STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G334	A. BUILDING _____ B. WING _____	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IWRC-DOGWOOD	2 ROSE STREET W 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 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 interviews, the facility failed to ensure choice and self-management for 1 of 3 sample clients (#2) relative to breakfast options. For example: Observation in the group home on 6/1/22 at 5:30 AM revealed client #2 to walk into the dining room and announce that she did not want pancakes and applesauce for breakfast, but she did want a cup of coffee. Staff was observed to serve pancakes and applesauce to client #2. Client #2 repeated she did not want pancakes and applesauce. Staff was observed to say, "pancakes and applesauce is what is on the menu for breakfast". Further observation at 5:40 am revealed client #2 to sit silently and stare off at a distance when staff prompted her to take a drink of her coffee. Staff was observed to repeat "pancakes and applesauce is what is on the menu for breakfast". Continued observation 5:45 AM revealed client #2 to cry and say she wanted "Thursday and Friday to come". Staff was observed to say, "let's talk about what's bothering you". Subsequent observation revealed staff to exit the table with client #2. Client #2 returned to the dining room at 6:10 AM to finish her coffee and clear her breakfast dishes. The home manager (HM) observed client #2 discarding her breakfast into the trash can and asked if she'd finished her breakfast. Client #2 was observed to not respond	W 247		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 247	Continued From page 1 and continued her kitchen clean up routine. Client #2 was then observed to complete her morning exercise routine. Review of records for client #2 revealed an individual support plan (ISP) dated 8/12/21. Review of the ISP dated 8/12/21 revealed the following training objectives to address leisure activities, daily living skills, group leisure, shapes & colors, match colors, number matching, staff matching, ambulation procedure and attendance. Continue review of the ISP revealed client #2's diet to be whole normal consistency low calorie, high protein, encourage her to cut food into bite size pieces using left hand with staff providing hand over hand assistance, can feed self independently using fork; watch for overstuffing mouth with bread and thin liquid. Further review of records revealed a behavior support plan (BSP) dated 2/25/22. Review of the BSP revealed target behaviors: cries & yells; refuses requests, SIB (hair pulling & hitting self); withdraws from others; makes false accusations; pushes others and throws things. Interview with the facilities qualified intellectual disabilities professional (QIDP) on 6/1/22 verified client #2 should have been offered an alternative for breakfast such as french toast sticks, waffles or cereal and not told that pancakes and applesauce were what was on the menu for breakfast. Continued interview with the QIDP revealed he was unsure why staff did not offer client #2 a choice for another breakfast option.	W 247		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

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W 249	Continued From page 2 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. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure a continuous active treatment program relative to implementing training objectives for 1 of 6 clients (#4). The finding is: Review of record on 6/1/22 revealed client #4 to have an admission date of 4/25/22. Continued review of record for client #4 revealed a diagnosis of cerebral palsy, spastic quadriplegia, severe intellectual disabilities and visual impairment. Further review of record on 6/1/22 revealed that client #4 does not have training objectives implemented. Interview with the qualified intellectual disabilities professional (QIDP) on 6/1/22 confirmed client #4's admission date of 4/25/22. Continued interview with QIDP confirmed that the individual habilitation plan meeting was completed on 5/26/22 and the plan to currently be incomplete. Further interview with QIDP confirmed no training objectives to be implemented for client #4.	W 249		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair,	W 436		

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W 436	Continued From page 3	W 436		

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. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to teach the client to use and make choices relative to adaptive equipment for 1 of 3 sampled clients (#3). The finding is:

Afternoon observation in the group home on 5/31/22 at 5:43 PM revealed client #3 to prepare for the dinner meal with staff assistance. The dinner meal consisted of the following: barbecue chicken, noodles, broccoli and cantaloupe. Continued observation revealed staff to provide client #3 with a shirt protector, switch, built up angle spoon, scoop dish, lap tray and nosey cup. Further observation at 5:51 PM revealed staff C to feed client #3 the dinner meal. At no point during the observation period did staff C offer client #3 his left wrist support splint and dycem mat.

Morning observation in the group home on 6/1/22 at 8:20 AM revealed client #3 to prepare for breakfast meal with staff assistance. The breakfast meal consisted of the following: pan cakes, syrup and apple sauce. Continued observation revealed staff to provide client #3 with a shirt protector, left wrist support splint, built up angle spoon, scoop dish and nosey cup. Further observation at 8:30 AM revealed staff G to feed client #3 from the table after client #3 would not feed with assist. At no point during the observation period did staff G offer client #3 his lap tray, switch and dycem mat.

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W 436	Continued From page 4 Review of record on 6/1/22 for client #3 revealed an individual support plan (ISP) dated 6/17/21. Review of the ISP revealed client #3 to have a diagnosis of profound intellectual disabilities and cerebral palsy. Continued review of client #3's ISP revealed adaptive equipment to include adaptive switch, lap tray, wheelchair, VNS magnet, clothing protector, left wrist support splint, large built up angled spoon, scoop dish, dycem mat, and nosey cup. Further review of the ISP revealed a nutritional evaluation dated 6/5/21. Subsequent review of nutritional evaluation revealed feeding skills for client #3 to be fed by staff with use of adaptive equipment the wrist support splint, large built up angled spoon, scoop dish, and dycem mat. Client #3 drinks from a nosey cup and is sometimes able to hold it with staff help and makes the motion to bring it up to his mouth with staff help. When eating client #3 needs his tray 3" above the table. Interview with staff G verified that the dycem mat for client #3 has been gone for weeks. Staff G did not know the location of the dycem mat. Interview with the qualified intellectual disabilities professional (QIDP) verified the ISP dated 6/17/21 for client #3 was current. Continued interview with the QIDP confirmed that staff should be using client #3's adaptive equipment as prescribed.	W 436		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by:	W 440		

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W 440	Continued From page 5 Based on review of records and interview, the facility failed to conduct fire evacuation drills at least quarterly for each shift of personnel. The finding is: Review of facility fire drill reports on 5/31/22 from 6/21 through 5/22 revealed staff completed 8 of 12 fire drills for the review year. Further review of fire drill reports revealed (3) 1st shift drill completed in 10/21-4/22, (2) 3rd shift fire drill completed 12/21-3/22 and (3) 2nd shift 8/21.-5/22 Interview with the qualified intellectual disabilities professional (QIDP) on 5/31/22 revealed fire evacuation drills were not completed as required and should have been conducted at least quarterly for each shift of personnel.	W 440		