

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

PRINTED: 05/05/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G354	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER EMORY ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 20 EMORY ROAD ASHEVILLE, NC 28806		
(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. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure that privacy was maintained for 2 of 6 clients (#3 and #5) during personal care. The findings are:</p> <p>A. The facility failed to assure that privacy for client #3 was maintained during personal care. For example:</p> <p>Observation in the group home on 5/2/23 at 7:40 AM revealed staff to obtain toiletry items from the laundry area for client #3. Continued observation revealed staff F to prompt client #3 to go into a hallway bathroom to shower. Further observation revealed client #3 to shower with no shower curtain and the door open to the bathroom. Subsequent observation revealed staff F to be present throughout client #3's shower and to not close the bathroom door for privacy.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/2/23 verified that staff should be observing privacy during personal care by closing the client's bathroom door.</p> <p>B. The facility failed to assure that privacy for client #5 was maintained during personal care. For example:</p> <p>Observation in the group home on 5/2/23 at 7:34 AM revealed client #5 to finish eating the breakfast meal and to enter the kitchen placing dirty dishes into the dishwasher. Continued</p>	W 130			

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.

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W 130	Continued From page 1 observation at 7:35 AM revealed client #5 to go into the hallway bathroom and to urinate with the bathroom door open. Further observation revealed staff G to stand in front of the open door while client #5 used the bathroom and to prompt the client to wash his hands before exiting the bathroom.	W 130			
W 249	Interview with the QIDP on 5/2/23 verified that staff should be observing privacy during personal care by closing the client's bathroom door. PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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 observations, record reviews and interviews, the facility failed to ensure that 1 of 6 clients (#2) received a continuous active treatment program as identified in the Person-Centered Plan (PCP) relative to use of an iPad and picture book for communication and staff implementation of mealtime guidelines. The findings are: A. The facility failed to ensure that client #2 received a continuous active treatment plan relative to use of communication tools. For	W 249			

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W 249	<p>Continued From page 2 example:</p> <p>During evening observations in the group home on 5/1/23, client #2 was observed to return from an outing at 4:25 pm. Continued observations revealed the client to immediately take a seat in the living room and to accompany staff B to the laundry room to fold clothes. Further observations revealed the client to return to the living room couch. Subsequent observation at 4:50 pm revealed the client to wash his hands and sit at the dining room table for the dinner meal. Additional observations revealed the client to eat dinner and communicate choices to staff without the use of a picture book or iPad.</p> <p>During morning observations in the group home on 5/2/23, client #2 was observed at 7:02 am to sit on the living room couch. Continued observation revealed client #2 to go to the dining room table for breakfast at 7:25 am. Further observations revealed client #2 to finish breakfast meal and to prepare for a shower with staff assistance. Subsequent observation revealed client #2 to return to the living room couch at 8:07 am. Additional observations revealed staff E, F and G to sit with the clients in the living room but to not interact with the residents and at no time during the observations were client #2's picture communication book or iPad present in the environment.</p> <p>Record review on 5/2/22 revealed an PCP dated 6/22/22 for client #2. Continue review of PCP revealed a communication goal to offer client #2 a choice or ask him a question and to have him to use his iPad to communicate his answer.</p> <p>Interview with the Qualified Intellectual Disability</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>Professional (QIDP) on 5/2/23 revealed that the iPad and picture book communication goals for client #2 are current. Continued interview with the QIDP revealed that there had been a flood in the office at the group home and that client #2's iPad had been damaged in the flood and had not since been repaired or replaced. Further interview with QIDP revealed that the picture communication book had also been damaged or destroyed in the flood and had not since been repaired or replaced.</p> <p>B. The facility failed to ensure that client #2 received a continuous active treatment plan relative to mealtime safety guidelines. For example:</p> <p>During dinner meal observation on 5/1/23 and breakfast meal observation on 5/2/23, client #2 was observed to eat both meals independently without alternating bites of food with sips of drink. At no time during the observation was staff observed to remind client #2 to alternate bites of food with sips of his drink, except one time near the end of dinner.</p> <p>Record review on 5/2/23 revealed the PCP for client #2 to include a goal to take 2 bites, then 2 sips during meals. Continued review of PCP revealed that the plan also reads in part that when you see client #2 eating too fast or drinking too fast to give him a verbal prompt to please have some of your drink/food.</p> <p>Interview with the QIDP on 5/2/23 confirmed the eating goal for client #2 to take 2-bites, then 2 sips during meals. Continued interview with the QIDP confirmed that staff should be actively training this goal.</p>	W 249			

