drug up to the ration for 2 of 4 sampled clients ridenced by observation, and verification. The findings		See	A Ho ched	2/14/1
	#4 his treatment the laundry room independently tal the bathroom for bring the client a add to his bath b The client was of	rvations in the group home on AM revealed staff handing client basket from a locked cabinet in . The client was observed to ke the basket to his room and to his bath. Staff was observed to medication cup of mineral oil to ut did not stay with the client. Deserved to independently return sket to staff at 7:45 AM before				
	staff, substantiat revealed client # cream and razor Remover, Metrol observations, co revealed none of	client #4's treatment basket with ed by interview with staff, 4's basket to contain shaving s, Minerin Cream, Ear Wax nidazole .75% Cream. Further nfirmed by interview with staff f the treatments in client #4's ed to have prescription labels.				

PRINTED: 12/27/2018

	F DEFICIENCIÉS CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		34G209	B. WING		 .	12/18/2018
	ROVIDER OR SUPPLIE	R	1	STREET ADDRESS, CITY, 28 PISGAHVIEW AVENU ASHEVILLE, NC 2880	E	
(X4) ID PREFIX TAG	(EACH DEF	ARY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORE	R'S PLAN OF CORRECTIO RECTIVE ACTION SHOULD RENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
W 367	9/24/18 reveale the items in his Metronidazole forehead twice Remover, place evening; and Mincluding face, evening apply a linterview with the staff should be his treatment be medications she failing to monito treatment bask medication labers aff failed to as each drug up to functioning as in the laundry roo independently before returning breakfast. Observations of staff, substantiarevealed client razors, Minerin 2% Cream, Ne clippers and deconfirmed by in the staff in the laundry roo independently before returning the staff in the laundry roo independently before returning the staff in the laundry roo independently before returning the staff in the laundry roo independently before returning the staff in the laundry roo independently before returning the staff in the laundry roo independently before returning the staff in the laundry roo independently before returning the staff in the laundry roo independently	the described several of treatment basket. These include 75% Cream, apply to face and daily after shower; Ear Wax two drops in each ear every inerin Cream, apply to entire body, twice daily. If shower is in the after shower. The facility nurse and LPN verified assisting client #4 when he has asket and the prescribed build have labels on them. By or client #4 properly with his et and failing to maintain proper elling on prescribed medications, asure their system for identifying the point of administration was equired. Servations in the group home on 7 AM revealed staff handing client at basket from a locked cabinet in m. The client was observed to take the basket at 7:55 AM before If client #6's treatment basket with atted by interview with staff, #4's basket to contain Bag Balm, Cream, Vaseline, Ketoconazole waskin liquid bandage, finger nail addorant. Further observations, atterview with staff revealed none of in client #6's basket were noted to	W 367		Affachad	2/14/19

	F DEFICIENCI CORRECTION	≣s	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		NSTRUCTION	-	(X3) DATE S COMPL	
			34G209	B. WING_				12/1	8/2018
	ROVIDER OR S				28 P	ET ADDRESS, CITY ISGAHVIEW AVEN IEVILLE, NC 288			
(X4) ID PREFIX TAG		H DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH COR	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULI ERENCED TO THE APPROF DEFICIENCY)	O BE	(X5) COMPLETION DATE
W 367	Review of 9/24/18 re the items Ketocona: and betwee Minerin C cuticles two (Vaseline) then wear any open although to contain was noted interview staff shouthis treatment medication failing to it treatment medication staff failed each drug functionin DRUG ST CFR(s): 4 The facilial locked exadministres and the facilial treatment of the facilial contains the facilial contai	vealed clie in his treat zole 2% Cr een toes ev ream, apply libe socks; an skin area a the client's Bag Balm d in the phy with the fa- ild be assistent basket an labeling d to assure g up to the ig as requir FORAGE A 183.460(I)(2 ty must kee cept when ation. NDARD is ity failed to is were key for admini-	physician's orders dated ent #6 is prescribed several of ment basket. These include earn, apply to hands, feet, very morning as antifungal; y to entire body, hands and Petroleum Ointment Base erally to each foot at bedtime, d Newskin Liquid, apply to as needed. In addition, treatment basket was noted, no prescription for client #6 vsician's orders. cility nurse and LPN verified enting client #6 when he has and the prescribed have labels on them. By ent #6 properly with his d failing to maintain proper on prescribed medications, their system for identifying point of administration was red.		382	See	Affached		214

