

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER IWC-ROSE STREET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1 ROSE STREET W ASHEVILLE, NC 28803		
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W 000	INITIAL COMMENTS	W 000			
W 436	<p>A complaint survey in addition to the recertification survey was completed on 1/26/2021. Deficiencies were not cited as a result of the complaint survey for Intake #NC00165439.</p> <p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain adaptive equipment in good repair relative to wheelchairs for 5 of 6 sampled clients (#4, #5, #8, #9 and #11). The findings are:</p> <p>A. The facility failed to ensure timely repairs or replacement of the wheelchair for client #8. For example:</p> <p>Observations of client #8 throughout the 1/25-26/21 survey revealed the client to use a wheelchair for ambulation. Continued observation revealed the client's wheelchair appeared to be too small for the client based on the positioning of the client's legs. Interview with the home manager on 1/25/21 confirmed client #8's wheelchair was too small for the client, as well as missing a strap and a tabletop. The home manager indicated the wheelchair has needed</p>	W 436			

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 436	<p>Continued From page 1</p> <p>modifications since the client was admitted to the facility.</p> <p>Review of the record for client #8 on 1/26/21 revealed client #8 was admitted on 5/10/19. Continued review of the record revealed an individual support plan (ISP) dated 4/9/20. Further review of the ISP revealed a physical therapy evaluation dated 12/11/19 which included recommendations for a new wheelchair which meets the client's needs appropriately.</p> <p>Continued review of the client record revealed an appointment with a wheelchair clinic on 3/30/20 which was cancelled due to pandemic concerns. Further review of documents revealed repairs/modifications were made to the wheelchair on 11/6/20. The record also included documentation a new wheelchair had been ordered on 12/8/20, but had not been received from the equipment provider as of the survey date.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/26/21 confirmed client #8 has needed a new wheelchair since admission to the facility on 5/10/19. Further interview with the QIDP and the program director on 1/26/21 revealed some of the delay was due to the pandemic and the temporary closing of an equipment provider. The QIDP was unable to provide evidence that other provider options were explored to meet the client's wheelchair needs since client admission, approximately 18 months prior to survey dates.</p> <p>B. The facility failed to ensure timely repairs to the wheelchair for client #11. For example:</p>	W 436			

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W 436	<p>Continued From page 2</p> <p>Observations of client #11 throughout the 1/25-26/21 survey revealed the client to use a wheelchair for ambulation. Continued observation on 1/25/21 at 4:55 PM revealed staff A to re-adjust the client's position to be more upright. Interview with the home manager on 1/26/21 revealed the client has to be closely monitored as she will slip down into the chair due to the need for a seat pommel because the current wheelchair design mechanisms were no longer keeping the client upright when the client has increased spasticity.</p> <p>Review of the record for client #11 on 1/26/21 revealed an ISP dated 1/14/21. Continued review of the ISP revealed a physical therapy evaluation dated 1/6/21 which included the recommendation for a wheelchair seat pommel due to the client sliding forward into the chair. Continued review of documentation revealed an undated work order indicating some work was done to the client's wheelchair, but no evidence a pommel was requested or provided. Further review revealed an e-mail dated 1/11/21 to an equipment provider that requested work on the wheelchair brake mechanism and a seat pommel.</p> <p>Interview with the QIDP on 1/26/21 confirmed client #11 needs a pommel for the wheelchair seat to prevent the client from sliding forward. The QIDP indicated this had been an issue for approximately six months and he had been in contact with a wheelchair provider on 1/11/21, but had not heard back from the provider.</p> <p>C. The facility failed to ensure timely repairs to the wheelchair for client #5. For example:</p> <p>Observations of client #5 throughout the</p>	W 436			

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W 436	<p>Continued From page 3</p> <p>1/25-26/21 survey revealed the client to use a wheelchair for ambulation. Continued observation of the wheelchair condition while the client was out of it on 1/26/21 revealed a broken lap bar, and broken foot rests. Interview with the home manager indicated repairs had been needed for over one year.</p> <p>Review of the record for client #5 on 1/26/21 revealed an ISP dated 11/19/20. Continued review of the ISP revealed a physical therapy evaluation dated 11/11/20. The physical therapy evaluation included recommendations for a new lap bar, a new lap belt and foot plate repair. Further review of the record revealed an assessment completed by an equipment provider on 7/29/20. The assessment indicated the client was being evaluated for a new wheelchair.</p> <p>Interview with the QIDP on 1/26/21 confirmed client #5 needs repairs to his current wheelchair or a new wheelchair. The QIDP could not confirm when the client will get a new wheelchair or needed repairs. Further interview with the QIDP and the program director on 1/26/21 revealed some of the delay was due to the pandemic and the temporary closing of an equipment provider. The QIDP was unable to provide evidence that other provider options were explored to meet the client's wheelchair needs.</p> <p>D. The facility failed to ensure timely repairs to the wheelchair of client #4. For example:</p> <p>Observations in the group home on 1/25-26/2021 revealed client #4 to utilize a wheelchair for ambulation. Observation on 1/25/21 at 5:45 PM revealed client #4 to sit in his wheelchair with insulation from the right side of seat cushion to be</p>	W 436			

