

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

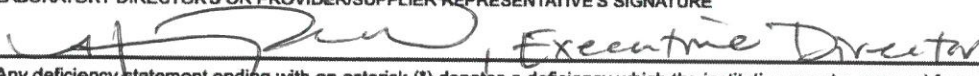
PRINTED: 10/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2021
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NAME OF PROVIDER OR SUPPLIER CHILES AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 22 CHILES AVENUE ASHEVILLE, NC 28803
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(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
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W 249	<p>PROGRAM IMPLEMENTATION 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 assure a continuous active treatment program was provided for 4 of 6 clients (#2, #3, #4 and #5) to support the achievement of the objectives in the person centered plans (PCPs). The findings are:</p> <p>A. The facility failed to provide adequate active treatment to engage client #3 during large amounts of unstructured time. For example:</p> <p>Afternoon observations in the group home on 9/27/21 from 3:40 PM until 5:30 PM revealed the client to sit outside, to walk in the kitchen area for water, and to walk in the living room area unengaged without activity for 70 minutes of the 100 minutes of observation. Continued observations revealed that staff at no time provided client #3 the opportunity to participate with the dinner meal. Further observation revealed at no time was the client offered choices in leisure activities.</p> <p>Subsequent observations in the group home on 9/28/21 from 6:50 AM until 8:30 AM revealed</p>	W 249	<p>DHSR - Mental Health</p> <p>OCT 22 2021</p> <p>Lic. & Cert. Section</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 10/14/21
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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>client #3 to walk around in his pajamas, participate in medication administration, and to go into his bedroom. Continued observation revealed the client to be unengaged without activity for 90 minutes of the 100 minutes of morning observations. It should be noted that during observations at no time did staff prompt client #3 to participate with any meaningful activities.</p> <p>Review of the record for client #3 on 9/28/21 revealed a PCP dated 10/1/20. Continued review of the 10/1/20 PCP revealed several goals for personal care needs, a goal to follow a recipe to completion, and to create a shopping list of five items to be purchased. Further review of the PCP revealed a functional skills assessment dated 9/22/20 to indicate training potential with kitchen management to set the table, to prepare cold breakfast and measuring liquids. At no time was it observed for staff to prompt client #3 to participate with his objective to follow a recipe to completion during meal preparation.</p> <p>Interview with the facility Executive Director (ED) on 9/28/21 verified that client #3's PCP dated 10/1/20 was current. Continued interview with the ED verified that client #3's goals were current. Further interview with the ED confirmed that staff should engage the clients in meaningful activities during periods of inactivity.</p> <p>B. The facility failed to provide adequate active treatment to engage client #5 during large amounts of unstructured time. For example:</p> <p>Observations in the group home on 9/27/21 from 3:40 PM until 5:30 PM revealed the client to lay on the couch, to stand in the dining room, to walk</p>	W 249		

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W 249	<p>Continued From page 2</p> <p>outside, and to lay outside on a mattress unengaged without activity for 70 minutes of the 100 minutes of observations. Continued observations revealed at no time was client #5 provided the opportunity to participate with the dinner meal. Further observations revealed at no time was the client offered choices in leisure activities.</p> <p>Review of the record for client #5 on 9/28/21 revealed a Person-Centered Plan (PCP) dated 8/30/21. Further review of the PCP revealed several goals for personal care needs, a goal to tolerate hand over hand interaction with three sensory items, to pour liquid into a cup using 2 hand over hand prompts, and to tolerate hand over hand assistance with placing 3 items into the dishwasher. At no time was it observed for staff to prompt client #5 to participate with his objectives to interact with sensory items and to pour liquid into cup.</p> <p>Interview with the ED on 9/28/21 verified that client #5's PCP dated 8/30/21 was current. Further interview with ED verified that client #5's goals were current. Continued interview with the ED confirmed that staff should engage the client with meaningful activities during periods of inactivity.</p> <p>C. The facility failed to provide adequate active treatment to engage client #2 during large amounts of unstructured time. For example:</p> <p>Afternoon observations in the group home on 9/27/21 from 3:40 PM until 5:30 PM revealed client #3 to wander around the group home unengaged for 60 of 110 minutes of observations. During the remaining 50 minutes the client was</p>	W 249		
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W 249	<p>Continued From page 3</p> <p>noted to take a bath for 30 minutes, eat supper for 10 minutes and to help staff load the dishwasher and put up dishes for 10 minutes.</p> <p>Morning observations in the group home on 9/28/21 from 6:45 AM until 9:20 AM revealed the client to spend the first 60 minutes of observations in the kitchen helping to make eggs, eating a short breakfast, taking medications and repacking his lunch. Client #2 was then observed to spend the remaining 35 minutes of observations before he left for a doctor's appointment wandering around the group home unengaged in activity.</p> <p>Review of client #2's PCP dated 8/24/21 revealed the client to have many self-help objectives but also several missed opportunities for objective training during the survey including walking skills, cooking an item on 9/27/21, domestic skills, participating in a community leisure activity and shopping for items for his lunch. Further review of the PCP revealed a functional skills assessment dated 8/16/21. Review of the functional skills assessment, substantiated by interview with staff, revealed client #2 can be difficult to engage in activities for long periods of time especially ones he doesn't like and he prefers to do leisure activities alone. Continued observations during the survey revealed staff did not attempt to engage client #2 in activities on a 1:1 basis during the 95 minutes of unengaged wandering time during the survey which could have assisted with providing the client meaningful active treatment.</p> <p>D. The facility failed to provide adequate active treatment to engage client #4 during large amounts of unstructured time. For example:</p>	W 249		
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W 249	<p>Continued From page 4</p> <p>Review of client #4's PCP dated 6/24/21, substantiated by interview with staff, revealed the client to be blind due to a past history of severe self-injurious behavior at a previous facility. Further review of the PCP revealed the client can complete many aspects of daily living independently such as dressing, toileting and dining. Review of the PCP also noted the client likes to stay busy.</p> <p>Afternoon observations in the group home on 9/27/21 revealed the client to sit and be led to sit by staff to different parts of the house including the living room, outside, the dining room table and a chair in the kitchen until supper at 5:00 PM. Besides reading a story to client #4 at 3:45 PM for 5 minutes, no other activity was provided for client #4 to participate in during the 75 minutes of observations before supper.</p> <p>Continued review of the PCP revealed a program to walk for at least 10 minutes and a communication goal to verbally answer yes/no questions that could have been implemented during the clients afternoon of sitting unengaged. Subsequent review of the PCP, substantiated by interview with the facility ED, revealed client #4 currently has no objective training for leisure activities to help staff learn to prompt the client to participate in a variety of activities to keep him engaged during the afternoon.</p>	W 249		
W 440	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p>	W 440		