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		34G209	B. WING _	····		12/	18/2018
	ROVIDER OR SUPPLIER			28	REET ADDRESS, CITY, STATE, ZIP CODE PISGAHVIEW AVENUE SHEVILLE, NC 28803		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 382	A. Morning obsert 12/18/18 at 7:02 At the streatment between the laundry room. Independently take the bathroom for his bath buthe client was obthe treatment base eating breakfast. Observations of client the client was obthe treatment base eating breakfast. Observations of client the cream and razors Remover, Metroniobservations, con revealed none of basket were noted. Review of client the items in his treatment base evening; and Minding face, twice evening apply after the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be as his treatment base medications are at the staff should be at the staff should be as his treatment and should be at the staff should be	rd verification. The findings vations in the group home on M revealed staff handing client asket from a locked cabinet in The client was observed to be the basket to his room and to his bath. Staff was observed to hedication cup of mineral oil to to did not stay with the client. Served to independently return ket to staff at 7:45 AM before ient #4's treatment basket with d by interview with staff, is basket to contain shaving Minerin Cream, Ear Wax dazole .75% Cream. Further firmed by interview with staff the treatments in client #4's if to have prescription labels. 4's physician's orders dated client #4 is prescribed several of teatment basket. These include % Cream, apply to face and ity after shower; Ear Wax yo drops in each ear every berin Cream, apply to entire body, ce daily. If shower is in the	W	382	See Attached		2/14/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SIXTEMENT OF DEFIDIENCES AND PLAN OF CORRECTION A SULDING A BUILDING A BUI	CENTERS	FOR MEDIC	ARE & I	MEDICAID SERVICES				OMB NO	. 0938-0391
NAME OF PROVIDER OR SUPPLIER PISCAH GROUP HOME ASHEVILLE, NO. 28803 MALEY LICE, NO. 28803 ASHEVILLE, NO. 28803 ASHEVILLE, NO. 28803 ASHEVILLE, NO. 28803 PROVIDERS PLAN OF CORRECTION OR COMPLETION OF COMPLETION OF THE APPROPRIATE OF THE					1, ,				
PISGAH GROUP HOME COULD Country Country				34G209	B. WING			12/	18/2018
PREFIX TAG REGILATORY OR LSC IDENTIFYING INFORMATION) W 382 Continued From page 10 backet, staff falled to assure the client's medications were locked except when being prepared as required. B. Morning observations in the group home on 12/18/18 at 7-47 AM revealed staff handling client #6 his treatment basket from a locked cabinet in the laundry room. The client was observed to independently take the basket at 7:55 AM before breakfast. Observations of client #6's treatment basket with staff, revealed dilent #4's basket to contain Bag Balm, razors, Miherin Cream, Vaselline, Ketoconazole 2% Cream, Newskin liquid bandlage, finger nail clippers and deodorant. Further observations, confirmed by interview with staff revealed one of the treatments in client #6's basket were noted to have prescription labels. Review of client #6's physician's orders dated 9/24/18 revealed client #8's basket were noted to have prescription labels. Review of client #6's physician's orders dated 9/24/18 revealed client #8's prescribed several of the items in his treatment basket. These include Ketoconazole 2% Cream, apply to hands, feet, and between toes every morning as antifungal; Minerin Cream, apply to entire body, hands and cutcles twice daily; Petroleum Ointment Base (Vaseline), apply liberally to each foot at bedtime, then wear sooks, and Newskin Liquid, apply to any open skin area as needed. In addition, although the client's treatment basket was noted to contain Bag Balm, no prescription for client #6' was noted in the physician's orders.			PLIER		van de la companya d		28 PISGAHVIEW AVENUE		
basket, staff failed to assure the client's medications were locked except when being prepared as required. B. Morning observations in the group home on 12/18/18 at 7:47 AM revealed staff handing client #6 his treatment basket from a locked cabinet in the laundry room. The client was observed to independently take the basket to his bedroom before returning the basket at 7:55 AM before breakfast. Observations of client #6's treatment basket with staff, revealed client #4's basket to contain Bag Balm, razors, Minerin Cream, Vaseline, Ketocomazole 2% Cream, Newskin liquid bandage, finger nail clippers and deodorant. Further observations, confirmed by interview with staff revealed none of the treatments in client #6's basket were noted to have prescription labels. Review of client #6's physician's orders dated 9/24/18 revealed client #6 is prescribed several of the Items in his treatment basket. These include Ketoconazole 20's Cream, apply to entake, feet, and between toes every morning as antifungal; Minerin Cream, apply to entire body, hands and cuticles twice daily; Petroleum Ointment Base (Vaseline), apply liberally to each foot at bedtime, then wear socks; and Newskin Liquid, apply to any open skin area as needed. In addition, although the client's treatment basket was noted to contain Bag Balm, no prescription for client #6 was noted in the physician's orders.	PREFIX	(EA¢H D	EFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
Interview with the facility nurse and LPN verified staff should be assisting client #6 when he has his treatment basket to assure the prescribed	W 382	B. Morning of 12/18/18 at 7 #6 his treatmenthe laundry reindependentible before return breakfast. Observations staff, substar revealed clie razors, Miner 2% Cream, North Clippers and confirmed by the treatmenthave prescrip Review of cli 9/24/18 reverthe items in Ketoconazole and between Minerin Creacuticles twice (Vaseline), at then wear so any open ski although the to contain Bawas noted in Interview with staff should	failed to were lookerequired observat; 47 AM ent baseom. They take the ing the looker take the color of client and the color of client's and client's and client's and client's and the phy that the factor of color of color of color of color of client's and client's and the phy that the factor of color o	assure the client's sked except when being it. Itions in the group home on revealed staff handing client ket from a locked cabinet in the client was observed to the basket to his bedroom basket at 7:55 AM before It #6's treatment basket with by interview with staff, basket to contain Bag Balm, m, Vaseline, Ketoconazole liquid bandage, finger nail leant. Further observations, with staff revealed none of eart #6's basket were noted to bels. It physician's orders dated eart #6 is prescribed several of ment basket. These include ream, apply to hands, feet, very morning as antifungal; y to entire body, hands and Petroleum Ointment Base erally to each foot at bedtime, do Newskin Liquid, apply to as needed. In addition, treatment basket was noted, no prescription for client #6 vsician's orders. Cility nurse and LPN verified sting client #6 when he has	W	382			2/14/19