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W 436	<p>Continued From page 4</p> <p>visible. Continued observation revealed insulation from the clients right arm rest to be visible from a torn cover. Observation of client #4's wheelchair at 7:00 AM on 1/26/21 revealed a torn seat cushion on the right side with exposed metal frame visible through the tear.</p> <p>Review of records for client #4 on 1/126/21 revealed a habilitation plan dated 8/6/20. Review of the 8/2020 habilitation plan revealed adaptive equipment to include a wheelchair with appropriate modifications. Continued review of the habilitation plan for client #4 revealed a physical therapy evaluation to reflect the client is currently positioned in a customized Quickie Iris 18 inch wide frame wheelchair. The seat and back cushion are specifically molded to ensure proper positioning of the client.</p> <p>Interview with the HM on 1/26/21 revealed client #4's wheelchair cushion is in need of repair and the chair has to be insulated with towels prior to placing the client in his wheelchair due to the condition of the seat cushion. Continued interview with the HM revealed client #4's wheelchair has been in need of repairs for a while and repair needs had been reported to the QIDP. Interview with the QIDP and Program Director on 1/26/21 revealed no appointments were scheduled to address repairs of client #4's wheelchair as they were unaware of any issues with the seat cushion.</p> <p>E. The facility failed to ensure wheelchair needs were addressed timely for client #9. For example:</p> <p>Observation during the 1/25-26/21 survey revealed client #9 to utilize a wheelchair for</p>	W 436			

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W 436	<p>Continued From page 5</p> <p>ambulation. Continued observation of client #9 while utilizing her wheelchair throughout survey observations revealed multiple pillows to be padded around the client to support positioning.</p> <p>Review of records for client #9 on 1/26/21 revealed an admit date of 3/9/20 and a diagnosis history of cerebral palsy, scoliosis and mild intellectual developmental disability. Continued review of records for client #9 revealed a habilitation plan dated 11/19/20 with adaptive equipment identified by the team to include a new wheelchair. Further review of the 11/2020 habilitation plan revealed client #9 is dependent on a wheelchair for all mobility. The client is currently in a wheelchair that does not fit properly or meet her need for support.</p> <p>Additional review of the 11/2020 habilitation plan revealed client #9 was seen 7/8/20 for an evaluation and molding for a new chair. At this time, modifications to her chair were made to better place her in her chair. Per the habilitation plan, client #9 was seen again 10/12/20 at the facility for a molding for her seat and back for her new powerchair.</p> <p>Review of a physical therapy (PT) evaluation dated 11/11/20 for client #9 revealed the client to have a severe right lateral trunk lean. Continued review of the 11/2020 PT evaluation revealed the clients spine is also in left rotation. Further review of the 11/2020 PT evaluation revealed client #9 to have minimal functional use of lower extremities and the inability to maintain sitting balance without assistance of her wheelchair.</p> <p>Review of additional documents in client #9's record revealed a physician request dated</p>	W 436			

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W 436	<p>Continued From page 6</p> <p>6/18/20 for evaluation, treatment and fitting for a new wheelchair. Review of a price quote dated 7/13/20 revealed an approval on 7/22/20 for the cost of a new wheelchair for client #9. Further review of additional records revealed a consultation report dated 12/21/20 that indicated client #9 was seen today for the fitting of custom seat and back cushions.</p> <p>Interview with the facility HM on 1/26/20 revealed client #9 had not had a proper fitting wheelchair since admission in 3/2020 and the client's current wheelchair was a borrowed wheelchair from stock available at the facility when the client was admitted. Interview with the QIDP on 1/26/21 verified client #9 was admitted to the facility on 3/9/20 and has needed a new wheelchair since admission. Continued interview with the QIDP revealed client #9 had an appointment 3/23/20 and 8/27/20 to address wheelchair needs although the appointments were canceled due to the health pandemic and delays with the wheelchair service provider.</p> <p>Interview with the facility program director verified he had no available documentation to reflect efforts to address the wheelchair needs of client #9 prior to a price quote on 7/13/21. Continued interview with the QIDP and Program Director verified additional providers were not explored to address wheelchair needs of client #9 while the historically used local providers were closed for various reasons. Subsequent interview with the QIDP and Program director verified there had been an untimely delay in getting client #9's wheelchair needs addressed.</p>	W 436			