

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G354</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>EMORY ROAD HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>20 EMORY ROAD ASHEVILLE, NC 28806</b>		
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E 004	<p>Develop EP Plan, Review and Update Annually CFR(s): 483.475(a)</p> <p>[The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.]</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.</p> <p>The emergency preparedness program must include, but not be limited to, the following elements:] (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least annually.</p> <p>* [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least annually.</p> <p>This STANDARD is not met as evidenced by: Based on review of facility records and staff interview, the facility failed to maintain their emergency plan (EP) by reviewing and updating annually. The finding is:</p> <p>Review of the facility's most recent EP was conducted on 4/30/19 and 5/1/19. This review</p>	E 004			

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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E 004	Continued From page 1 revealed the most recent EP was dated 12/2017, and included documentation of a tabletop drill with staff training dated 11/15/17. Continued review of the 12/2017 EP revealed the administrative/management staff contact numbers included staff who were employed by the facility when the EP was implemented in 12/2017 and were no longer employed by the facility. Contact information for current administrative/management staff was not included in the plan in use currently. Interviews conducted on 4/1/19 with the qualified intellectual disabilities professional and the group home manager revealed the 12/2017 EP was the most current plan available and no further documentation was available related to any updates to this plan.	E 004			
E 037	EP Training Program CFR(s): 483.475(d)(1)  (1) Training program. The [facility, except CAHs, ASCs, PACE organizations, PRTFs, Hospices, and dialysis facilities] must do all of the following:  (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. *[For Hospitals at §482.15(d) and RHCs/FQHCs at §491.12:] (1) Training program. The [Hospital or RHC/FQHC] must do all of the following: (i) Initial training in emergency preparedness	E 037			

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E 037	<p>Continued From page 2</p> <p>policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>*[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles.</p> <p>(ii) Demonstrate staff knowledge of emergency procedures.</p> <p>(iii) Provide emergency preparedness training at least annually.</p> <p>(iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others.</p> <p>*[For PRTFs at §441.184(d):] (1) Training program. The PRTF must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) After initial training, provide emergency preparedness training at least annually.</p> <p>(iii) Demonstrate staff knowledge of emergency</p>	E 037			

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E 037	<p>Continued From page 3 procedures.</p> <p>(iv) Maintain documentation of all emergency preparedness training.</p> <p>*[For PACE at §460.84(d):] (1) The PACE organization must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency.</p> <p>(iv) Maintain documentation of all training.</p> <p>*[For CORFs at §485.68(d):](1) Training. The CORF must do all of the following:</p> <p>(i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment.</p>	E 037			

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E 037	<p>Continued From page 4</p> <p>*[For CAHs at §485.625(d):] (1) Training program. The CAH must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>*[For CMHCs at §485.920(d):] (1) Training. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least annually.</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility's training program relative to the emergency preparedness plan (EP) and staff interviews, the facility failed to provide emergency preparedness training for staff at least annually. The finding is:</p> <p>Review of the facility's most recent EP was conducted on 4/30/19 and 5/1/19. This review</p>	E 037			

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E 037	Continued From page 5 revealed the most recent EP was dated 12/2017, and included documentation of a tabletop drill with staff training dated 11/15/17. Continued review of the 12/2017 EP revealed no further documentation of further staff training related to emergency preparedness. Interviews conducted on 5/1/19 with the qualified intellectual disabilities professional and the group home manager revealed no knowledge of training having been provided to staff relative to the EP since the original training on 11/15/17. These interviews further verified no documentation was available to indicate staff had been trained on the emergency preparedness plan since the original inservice training was provided on 11/15/17.	E 037			
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, review of records and staff interview, the person centered plans (PCPs) failed to have sufficient objectives to address identified needs related to vocational, pre-vocational or educational skills for 3 of 3 sampled clients (#1, #3 and #6) and 3 non-sampled clients (#2, #4 and #5). The findings are:  Observations at the vocational program on 4/30/19 at 11:00 AM revealed none of the client's residing in the group home were present at the	W 227			