STATEMENT C AND PLAN OF	F DEFICIENCI CORRECTION	ES)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			34G209	B. WING			12/18/2018	
	ROVIDER OR S				STREET ADDRESS, CITY, STATE, ZIF 28 PISGAHVIEW AVENUE ASHEVILLE, NC 28803	CODE		
(X4) ID PREFIX TAG		H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD B THE APPROPRIA		
W 382	medicatio to monitor basket, st medicatio	client #6 p aff failed to	inistered properly. By faili roperly with his treatment assure the client's ked except when being	W 38	See AH	ched	2/14	119

Plan of Correction
Pisgah Group Home
Annual Recertification Survey
Dec 17 and 18, 2018



W247-Individual Program Plan. The individual program plan must include opportunities for client choice and self-management.

Staff will be re-trained on resident participation in meal preparation and chore duties.

Observation/coaching sessions will be done by the Program Administrator, Residential Services Director, QP, and/or the House Manager to ensure that the residents are participating to the best of their abilities in all household chores and meal preparation.

All re-training and observation/coaching sessions will be completed by February 14, 2019

W249—Program Implementation. As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the individual program plan.

- A. Staff will be trained Active Support via a 2 hour training, to be given by the COO. This training will include the use of schedules and timers to keep residents active and engaged.
- B. Staff will be re-trained on the proper way to administrate topical medications.

Success of this re-training will be measured during weekly observation and coaching sessions done by the Program Administrator, Residential Services Director, QP, and/or the House Manager

All retraining and observation/coaching sessions will be completed by February 14, 2019

W367-Drug Administration. The facility must have an organized system for drug administration that identifies each drug up to the point of administration.

All topical medications and treatments will be stored in their original boxes/packaging. All staff will be re-trained on keeping the topical medications and treatments in the boxes/packaging at all times.

All retraining will be completed by February 14, 2019

W382-Drug Storage and Recordkeeping. The facility must keep all drugs and biologicals locked except when being prepared for administration.

Staff will be re-trained on proper storage and handling of topical medications and treatments. Observations will be done by the Program Administrator, Residential Services Director, QP, and/or the House Manager to ensure that all topical medications and treatments are being administered and stored properly.

All retraining and observation/coaching sessions will be completed by February 14, 2019