

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

PRINTED: 11/07/2022
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 11/03/2022
NAME OF PROVIDER OR SUPPLIER CHILES AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22 CHILES AVENUE 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 455	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: The facility failed to ensure an active program for the prevention and control of infection and communicable diseases was present in the group home as required as evidenced by observations and interviews. The finding is:</p> <p>Observations in the group home during the 11/2-3/22 survey revealed no staff in the group home to wear a face mask to limit the potential spread of the COVID-19 virus as required at this time by the Centers for Medicare and Medicaid Services (CMS) except for an unvaccinated 3rd shift staff person. Interview with staff and the facility administrator revealed the facility stopped the staff mask requirements in the group home back at the end of 5/22 as decided by the facility's board which was based on Centers for Disease Control (CDC) guidelines. However, no additional CMS guidance to change masking requirements has been issued as of the 11/2-3/22 survey.</p>	W 455			

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.