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

PRINTED: 05/02/2019  
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W 227	<p>Continued From page 6</p> <p>vocational center. Interview with the qualified intellectual disabilities professional (QIDP) and the home manager at that time revealed some of the clients had medical appointments during the morning. The home manager indicated the clients would be attending the vocational program later in the day to pick up recycling and take it to the recycling center.</p> <p>Continued observations at the group home on 4/30/19 at 3:00 PM revealed clients #3, #4 and #6 to be present at the home. Interview with the group home manager at that time revealed that due to a behavior involving client #3, all six clients did not visit the vocational center on 4/30/19. Instead, clients #1, #2 and #5 went to the grocery store and clients #3, #4 and #6 stayed at the group home. Interview with the facility administrator on 4/30/19 revealed that the amount of time all clients attended the vocational program had been reduced over the past several months due primarily to behaviors at the group home and at the vocational center. Continued interview with the home manager revealed clients were no longer assisting with delivering Meals on Wheels and indicated that when the clients did attend the vocational center, it was usually for 1 to 2 hours only.</p> <p>Review of the record for client #6 on 5/1/19 revealed a PCP dated 6/16/18. Documentation within the PCP indicated the client is a hard worker and could be very focused once given a job. The PCP also indicated the client liked to stay busy and works the whole time while at the vocational center except during lunch and snack time. The PCP also indicated client #6 likes to earn money and looks forward to payday. Further review of the PCP revealed client #6 did not have</p>	W 227			

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W 227	<p>Continued From page 7</p> <p>any educational, pre-vocational or vocational objectives. Continued review of the PCP revealed an educational/vocational adaptive behavioral inventory (ABI) dated 3/20/19. The ABI indicated the client had needs related to working in an interactive setting and completing tasks, reciting the alphabet and following a daily work schedule. Interview with the QIDP on 5/1/19 confirmed the client did not have any current educational, pre-vocational or vocational objectives.</p> <p>Review of the record for client #1 on 5/1/19 revealed a PCP dated 8/24/18. Further review of the PCP revealed the client had only one educational, pre-vocational, vocational objective for staying on task for 30 minutes. Continued review of the PCP revealed an ABI dated 3/31/19 which indicated client #1 had needs for learning about road signs, reading as a hobby, sorting and for starting self on assignments. Interview with the QIDP on 5/1/19 confirmed client #1 had only one objective related to educational, pre-vocational or vocational skills.</p> <p>Review of the record for client #5 on 5/1/19 revealed a PCP dated 10/23/18. Documentation within the PCP indicated the client likes to make money at work and does not like to be bored. Further review of the PCP revealed the client had only one educational, pre-vocational, vocational objective for identifying the correct value of coins. Continued review of the PCP revealed an ABI dated 3/20/19 which indicated client #5 has needs related to numerical skills, telling time, and printing and reading. Interview with the QIDP confirmed client #5 had only one objective related to educational, pre-vocational or vocational skills.</p>	W 227			



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W 227	Continued From page 8  Review of the record for client #2 on 5/1/19 revealed a PCP dated 6/28/18. Further review of the 6/28/18 PCP revealed client #2 had only one educational/pre-vocational/vocational objective which was for client #2 to stay on task for 15 minutes while at the vocational center. Continued review of the PCP revealed an ABI dated 4/18/19 documenting client #2's needs in the area of education/pre-vocation/vocation included identifying name and gender, working alone, working in a parallel setting, working in an interactive setting, completing tasks, selecting appropriate materials, sequencing materials with a pattern, keeping work area clean, not destroying work materials and seeking help from a supervisor. Interview with the QIDP on 5/1/19 confirmed client #2 had only one objective related to educational/pre-vocational/vocational skill acquisition.  Review of the record for client #3 on 5/1/19 revealed a PCP dated 9/11/18. Further review of the PCP revealed client #3 had only one educational/pre-vocational/vocational objective which was for client #3 to begin working on a task independently. Continued review of the 9/11/18 PCP revealed an ABI dated 4/10/19 documenting client #3 has needs in the area of education/pre-vocation/vocational skill acquisition including stating the current day of the week, stating the current month and stating the current year. Interview with the QIDP on 5/1/19 confirmed client #2 had only one objective related to educational/pre-vocational/vocational skill	W 227			

