

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

PRINTED: 04/19/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/08/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>IWRC-DOGWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ROSE STREET W ASHEVILLE, NC 28803</b>		
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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 objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a continuous active treatment program to address the needs of 2 sampled clients (#4 and #6) and 1 non-sampled client (#5). The finding is:</p> <p>A. The facility failed to ensure continuous active treatment to address the needs of client #4. For example:</p> <p>Observation in the group home on 4/8/21 at 7:05 AM revealed client #4 and client #5 to sit in the living room asleep. Continued observation at 7:08 AM revealed client #4 to return to her bedroom then walk back to the living room and go back to sleep on the living room couch. Subsequent observation revealed clients #4 to sleep until the qualified intellectual disabilities profession (QIDP) checked on the client with "Are you okay?" at 7:38 AM after which the client continued to sleep.</p> <p>Continued observation at 7:50 AM revealed the QIDP to check on client #4 after which the client continued to sleep. Observation at 7:53 AM</p>	W 249			

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 249	<p>Continued From page 1</p> <p>revealed staff to verbally prompt client #4 to use the bathroom and have her blood pressure checked in preparation for leaving the group home. Subsequent observation revealed client #4 to then exit the living room and prepare to leave the group home.</p> <p>Review of records for client #4 on 4/8/21 revealed an individual support plan dated 10/5/20. Review of client #4's ISP revealed a training objective relative to leisure choice implemented 2/1/21. Review of the leisure objective revealed when given a picture board, client #4 will choose a leisure activity to perform with staff. Continued review of the 2/1/21 leisure objective for client #4 revealed materials to include a picture board of "walk", "game", "music", "movie" or "toy" with schedule frequency to be implemented daily.</p> <p>Continued review of records for client #4 revealed a behavior support plan (BSP) dated 9/23/20. Review of the 9/2020 BSP for client #4 revealed target behaviors of avoiding task, crying, disrobing, dropping to the floor, hand/finger mouthing, leaving the building, physical aggression, pouring her drink out, self-injury, spitting, taking other's things, throwing objects and yelling. Further review of the BSP revealed prevention measures to support target behaviors to include the need to keep client #4 engaged with things she enjoys.</p> <p>Interview with the QIDP on 4/8/21 verified client #4 should have been engaged more frequently with active treatment options during the morning observations on 4/8/21. Continued interview with the QIDP verified client #4's leisure objective should have been implemented during the morning of 4/8/21 to attempt to engage the client</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>in a preferred leisure activity other than sleeping.</p> <p>B. The facility failed to ensure continuous active treatment to address the needs of client #5. For example:</p> <p>Observation in the group home on 4/8/21 at 7:05 AM revealed client #5 to sit in the living room asleep. Continued observation revealed client #5 to wake up at various times, begin to rock in the recliner of the living room and then go back to sleep. Subsequent observation revealed client #5 to sleep until the QIDP checked on the client with "Are you okay?" at 7:38 AM after which the client continued to sleep.</p> <p>Further observation at 7:50 AM revealed the QIDP to check on client #5 and after which the client continued to sleep. Additional observation of client #5 revealed the client to sleep until 8:05 AM when staff began preparing the client to leave the group home.</p> <p>Review of records for client #5 on 4/8/21 revealed an individual support plan dated 10/9/20. Review of client #5's ISP revealed a training objective relative to activity choice implemented 6/1/20. Review of the activity choice objective revealed the need of client #5 to increase expressive language by using a switch to communicate wants and needs. Continued review of the activity choice objective for client #5 revealed the client will push one of two voice output switches to request an activity. Further review revealed materials to include two talking output switches placed on a table in the activity room: One will say "I want to play on the computer." The other will say "I want to look at the lights." Review of schedule frequency revealed the objective to be</p>	W 249			

