

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

PRINTED: 10/01/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/30/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>IRENE WORTHAM RESIDENTIAL CENTER-AZALEA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>16 AZALEA STREET ASHEVILLE, NC 28803</b>	
(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 125	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 2 of 5 audited clients (#1 &amp; #2) had the right to be treated with dignity regarding the use of incontinence pads. The finding is:</p> <p>Observations throughout the 9/29-30/25 survey revealed multiple incontinence pads present on living room furniture, dining room furniture, and a transport chair. Continued observations revealed clients #1 and #2 to sit on incontinence pads during both mealtime observations.</p> <p>Interview with the home manager on 9/30/25 revealed the incontinence pads are to protect the furniture if clients #1 or #2 have a toileting accident. Interview with the qualified intellectual disability professional (QIDP) on 9/30/25 revealed they were aware of the use of incontinence pads in the home. Continued interview with the QIDP confirmed incontinence pads should not be used in public areas as this constitutes a client rights violation with respect to dignity.</p>	W 125	<p>Correction: Staff will be in-serviced on proper usage and appropriate locations of incontinence pads. Alternative furniture protection items will be explored and purchased as applicable.</p> <p>Prevention: Training materials surrounding proper usage of dignity items will be provided to staff and available within the home for reference. House Manager and/or QIDDP will continue to assess the home to ensure that incontinence pads are being used appropriately.</p> <p>Monitoring: House Manager and/or QIDDP will conduct written weekly observation to ensure appropriate use of incontinence pads throughout the home and retrain if needed.</p>	11/28/25
W 440	<p><b>EVACUATION DRILLS</b> 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 record review and interview, the facility failed to ensure evacuation drills were held at least quarterly for each shift of personnel. The</p>	W 440		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]* Residential Services Director 10/9/25

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 440	Continued From page 1 finding is:  Review of the facility's fire drill reports on 9/29/25 revealed a total of four missing fire drills on various shifts and quarters, to include: 4th quarter 2024: 3rd shift 1st quarter 2025: 1st shift 2nd quarter 2025: 3rd shift 3rd quarter 2025: 3rd shift  Interview qualified intellectual disabilities professional (QIDP) on 9/30/25 revealed the facility did not conduct fire drills for June 2025 and December 2025, and was unaware of the other two missing drills. Continued interview with the QIDP confirmed fire drills should have been conducted quarterly for each shift of personnel.	W 440	Correction: Fire drills will be conducted on 1st, 2nd, and 3rd shift quarterly.  Prevention: House Manager will create a schedule and carry out the appropriate fire drills within the quarter. Paperwork will be reviewed by Residential Coordinator & Residential Director to ensure accuracy.  Monitoring: Monitoring will be done monthly by the end of the 3rd week by the house manager to ensure completion of drills by the end of the month. The Residential Coordinator and/or Residential Director will sign off on the completed drill.	11/28/25	