

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

PRINTED: 07/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER IRENE WORTHAM RESIDENTIAL CENTER-AZALEA			STREET ADDRESS, CITY, STATE, ZIP CODE 16 AZALEA STREET ASHEVILLE, NC 28803	
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to assure the right to privacy during the provision of personal care for 1 of 4 sampled clients (#2). The finding is:</p> <p>Observation throughout the 7/6/21 afternoon observations in the group home revealed a video monitor to be on and to sit underneath the television in the living room of the group home. Continued observation of the video feed revealed the monitor to be fed from client #2's bedroom and positioned to receive from an angle of the client's bed. Further observation revealed an audio monitor to also be on and sitting near the video monitor.</p> <p>Observation in the group home on 7/7/21 at 5:25 AM revealed client #2 to be up, dressed and participating in the breakfast meal at the kitchen table. Continued observation in the group home revealed the video monitor for client #2 to remain on in the living room throughout morning observations. Further observation at 5:55 AM revealed the facility qualified intellectual disabilities professional (QIDP) to take client #2 to his room for personal care that involved changing the client's colostomy bag as the client laid on his bed. The video monitor in the living room was observed to provide a live feed from client #2's room during personal care while client #1 and client #3 were also in the living room and the feed</p>	W 130	<p>Correction: Staff will be retrained and in-serviced on the use of both regular monitors and video monitors and when they are to be on and off.</p> <p>Prevention: Acting supervisor will complete daily reviews of duty rosters to ensure the monitors are being turned on/off at the correct time.</p> <p>Monitoring: Acting supervisor will sign off on the duty roster daily. QIDP and House manager will complete random assessments to ensure that monitors are being used properly.</p> <p>DHSR - Mental Health</p> <p>JUL 30 2021</p> <p>Lic. & Cert. Section</p>	7/30/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

M. Matthew Fry

TITLE

President & CEO

(X6) DATE

7/23/2021

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 130	Continued From page 1 was visible to any other passerby. The video monitor was also observed to have a audio feature that provided audio to all video feed from client #2's bedroom. Interview with the facility QIDP on 7/7/21 revealed client #2's guidelines relative to the audio monitor for the client specified that the monitor should only be on when the client is asleep. Continued interview with the QIDP verified the audio monitor for client #2 should have been off during survey observations on 7/6/21 as the client was up and engaged in various activities outside his room and turned off after the client was up on 7/7/21. Subsequent interview with the QIDP verified client #2's right to privacy during care and treatment was violated by not ensuring the video monitor was off prior to taking the client to his room for personal care.	W 130			
W 192	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff were sufficiently trained relative to monitoring food/dairy expiration dates. The finding is: Observation in the group home on 7/6/21 revealed the kitchen refrigerator to contain (2) gallon containers of milk with an expiration date of 7/4/21. Observation on 7/7/21 at 5:30 AM revealed the refrigerator of the group home to	W 192	Correction: Staff will be retrained and inserviced on the importance of checking dates on items such as milk and other dairy items to ensure they have not expired. Prevention: QIDP, House Manager, supervisor will review dates at delivery to ensure that items are not expired. Monitoring: QIDP and House manager will communicate with staff weekly to ensure that no items are expired.	7/30/2021	

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W 192	Continued From page 2 contain (1) gallon of milk with an expiration date of 7/4/21. Interview with staff A on 7/7/21 at 5:30 AM revealed a gallon of milk from the refrigerator of the group home had been taken to another group home. Continued interview with staff A revealed she had not checked the expiration date on the milk that was taken to the other group home. It should be noted upon knowledge the additional gallon of milk was taken to another group home, the surveyor had the facility home manager to contact the other group home regarding the expired milk. Interview with the qualified intellectual disabilities professional (QIDP) on 7/7/21 revealed expired milk should not be in the group home. Further interview with the QIDP revealed staff should verify the date on food and dairy items daily to ensure expired items are not served to clients in the group home.	W 192			
W 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations and interviews, the system for drug administration failed to assure 1 of 3 clients (#1) observed during medication administration was provided the opportunity to	W 371			

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W 371	<p>Continued From page 3</p> <p>participate in medication self-administration or provided teaching related to name, purpose and side effects of medications administered. The finding is:</p> <p>Observation in the group home on 7/7/21 at 5:35 AM revealed staff A to verbally prompt client #1 to the medication room. Continued observation of the medication pass for client #1 revealed the client to enter the medication room, to sit in a chair and for staff A to feed the client a cup of prepared medications that were crushed and mixed with yogurt. Subsequent observation at 5:40 AM revealed client #1 to exit the medication room after being fed medications by staff A.</p> <p>Observation of the medication pass for client #1 revealed no client participation by the client except to allow staff A to spoon feed the client all crushed medications. Continued observation of client #1's medication administration revealed no teaching related to name, purpose or side effects of medications administered.</p> <p>Review of records for client #1 on 7/7/21 revealed an individual support plan (ISP) dated 5/13/21. Review of the 5/13/21 ISP for client #1 revealed training objectives to get a cup, load the dishwasher, take out the trash, chore completion, leisure activity participation, open closet and a meal time routine. Continued review of records for client #1 revealed a procedure to increase fine motor skills by offering various opportunities within a structured environment.</p> <p>Interview with staff A on 7/7/21 verified she had prepared all of client #1's medications before prompting the client to the medication room. Interview with the facility qualified intellectual</p>	W 371	<p>Correction: QIDP will review all residents to assess their ability to participate in self-administration of medications and, with input from the interdisciplinary team, create a program for each resident who is able to participate in self-administration of medications as applicable. Med passers will be trained in the above mentioned programs once established.</p> <p>Prevention: House manager and QIDP will do random Med Pass observations by video or in person to ensure resident participation.</p> <p>Monitoring: QIDP will monitor program progression monthly and random med pass observations will occur by the House Manager and QIDP to ensure client participation.</p>	7/30/2021	

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W 371	Continued From page 4 disabilities professional (QIDP) on 7/7/21 revealed staff A should not have prepared client #1's medications before prompting the client to the medication room. Continued interview with the QIDP verified client #1 had the ability to assist staff with punching medications from the bubble packs and various other tasks involved with medication administration such as: accessing the yogurt to mix with medications and accessing a spoon to take medications with. Additional interview with the QIDP verified staff A also should have provided education to client #1 relative to the name, purpose or side effects of medications administered.	W 371			
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 record review and interview, the facility failed to ensure quarterly fire drills were conducted for each shift of personnel. The finding is: Review of the facility fire drill reports for the 12 month review year from 7/2020 through 6/2021 revealed a total of 8 fire drills were conducted. Review of completed fire drills revealed the last documented fire drill was completed 2/26/21. Continued review of completed fire drills revealed no fire drill, for any shift, for the last quarter of the review year from 3/2021 through 6/2021. Interview with the facility qualified intellectual disabilities professional (QIDP) on 7/7/21 verified	W 440	Correction: Training of New House Manager on procedure to run Fire drill will occur to ensure they properly know how to run and document fire drills Prevention: QIDP will review monthly fire drills by the 25th of each month Monitoring: QIDP will sign off on monthly fire drills	7/30/2021	

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W 440	Continued From page 5 the facility should have conducted a fire drill for each shift of personnel during each quarter of the review year. Continued interview with the QIDP revealed the facility had experienced staffing changes that had caused fire drills to not be conducted as required. Subsequent interview with the QIDP verified the facility had not conducted a fire drill for any shift of personnel during 3/2021, 4/2021, 5/2021 or 6/2021.	W 440			