

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

PRINTED: 10/31/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/28/2024
NAME OF PROVIDER OR SUPPLIER IRENE WORTHAM RESIDENTIAL CENTER-AZALEA			STREET ADDRESS, CITY, STATE, ZIP CODE 16 AZALEA STREET 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 000	INITIAL COMMENTS	W 000			
W 249	<p>A complaint survey was completed on 10/28/24 for intakes #NC00221277, #NC00221911, and #NC00221439. An allegation was substantiated. A deficiency was cited.</p> <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 1 of 6 clients (#5) received a continuous active treatment program consisting of needed interventions. The finding is:</p> <p>Observations in the group home on 10/28/24 revealed a prone stander located in the hallway. Interview with the Home Manager (HM) on 10/28/24 revealed the prone stander belongs to client #5. Continued interview with the HM revealed client #5 has not used the prone stander since August 2024.</p> <p>Review of client #5's record on 10/28/24 revealed a physical therapy (PT) evaluation dated 5/1/24. Continued review of the PT evaluation indicated procedures for client #5 to use the prone stander</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	Continued From page 1 for "15 minutes at a time. Once client can tolerate 15 minutes consistently over three trials in a row, increased time in stander by another five minutes. Increase the time in stander so that they works up to 45 minutes at minimum and ideally 60 minutes, three times per week." Continued review of client #5's record revealed no discontinue order for the prone stander. Interview with the Residential Director and Qualified Intellectual Disability Professional on 10/28/24 confirmed client #5's PT evaluation is current. Continued interview revealed client #5 is not currently utilizing the stander due to her guardian's request. Further interview confirmed there is no discontinue order for the prone stander and client #4 should be utilizing the prone stander as prescribed.	W 249			