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W 440	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure fire evacuation drills in the group home were conducted at least quarterly for each shift of personnel as evidenced by interview and record verification. The finding is:</p> <p>Review of the facility's fire evacuation drills for the past year revealed only 3 drills were listed as completed during 3rd shift. Review of those 3 drills revealed one was conducted on 4/28/21 with 3 staff at 7:10 AM. Further review revealed a drill was conducted on 12/2/20 that did not give the time the drill was conducted or how long the fire drill took to complete.</p> <p>Interview with direct care staff revealed only one 3rd shift staff works on that shift and 1st shift staff begin work at 7:00 AM. Interview with the executive director revealed conducting a fire drill at 7:10 AM with 3 staff does not help train staff or the clients in learning to evacuate appropriately at night. The facility failed to hold evacuation drills at least quarterly on 3rd shift as required.</p>	W 440		
W 461	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(2)</p> <p>A qualified dietitian must be employed either full-time, part-time, or on a consultant basis at the facility's discretion.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to provide dietician services to meet the needs of 6 of 6 clients in the group home (#1, #2, #3, #4, #5 and #6). The finding is:</p>	W 461		

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W 461	<p>Continued From page 6</p> <p>Observations in the group home on 9/27/21 at 4:57 PM revealed client #3 to walk into the kitchen to prepare his dinner meal which consisted of left-over pulled chicken from the night before, rice, and mixed vegetables. Continued observations revealed client #3 to eat his dinner meal on the outside patio of the group home. Further observations at 5:18 PM revealed staff D to provide client #3 with seconds of his dinner meal including pulled chicken and rice. Additional observation revealed the client to add salt to his dinner meal.</p> <p>Subsequent observation revealed an altered menu book that did not provide specialty diet information. It should be noted that the menu book did not provide any guidance for staff to plan, prepare or serve specialty diets.</p> <p>Review of records for client #3 on 9/28/21 revealed a person-centered plan (PCP) dated 10/1/20. Continued review of the PCP dated 10/1/20 revealed an annual nutrition assessment dated 10/6/20 and noted a diet for no concentrated sweets, no added salt and no seconds. Further review revealed a medication order dated 7/8/21 for client #3 that confirmed no seconds, no concentrated sweets, and no added salt.</p> <p>Interview with the facility Executive Director (ED) on 9/28/21 verified that the facility did not have a qualified dietician. Continued interview with the ED verified that the facility is currently trying to hire a qualified dietician to ensure the adequacy of menus and diets for the 6 clients in the group home.</p>	W 461		
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Provider Name:	Mountain Area Residential Facilities, Inc. Provider # 34G075	Phone:	828-299-3636
Provider Contact:	Hilary Self, Executive Director	Fax:	828-299-3302
Address:	PO Box 5514 Asheville, NC 28813	Email:	hself@marfinc.org