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W 249	<p>Continued From page 3 implemented daily.</p> <p>Continued review of records for client #5 revealed a BSP dated 9/23/20. Review of the 9/2020 BSP for client #5 revealed target behaviors of hits self on the head and bites hand. Further review of the BSP revealed prevention measures to support target behaviors to include the need to spend time with client #5, talk to him often. Help him do things he enjoys.</p> <p>Interview with the QIDP on 4/8/21 verified client #5 should have been engaged more frequently with active treatment options during the morning observations on 4/8/21. Continued interview with the QIDP verified client #5's activity choice objective could have been implemented during the morning of 4/8/21 to attempt to engage the client in a preferred activity choice other than sleeping.</p> <p>C. The facility failed to ensure continuous active treatment to address the needs of client #6. For example:</p> <p>Observation at 7:35 AM revealed client #6 to sit in the living room and sleep in front of the television that was on and playing music. Continued observation at 7:50 AM revealed the QIDP to check on client #6 after which the client continued to sleep. Further observation revealed client #6 to sleep until 8:10 AM when staff prompted the client to prepare to leave the group home.</p> <p>Review of records for client #6 revealed a BSP dated 9/21/20. Review of the 9/2020 BSP for client #6 revealed target behaviors of avoiding task, biting self, hitting others, leaving building, physical aggression, resisting medication,</p>	W 249			

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W 249	Continued From page 4 slamming doors, spitting, throwing objects and verbal aggression. Further review of the BSP revealed prevention measures to support target behaviors to include the need to provide structure and keep a routine; Help her do things she enjoys.  Interview with the QIDP on 4/8/21 verified client #6 should have been engaged more frequently with active treatment options during the morning observations on 4/8/21. Continued interview with the QIDP verified client #6 needs structure and should have been offered activity options to engage the client in a preferred activity choice other than sleeping.	W 249			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv)  Food must be served with appropriate utensils.  This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure all appropriate utensils were provided to 3 of 3 sampled clients (#3, #4 and #6) and 1 non-sampled client (#1) for 2 of 2 meals. The finding is:  A. The facility failed to provide appropriate utensils to client #6. For example:  Observation in the group home on 4/7/21 at 5:45 PM revealed client #6 to participate in the dinner meal with a place setting that consisted of a sectional scoop dish, sip cup and a regular spoon. Continued observation revealed the dinner meal to include: Turkey tetrazini, zucchini	W 475			

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W 475	<p>Continued From page 5 and crushed pineapple. Subsequent observation revealed client #6 to use a spoon to eat all meal items.</p> <p>Observation in the group home on 4/8/21 at 7:05 AM revealed client #6 to participate in the breakfast meal with a place setting that consisted of a sectional scoop dish, sip cup and a regular spoon. Continued observation revealed the breakfast meal for client #6 to include: pancakes, sausage and yogurt. Subsequent observation revealed client #6 to use a spoon to eat all meal items.</p> <p>Review of records for client #6 on 4/8/21 revealed an individual support plan (ISP) dated 8/6/20. Review of the ISP for client #6 revealed strengths to include: Functional range of motion, able to feed self, functional fine motor skills. Continued review of records for client #6 revealed a nutritional assessment dated 8/2/20. Review of the 8/2020 nutritional assessment revealed client #6 is able to eat independently and uses all utensils correctly. Continued review of the current nutritional assessment for client #6 revealed the client uses a fork, spoon and high sided sectional scoop plate.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 4/8/21 revealed client #6 is capable of using a fork and spoon at meals. Continued interview with the QIDP verified client #6 prefers to use a spoon at meals. The QIDP additionally verified client #6 should be provided a fork and spoon at all meals.</p> <p>B. The facility failed to provide appropriate utensils to client #3. For example.</p>	W 475			

