STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G334	A. BUILDING _____ B. WING _____	05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IWRC-DOGWOOD	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	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 observation, interviews, and record review, the facility failed to ensure that a continuous active treatment program identified as an individual need was implemented for 2 of 6 audited clients (#4 and #6) relative to adaptive equipment. The findings are: A. The facility failed to provide client #4 with prescribed adaptive equipment. For example, Observations on 5/19/25 revealed client #4 to consume the entire dinner meal with the assistance of staff A. Continued observations revealed client #4 to be provided mealtime adaptive equipment to include nosey cups, left splint, built spoon, divided deep dish plate, lap tray, and clothing cover. At no time during mealtime observations was client #4 provided with the prescribed high-sided scoop dish and dycem. Observations on 5/20/25 revealed client #4 to consume the entire breakfast meal with the assistance of staff D. Continued observations revealed client #4 to be provide mealtime	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 249	Continued From page 1	W 249		

adaptive equipment to include a nosey cup, high-sided scoop dish, built spoon, and clothing cover. At no time during mealtime observations was client #4 provided with the prescribed dycem, lap tray, and left-hand splint.

Review of the records on 5/20/25 for client #4 revealed an individual habilitation plan (IHP) dated 6/20/24. Review of the IHP revealed an occupational therapy (OT) evaluation dated 6/11/24 for client #4's adaptive equipment to consist of a high-sided scoop dish, dycem, rubber built up handle angled spoon, lap tray, nosey cup, left wrist support splint, and clothing cover.

Interview on 5/20/25 with the qualified intellectual disability professional (QIDP) verified that client #4's IHP was current. Continued interview with the QIDP revealed that the staff should have provided client #4 with prescribed adaptive equipment.

B. The facility failed to provide client #6 with prescribed adaptive equipment. For example,

Observations on 5/19/25-5/20/25 revealed client #6 to consume the entire dinner meal and breakfast meal. Continued observations revealed that client #4 was provided with a high-sided divided dish for her mealtime adaptive equipment. At no time during mealtime observations was client #6 provided with her prescribed high sided sectional scoop plate.

Review of the records on 5/20/25 for client #6 revealed an IHP dated 8/30/24. Review of the IHP revealed an OT evaluation dated 8/12/24 for client #6's adaptive equipment to consist of a high sided sectional scoop plate to increase surface

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W 249	Continued From page 2 area for scooping. Interview on 5/20/25 with the QIDP verified that client #6's IHP was current. Continued interview with QIDP revealed that staff should provide the client with prescribed adaptive equipment. Further interview with the QIDP revealed that there are discrepancies with trying to order the correct plate for the client.	W 249		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that techniques to manage inappropriate client behavior were used as a substitute for an active treatment program for 1 of 6 audited clients (#1). The finding is : Observations in the group home on 5/20/25 at 6:39 AM revealed client #1 to eat his breakfast meal while spitting and hitting at staff E. Continued observations at 6:50 AM revealed the client to finish his breakfast meal and to drink while spitting out his Ensure on staff E. Further observations revealed staff E to inform client #1 that he will have a 5-minute time out. Subsequent observations revealed that staff E took client #1 to his bedroom to change his clothes and they returned to the dining room. Additionally, the staff told client #1 to sit in the dining chair facing the clock while staff positioned her chair behind the client and the client remained in his chair for 5	W 288		

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W 288	Continued From page 3 minutes. Review of records on 5/20/25 revealed an individual habilitation plan (IHP) for client #1 dated 7/18/24. Review of the IHP revealed a behavioral support plan (BSP) dated 7/26/24 which reveals client #1's target behaviors to include spitting, hitting, refusing tasks, kissing, groping, and yelling. The plan states that if the client spits on others, please redirect him away from others. Tell him "We don't spit here". Interview on 5/20/25 with the qualified intellectual disabilities professional (QIDP) confirmed client #1's IHP to be current. Continued interview with the QIDP confirmed that staff should be following the client's BSP which includes approaches to handle inappropriate behaviors.	W 288		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the interdisciplinary team failed to ensure staff were adequately trained to perform appropriate health and hygiene methods related to glove use during mealtimes. The finding is: Observations in the facility on 5/19/25 revealed staff A, staff B, and staff C to wear latex gloves while serving and assisting clients with the dinner meal. Continued observation at 5:56 PM revealed	W 340		

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W 340	Continued From page 4 staff C to feed client #2 and after client refusal to eat the staff switched with staff B and staff C assisted with client #5. Further observation revealed staff C to assist client #3 to plug in a microphone to charge in the kitchen and continue to assist clients with the dinner meal. At no time was staff A and staff C observed to change their latex gloves and wash hands. Subsequent observations at 6:10 AM revealed staff A to assist client #4 with eating his dinner meal, the staff walked over and assisted client #6 with applesauce and attempted to feed client #5 while not changing his latex gloves and washing hands. Interview on 5/20/25 with the facility nurse verified that staff should change their gloves and wash hands with each client. The facility nurse verified that changing gloves and washing hands will help in preventing cross contamination.	W 340		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all biologicals were secured appropriately as required for 1 of 6 audited clients (#5). The finding is: Observations in the group home from 5/19/25-5/20/25 revealed the hallway bathroom to contain bath wash, shampoos, and skin cleansers located in the shower cady and on the bathroom sink. Continued observations in the	W 382		

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W 382	Continued From page 5 bathroom revealed two bottles of prescribed medicated Selsun Blue shampoo for client #5 to be in a shower cady hanging from the shower head. Interview on 5/20/25 with the facility nurse confirmed client #5's prescribed medicated shampoo. Continued interview with facility nurse confirmed that the client's medicated shampoo should be kept secured in the medication room.	W 382		
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate any problems with the fire drills including the reason for extended times needed for evacuations. The finding is: Review of the facility fire drills reports from 5/30/24 through 4/25/25 revealed staff had documented extended times to evacuate in the home on various shifts with no identified reasons or issues with evacuation. Continued review of the facility fire drill reports revealed the following fire drills with evacuation times. 4-25-25 12:00 PM 1st shift 6 min evac. time 3-22-25 4:45 AM 3rd shift 7 min evac. time 12-26-24 1:00 AM 3rd shift 10 min evac. time 11-13-24 6:00 PM 2nd shift 6 min evac. time 10-18-24 12:00 PM 1st shift 6 min evac. time 9-11-24 1:00 AM 3rd shift 8 min evac. time	W 448		

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W 448	Continued From page 6 Interview on 5/20/25 with the Home Manager (HM) verified that there were several fire drills with extended evacuation times. Continued interview with the HM revealed that he had not identified the extended times noted and no inquiry or investigation had been conducted regarding evacuation times. Further interview with the HM revealed that the previous HM was not conducting fire drills correctly.	W 448		