ID Prefix Tag	Correction	Prevention	Monitoring	Frequency
W249 Missed opportunities for goal implementation	Additional goal training.	The QIDP will provide additional person-centered training to all staff individually on program goals of all persons served in order to ensure staff's understanding of the individual goals and their purpose, including goals for cooking. The QIDP and ED will routinely oversee staff engagement with persons served on their program goals to ensure active engagement and adherence to program guidelines. Staff will be retrained on a quarterly basis, when a new goal is developed, or when a deficiency is observed.	Andrew Kunza, QIDP Hilary Self, ED	Initial Training by: 10/25/21 Ongoing oversight. Quarterly retraining.
W249 Missed opportunities for goal implementation	Additional resources/ reminders for direct care staff.	The QIDP will develop reference pages of program goals for each person served for staff to ensure provision of all program goals throughout their shift.	Andrew Kunza, QIDP Hilary Self, ED	Initial implementation: 10/1/21 Ongoing oversight. Quarterly retraining.
W249 Prolonged periods of unengaged time.	Provide additional opportunities for engagement.	Mountain Area Residential Facilities, Inc. will implement a calendar of scheduled activities of interest throughout the day that incorporate program goals, leisure activities, and activities of interest that will be offered and encouraged to all persons served. Activities to be introduced will include but not limited to fine motor skills activities, sensory activities, arts and crafts, music, dance, chair yoga, games, and books read aloud.	Jennifer Silvers, Program Coordinator Andrew Kunza, QIDP Hilary Self, ED	Initial implementation: 10/18/21 Ongoing oversight. Quarterly retraining.

<p>W249 Inconsistent implementation of exercise goals.</p>	<p>Provide additional opportunities for exercise in the home and community.</p>	<p>Exercise will be offered to each person-served daily. An exercise chart will be developed to encourage individual choice of persons served. Staff will offer each person served with the choice of a walk, chair yoga, dance, or other physical activity of interest. Exercise will also be offered during scheduled group activities.</p>	<p>Jennifer Silvers, Program Coordinator Andrew Kunza, QIDP Hilary Self, ED</p>	<p>Initial implementation: 10/18/21 Ongoing oversight. Quarterly retraining.</p>
<p>W249 Prolonged periods of unengaged time.</p>	<p>Improve resident to staff ratios.</p>	<p>Mountain Area Residential Facilities, Inc. will continue efforts to hire additional Direct Care Professionals to ensure sufficient staffing to meet programmatic and ADL needs of all persons served.</p>	<p>Caroline Bass, Quality Assurance/Human Resources Manager Andrew Kunza, QIDP Hilary Self, ED</p>	<p>Ongoing efforts to seek additional staffing.</p>
<p>W440 Insufficient implementation of Fire/Disaster Drills.</p>	<p>Improve compliance with Fire/Disaster drill implementation. Improve staff understanding and confidence during drills to ensure safety in the event of an actual emergency.</p>	<p>A new position has been developed at Mountain Area Residential Facilities, Inc. to coordinate for Fire and Disaster drills. A spreadsheet will be developed to ensure that all Fire/Disaster Drills are completed in accordance with ICF guidelines. The spreadsheet will outline direct staff involvement in completion of drills in order to ensure all staff have participated firsthand in drills. Staff will also provide on-going training to ensure understanding of protocols is accurate and accessible in the event of an actual emergency. Oversight of Fire/Disaster drills has been added to the job description of MARF's Quality Assurance/Human Resources Manager .</p>	<p>Jenifer Gutierrez, General Manager Caroline Bass, Quality Assurance/Human Resources Manager Hilary Self, ED</p>	<p>Implementation of spreadsheet: 10/21/21 Monthly Oversight by General Manager Quarterly training for direct care staff. Quarterly Oversight by Quality Assurance/Human Resources Manager and Executive Director</p>

<p>W461 Dietary ICF standards not met.</p>	<p>Employ a new Registered Dietician.</p>	<p>The previous contracted Registered Dietician with Mountain Area Residential Facilities, Inc. has ceased contact with the agency. A new RD will be hired to complete evaluations on each person served, make dietary recommendations, and develop menus to meet said recommendations. Specific dietary restrictions will be written on daily menus to ensure staff adherence.</p>	<p>Caroline Bass, Quality Assurance/Human Resources Manager Hilary Self, ED</p>	<p>Currently seeking qualified Registered Dietician. Ongoing supervision and oversight of the facility Registered Dietician will be completed quarterly.</p>
<p>W461 Dietary ICF standards not met.</p>	<p>Follow dietary guidelines as outlined in person specific evaluations and menus.</p>	<p>Following the completion of dietary evaluations and menus, direct care staff will be trained on the implementation of recommendations. Weekly oversight will be completed to ensure continued adherence to recommendations.</p>	<p>Laura Velazquez, Food and Nutrition Supervisor Hilary Self, ED</p>	<p>Weekly oversight following initial training. Retraining as needed.</p>