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W 440	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>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 second and third shift. The finding is:</p> <p>Review of the facility fire drill reports from 5/22 through 4/23 revealed a missing fire drill for 1/23 and 5 drills missing evacuation times and number of clients present. Further review of the fire drill reports revealed a second shift drill conducted on 5/4/22 and a third shift drill completed on 6/1/22, 9/2/22 and 10/4/22; however, the time documented on the 10/4/22 drill was 9:05 AM. There was no additional documentation available about conducting second and third shift drills during the review year.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/2/23 confirmed facility fire drills should have been conducted quarterly for each shift. Continued interview with the residential team leader (RTL) confirmed that the fire drills should have been conducted quarterly for each shift and staff should have thoroughly completed all information on the fire drills.</p>	W 440			
W 472	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(i)</p> <p>Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure food was served in the appropriate quantity for 2 of 6 clients (#2 and #5). The finding is:</p>	W 472			

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W 472	<p>Continued From page 5</p> <p>Observations in the group home on 5/1/23 during the evening meal revealed all clients to be served spaghetti with sauce, slices of garlic bread, pre-dressed Caesar salad, water, juice, and pre-portioned cups of jello. Further observation revealed the meal to be served family style, with no measuring tools used to assist clients with portioning spaghetti on their plates, and all clients served themselves pre-sliced portions of garlic bread of equal size. Subsequent observation revealed clients #2 and #5 to serve themselves large portions of spaghetti equaling approximately 1 ½ to 2 cups each.</p> <p>Observations in the group home on 5/2/23 during breakfast revealed all clients to be served scrambled eggs, Cream of Wheat cereal, mini blueberry muffins and milk. Further observation revealed the meal to again be served family style with clients using a measuring ladle to serve themselves the eggs and Cream of Wheat cereal and staff to place 2 mini muffins on each client's plate. Subsequent observations again revealed clients #2 and #5 to serve themselves large amounts of food and revealed staff to give second helpings of Cream of Wheat to clients #2 and #5, even though the clients did not request more food.</p> <p>Review of client #2's record on 5/2/23 revealed a Person-Centered Plan (PC) dated 6/22/22 which states client #2's diet to be diabetic, whole diet, no seconds.</p> <p>Review of client #5's record on 5/2/23 revealed a PCP dated 11/17/22 which states client #5's diet to be 1800 calorie weight loss diet, no concentrated sweets.</p>			W 472			

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W 472	Continued From page 6 Interview with the Qualified Intellectual Development Professional (QIDP) on 5/2/23 confirmed clients #2 and 5's prescribed diet are current. Further interview with the QIDP confirmed specially modified diets should always be followed as prescribed.	W 472			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to serve food in a form consistent with the developmental level of 1 of 6 clients (#3) relative to prescribed diet. The finding is: Observations in the group home on 5/1/23 at 4:58 PM revealed the dinner meal to be spaghetti noodles with meat sauce, toss salad, garlic bread and jello cup. Continued observations at 4:48 PM revealed staff to serve client #3 spaghetti with meat sauce, ½ garlic bread, toss salad and jello cup. Further observation at 5:00 PM revealed client #3 to eat the dinner meal. At no time during observation was staff observed to assist client #3 with a ¼ consistency dinner meal. Observations in the group home on 5/2/23 at 7:31 AM revealed the breakfast meal to be scrambled eggs, cream of wheat cereal, and blueberry muffin. Continued observation revealed staff F to serve client #3 two muffins. Further observation revealed staff D to serve the client cream of wheat cereal and scrambled eggs. Subsequent observation revealed client #3 to eat breakfast meal. At no time during observation was staff	W 474			

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W 474	<p>Continued From page 7</p> <p>observed to assist the client with a ¼ consistency breakfast meal.</p> <p>Review of client #3's record on 5/2/23 revealed a person-centered plan (PCP) dated 3/17/23. Review of the PCP revealed client #3 to be prescribed an ¼ consistency diet, no NutraSweet, no caffeine, no seconds, and no citrus.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/2/23 confirmed client #3's prescribed diet. Further interview with the QIDP confirmed specially modified diets should always be followed as prescribed.</p>	W 474			