

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

PRINTED: 05/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER IWRC-DOGWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 observations, record review and interview, the facility failed to ensure 2 of 6 clients (#1, #4) received a continuous active treatment program consisting of needed interventions. The findings are:</p> <p>A. The facility failed to implement objectives for client #1. For example:</p> <p>Observations in the group home throughout the 5/21-22/24 survey revealed client #1 to engage in various activities to include playing games with staff, independent play, hygiene, going outside, and mealtime. Further observations on 5/22/24 from 6:30 AM to 7:22 AM revealed the client to be left unengaged while playing independently on the living room floor.</p> <p>Review of client #1's record on 5/22/24 revealed an individual habilitation plan (IHP) dated 7/14/23. Review of the IHP indicated the client's program goals to include choosing 1 chore to complete using verbal and gestural prompting if needed, with 60% accuracy over 3 consecutive months; increase physical stamina and leisure skills by</p>	W 249			

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 249	<p>Continued From page 1</p> <p>walking 15 minutes per day outside in the neighborhood, for 60% of days a month, for 3 consecutive months; hit the switch to indicate he wants to go outside with verbal and tactile cues in 60% of opportunities for 3 consecutive months; given verbal and gestural cues as needed, he will set the table, 70% of the trials over 3 consecutive months, and should work on increasing his independent living skills and assist with dinner prep with his housemates; accept hand over hand assistance for 2 strokes of deodorant to each underarm for 25% for 3 consecutive months; tolerate his teeth being brushed for 30 sec for 25% of the trials for 3 consecutive months.</p> <p>Interview with the home manager and residential director on 5/22/24 confirmed client #1's program goals are current. Continued interview confirmed staff should support the client with his program goals at all opportunities.</p> <p>B. The facility failed to implement objectives for client #4. For example:</p> <p>Observations in the group home throughout the 5/21-22/24 survey revealed client #4 to participate in the dinner and breakfast meal. Continued observations revealed no lap tray present for client during mealtime.</p> <p>Review of client #4's record on 5/22/24 revealed an occupational therapy assessment dated 6/6/23. Review of the assessment indicated the client needs a lap tray on wheelchair to position materials within reach.</p> <p>Interview with the home manager and residential director on 5/22/24 revealed client #4's uses his lap tray at all mealtimes to support eating</p>	W 249			

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W 249	Continued From page 2 independently. Continued interview confirmed staff should have provided his lap tray at mealtime as prescribed.	W 249			
W 473	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all foods were served at an appropriate temperature for 6 of 6 clients in the home. The finding is:</p> <p>Observations in the group home on 5/21/24 revealed the dinner menu to include baked chicken, cooked carrots, mashed potatoes, peaches, water, and lemonade. Continued observations at 5:30 PM revealed staff to leave the prepared carrots and mashed potatoes on the kitchen counter, uncovered, while the chicken finished cooking. Further observation at 6:00 PM revealed the family-style dinner meal to begin, and staff to serve the carrots and mashed potatoes that were sitting uncovered for approximately 30 minutes.</p> <p>Interview with the house manager and residential director on 5/21/24 revealed hot foods should sit for no more than 10 minutes before serving. Continued interview confirmed staff are responsible for ensuring all foods are served at the appropriate temperature.</p>	W 473			