

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

PRINTED: 04/08/2022
FORM APPROVED
OMB NO. 0938-0391

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 03/30/2022
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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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by:</p> <p>Based on observation, review of records and interview, the person centered plan (PCP) failed to have guidelines or training objectives to meet identified behavioral and health needs relative to 2 of 5 sampled clients (#1 and #11). The findings are:</p> <p>A. The PCP failed to address client #1's behavioral needs relative to head banging. For example:</p> <p>Observation in the group home on 3/30/22 at 8:00 AM revealed client #1 to run through various areas of the group home and to bang his head into walls, windows and to drop to the floor hitting his head on the floor. Continued observation revealed staff to intervene verbally with client #1 stating "No, Don't hit your head. That's dangerous. You're going to hurt yourself." Further observation revealed at no time during client #1's head banging behavior was staff observed to offer the client a helmet.</p> <p>Review of records for client #1 on 3/30/22 revealed a person centered plan dated 1/13/22. Review of client #1's PCP revealed a diagnosis of severe/profound intellectual disability and cerebral palsy. Continued review of records for client #1 revealed a behavior support plan (BSP) dated 2/25/22 with target behaviors of avoiding tasks, crying, dropping to the floor, hand/finger mouthing, hitting self, inedible object chewing,</p>	W 227	<p>Correction: Client's BSP will be revised to include the use of his helmet when head banging by the psychologist.</p> <p>Prevention: Staff will be trained and in serviced on client's updated BSP and helmet use.</p> <p>Monitoring: Psychologist will monitor client's behavioral data for head banging to see if use of helmet is effective.</p> <p style="text-align: center;">RECEIVED APR 25 2022 DHSR-MH Licensure Sect</p>	5/3/2022
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] *President & CEO* *4/21/2022*

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 227	<p>Continued From page 1</p> <p>physical aggression, resisting care, taking others things and throwing objects. Additional review of the BSP for client #1 revealed no guidelines or prevention measures to address head banging.</p> <p>Interview with staff B on 3/30/22 revealed client #1 will often engage in head banging behavior when he gets upset. Continued interview with staff B revealed client #1 was upset on the current morning as he was thrown off schedule with a medical appointment and not able to take the bus to school. Further interview with staff B revealed when client #1 engages in head banging behavior she had been trained to place her hand between the client and the surface he is trying to hit and the client did not have a helmet to support safety with head banging behaviors.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/30/22 revealed client #1 had only recently increased head banging behavior and the behavior should be added to the behavior support plan. Continued interview with the QIDP verified client #1 does have a soft helmet that the client brought at admission in 9/2019 due to a past history of head banging behavior. Further interview with the QIDP revealed he had not addressed client #1's need of a helmet for safety during head banging behavior with staff or with client #1's behavior support program.</p> <p>B. The PCP failed to address client #11's health needs relative to using an audio monitor. For example:</p> <p>Observation in the facility on 3/29/22 at 6:40 PM revealed staff A to hear a loud noise while standing in the medication administration room</p>	W 227	<p>Correction: A monitor will be placed in Client's room in a secured place. Clients's IPP will be updated with a Health Service Goal to include a monitor for seizure activity. Guidelines will be established on monitor use for Client's monitor while in her room to ensure privacy.</p>	5/3/2022
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W 227	<p>Continued From page 2</p> <p>and to run into client #11's bedroom. Continued observation revealed client #11 to be in a seizure and staff A to comfort the client. Further observation revealed client #11 to recover from the seizure as staff A reported this to be the second seizure of the day. During this time of observation, there was no audio monitor observed in client #11's bedroom.</p> <p>Further observation revealed the QIDP to verify that client #11's bedroom did not have an audio monitor although the client was supposed to have a audio monitor in the bedroom area. Additional observation revealed the QIDP to leave the facility and to return at 7:03 PM with a new audio monitor that was placed in client #11's bedroom.</p> <p>Review of the record for client #11 on 3/30/22 revealed a PCP dated 1/13/22. Continued review of the PCP revealed a diagnosis of severe intellectual disability, dystonic cerebral palsy and seizure disorder. Further review of the ISP revealed that nursing would monitor seizures and seizure medications. The PCP had no guidelines in place for an audio monitor.</p> <p>Interview with the facility nurse on 3/30/22 revealed that nursing collects data to monitor seizures for client #11. Continued interview with the facility nurse revealed that client #11 had an audio monitor in place for night shift. Further interview with the facility nurse revealed that client #11 has had an increase in seizures.</p> <p>Interview with the QIDP on 3/30/22 verified that the PCP dated 1/13/22 was current. Continued interview with the QIDP revealed that client #11 has had an audio monitor for years to monitor seizures at night. Further interview with the</p>	W 227	<p>Prevention: Staff will be trained and in serviced on monitor guidelines for Client</p> <p>Monitoring: Check offs will be added to the Staff Duty Rosters. Supervisor House Manager and Residential Coordinator will review Duty Rosters monthly.</p>		

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W 227	Continued From page 3 QIDP verified client #11 enjoys spending large amounts of time in her bedroom watching television. Interview with the QIDP also revealed without the use of a audio monitor, unless staff see or hear the client making verbalizations or movements of seizure activity, it is not known when the client is having a seizure. Additional interview with the QIDP confirmed that client #11 had no formal guidelines for a monitor.	W 227			
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: Based on review of record and interview, the facility failed to show evidence quarterly fire drills were conducted with each shift of personnel relative to first, second and third shift. The finding is: Review of the facility fire drill reports from 4/2021 through 3/2022 revealed no fire drills for the months of: 5/2021, 7/2021, 8/2021, 9/2021, 10/2021, 11/2021, 1/2022, and 2/2022. Further review of the fire drill reports for the review year, revealed a first shift drill conducted on 4/18/21, a second shift drill conducted on 12/19/21 and third shift drills completed on 6/13/21 and 3/28/22. Subsequent review revealed there was no additional documentation available to evidence that first, second or third shift drills had been conducted during the review year. Interview with the qualified intellectual disabilities professional (QIDP) on 3/30/22 confirmed facility fire drills should have been conducted quarterly for each shift of personnel. Continued interview with the QIDP confirmed there was insufficient	W 440	Correction: All fire drills will be completed by the 25th of every month. Prevention: House Managers and Supervisors will be in serviced on the completion of Fire Drills by the 25th of every month. Monitoring: Residential Coordinator will sign off on fire drills by the 25th of every month to ensure they are completed. The Program Director will review that fire drills are completed and sign off that they are completed by the 30th of every month.	5/3/2022	

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W 440	Continued From page 4 evidence in documentation to reflect drills had been conducted quarterly for each shift of personnel throughout the current review year.	W 440			