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W 227	Continued From page 9 acquisition.  Review of the record for client #4 on 5/1/19 revealed a PCP dated 2/28/19. Further review of the PCP revealed client #4 had only one educational/pre-vocational/vocational objective which was for client #4 to engage with clinical staff at the vocational center for 15 minutes. Continued review of the 2/28/19 PCP revealed it contained a Habilitation Evaluation dated 4/10/19 which documented client #4 currently attends the vocational center for pre-vocational training with informal goals in the areas of increasing pre-vocational skills, work behaviors and money management. Interview with the QIDP on 5/1/19 confirmed client #2 had only one objective related to educational/pre-vocational/vocational skill acquisition.	W 227			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)  The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to assure 6 of 6 clients in the home (#1, #2, #3, #4, #5 and #6) were provided opportunities for choice and self management relative to education, pre-vocation or vocation. The findings are:  Observations at the vocational program on 4/30/19 at 11:00 AM revealed none of the client's residing in the group home were present at the vocational center. Interview with the qualified intellectual disabilities professional (QIDP) and the home manager at that time revealed some of	W 247			

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W 247	<p>Continued From page 10</p> <p>the clients had medical appointments during the morning. The home manager indicated the clients would be attending the vocational program later in the day to pick up recycling and take it to the recycling center.</p> <p>Continued observations at the group home on 4/30/19 at 3:00 PM revealed clients #3, #4 and #6 to be present at the home. Interview with the group home manager at that time revealed that due to a behavior involving client #3, all six clients did not visit the vocational center on 4/30/19. Instead, clients #1, #2 and #5 went to the grocery store and clients #3, #4 and #6 stayed at the group home. Interview with the facility administrator on 4/30/19 revealed that the amount of time all clients attended the vocational program had been reduced over the past several months due primarily to behaviors at the group home and at the vocational center. Continued interview with the home manager revealed clients were no longer assisting with delivering Meals on Wheels or "Baskets" and indicated that when the clients did attend the vocational center, it was usually for 1 to 2 hours only.</p> <p>Review of the group home calendar for February 2019 revealed all clients in the home were scheduled to go to the vocational center for 8 days out of the month and were scheduled to volunteer for "Baskets" for 8 days out of the month. Review of the vocational center census for February 2019 revealed client #5 only attended the vocational center 4 times during the month, and client #6 only attended the vocational center three times during the month. Review of the group home calendar for March 2019 revealed all clients in the home were scheduled to go to the vocational center for 9 days out of the</p>	W 247			

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W 247	<p>Continued From page 11</p> <p>month and scheduled to volunteer 3 days out of the month. Review of the vocational center census for March 2019 revealed client #2 attended the vocational center only 3 times during the month, client #4 only attended 4 times, client #5 only attended 4 times and client #5 only attended 5 times. Review of the group home calendar for April 2019 revealed all clients in the home were scheduled to go to the vocational center for only 8 days out of the month with no other educational or vocational specific options. Review of the vocational center census for April 2019 revealed client #6 only attended the vocational center 3 times during the month.</p> <p>Review of the record for client #6 on 5/1/19 revealed a PCP dated 6/16/18. Documentation within the PCP indicated the client is a hard worker and could be very focused once given a job. The PCP also indicated the client liked to stay busy and works the whole time while at the vocational center except during lunch and snack time. The PCP also indicated client #6 likes to earn money and looks forward to payday. Further review of the PCP revealed client #6 did not have any educational, pre-vocational or vocational objectives. Interview with the QIDP on 5/1/19 revealed client #6 had started having more behaviors and had been refusing to attend the day program recently.</p> <p>Review of the record for client #5 on 5/1/19 revealed a PCP dated 10/23/18. Documentation within the PCP indicated the client likes to make money at work and does not like to be bored. Further review of the PCP revealed the client had only one educational, pre-vocational, vocational objective for identifying the correct value of coins.</p>	W 247			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G354</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>EMORY ROAD HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>20 EMORY ROAD ASHEVILLE, NC 28806</b>		
(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 247	Continued From page 12 Review of the record for client #3 on 5/1/19 revealed a PCP dated 9/11/18. Further review of the PCP revealed it contained a Habilitation Evaluation documenting client #3 enjoys recycling and using the shredder while at the vocational center, where he earns income. This Habilitation Evaluation further stated client #3 also enjoys his educational programs. Continued review of the 9/11/18 PCP revealed client #3 has only one educational, pre-vocational, vocational objective to begin working on an activity independently.  Interview with the home manager and the QIDP on 5/1/19 confirmed all six clients had been attending the day program less frequently and for only 1-2 hours per day, and that other educational/vocational opportunities had decreased recently, due primarily to behaviors from clients #3, #4, #5 and #6. The QIDP also confirmed all clients had one or no objectives for education/vocation. Therefore, the facility failed to assure opportunities for choice and self management related to education, pre-vocation or vocation were provided.	W 247			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1)  The facility must hold evacuation drills at least quarterly for each shift of personnel.  This STANDARD is not met as evidenced by: Based on review of facility records and staff interview, the facility failed to hold evacuation drills at least quarterly for the second and third shift of employees. The findings are:  Review of the facility's evacuation drill reports for	W 440			