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W 475	<p>Continued From page 6</p> <p>Observation in the group home on 4/7/21 at 5:45 PM revealed client #3 to participate in dinner meal with a place setting that consisted of a divided dish, weighted spoon, and a cup with a lid and straw. Continued observation revealed the dinner meal to include: Turkey tetrazzini, zucchini and crushed pineapple. Subsequent observation revealed client #3 to use a weighted spoon to eat all meal items.</p> <p>Observation in the group home on 4/8/21 6:30 AM revealed client #3 to participate in the breakfast meal with a place setting that consisted of a divided dish, weighted spoon and a cup with straw. Continued observation revealed the breakfast meal to include: Pancakes, sausage, and applesauce. Subsequent observation revealed client #3 to use a weighted spoon to eat all meal items.</p> <p>Review of records for client #3 on 4/8/21 revealed an ISP dated 8/27/20. Continued review of records for client #3 revealed a nutritional evaluation dated 8/26/20. Review of the 8/26/20 nutritional evaluation revealed client #3 to be able to eat and assist with some basic feeding skills. Continued review of nutritional evaluation for client #3 revealed the client uses a built up weighted handled fork, spoon, sectional plate and cup with a lid and straw. Subsequent review of records for client #3 on 4/8/21 revealed an occupational therapy (OT) evaluation dated 8/17/21. Review of the 8/17/21 OT evaluation revealed client #3 holds her fork and spoon in a tripod grasp.</p> <p>Interview with the QIDP on 4/8/21 revealed client #3 can use a fork and spoon at meals. Continued interview with QIDP verified client #3</p>	W 475			

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W 475	<p>Continued From page 7</p> <p>prefers to use a spoon at meals. Additionally, the QIDP confirmed client #3 should be provided a fork and spoon at all meals.</p> <p>C. The facility failed to provide appropriate utensils to client #4. For example.</p> <p>Observation in the group home on 4/7/21 at 5:45 PM revealed client #4 to participate in dinner meal with a place setting that consisted of a divided dish, regular cup and spoon. Continued observation revealed the dinner meal to include: Turkey tetrazzini, zucchini and crushed pineapple. Subsequent observation revealed client #4 to use a spoon to eat all meal items.</p> <p>Observation in the group home on 4/8/21 at 5:30 AM revealed client #4 to participate in breakfast with a place setting that consisted of a divided dish, plastic cup and spoon. Continued observation revealed the breakfast meal to include: Pancakes, sausage and applesauce. Subsequent observation revealed client #4 to use a spoon to eat all meal items.</p> <p>Review of records for client #4 on 4/8/21 revealed an ISP dated 10/5/20. Continued review of records for client #4 revealed a mealtime procedure completed by the occupational therapist dated 8/19/20. Review of the 8/19/20 mealtime procedure for client #4 revealed the client uses her right hand to feed herself with a spoon. Continued review of mealtime procedure for client #4 revealed staff are to encourage client #4 to pierce foods with a fork. Further review of mealtime procedure for client #4 verified client #4 should be provided a high sided sectional plate, plastic cup, spoon, fork, and knife.</p>	W 475			

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W 475	<p>Continued From page 8</p> <p>Interview with the QIDP on 4/8/21 revealed client #4 can use a fork and spoon at meals.</p> <p>Continued interview with the QIDP verified client #4 prefers to use a spoon at meals. Additionally, the QIDP confirmed client #4 should be provided a full place setting of all utensils at all meals.</p> <p>D. The facility failed to provide appropriate utensils for client #1. For example.</p> <p>Observation in the group home on 4/7/21 at 5:45 PM revealed client #1 to participate in dinner meal with a place setting that consisted of a regular plate, cup and spoon. Continued observation revealed the dinner meal to include: Turkey tetrazzini, zucchini and crushed pineapple. Subsequent observation revealed client #1 to use a spoon to eat all meal items.</p> <p>Observation in the group home on 4/8/21 at 6:30 AM revealed client #1 to participate in breakfast with a place setting that consisted of a regular plate, cup and spoon. Continued observation revealed the breakfast meal to include: Pancakes and sausage. Subsequent observation revealed client #1 to use a spoon to eat all meal items.</p> <p>Review of records for client #1 revealed an ISP dated 6/18/20. Continued review of records for client #1 revealed a nutritional evaluation dated 6/11/20. Review of the 6/11/20 nutritional evaluation revealed client #1 remains independent at mealtime using a regular fork. Continued review of the nutritional evaluation for client #1 revealed the client uses a fork, spoon, plate and cup at meals.</p> <p>Interview with the QIDP on 4/8/21 revealed client #1 can use a fork and spoon at meals.</p>	W 475			

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W 475	Continued From page 9 Continued interview with the QIDP verified client #1 prefers to use a spoon at meals. Additionally, the QIDP confirmed client #1 should be provided a fork and spoon at all meals.	W 475		