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W 440	<p>Continued From page 13</p> <p>the past survey year was conducted on 4/30/19. This review revealed during the first quarter of the survey year (May, June and July 2018) no evacuation drills were held for the 2nd shift of employees; during the second quarter of the survey year (August, September and October 2018) no evacuation drills were held for the 2nd shift of employees; during the third quarter of the survey year (November, December 2018 and December 2019) no evacuation drills were held for the 3rd shift of employees; and during the fourth quarter of the survey year (February, March and April 2019) no evacuation drills were held for the 3rd shift of employees.</p> <p>Further review of the facility's evacuation drill reports for the past survey year revealed the most recent evacuation drill held for the 3rd shift of employees, during the hours of 11:00 PM to 7:00 AM, was conducted on 10/25/18, Therefore , a period of over six months has passed since the most recent evacuation drill was held for 3rd shift employees.</p> <p>Interview conducted with the group home manager on 4/30/19 and 5/1/19 verified the 2nd shift of staff are scheduled to work from 3:00 PM until 11:00 PM. This interview further verified evacuation drills had not been held for the 2nd shift of employees during the first and second quarters of the survey year. Continued interview with the group home manager revealed the 3rd shift of staff are scheduled to work from 11:00 PM until 7:00 AM. This interview further verified evacuation drills had not been held for the 3rd shift of employees during the third and fourth quarters of the survey year.</p>	W 440			
W 475	MEAL SERVICES	W 475			

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W 475	<p>Continued From page 14 CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure place settings during the breakfast meal included appropriate eating utensils for 5 of 6 clients in the home (#1, #2, #3, #4, and #5). The finding is:</p> <p>Observations in the group home on 5/1/19 at 8:00 AM revealed all the clients in the home except for client #6, sitting down at the dining table preparing to eat the breakfast meal consisting of french toast, sausage and a beverage. All clients at the table were observed to have only a fork as a utensil. Further observations revealed the group home manager to assist client #3 with cutting the french toast with a pizza cutter. Continued observations at 8:05 AM revealed client #1 requesting that the home manager assist him with cutting his french toast with the pizza cutter and stating "it's hard to cut with a fork". Further observations at 8:12 AM revealed client #2 tearing the french toast into bite size pieces with his hands after waiting 10 minutes. Observation in the kitchen at 8:15 AM revealed butter knives were available.</p> <p>Review of the records for client's #1 through #5 revealed current person centered plans which included current adaptive behavior inventories. All client's except for client #3 were described as independent with using a knife to cut.</p> <p>Interview with the qualified intellectual disabilities professional on 5/1/19 confirmed client's #1</p>	W 475			

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W 475	Continued From page 15 through #5 were all capable of at least partial independence with the use of a knife for cutting. Therefore, the facility failed to assure the breakfast meal settings included all appropriate utensils.	W 475			