011-022

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G076	A. BUILDING _____ B. WING _____	C 12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IWC-ROSE STREET HOME	1 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 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an incident involving client #1 relative to physical abuse by staff was reported timely and accurately to the direct supervisor or administrator. The finding is: Review of facility records on 12/12/25 revealed a general event report (GER) entered by the quality assurance director (QAD) on 11/17/25 at 4:32 PM which details an incident which allegedly took place on 11/15/25 at 4:09 PM. Continued review revealed an allegation of physical abuse of a client by a staff. The report states that the incident was first reported to the residential manager (RM) on 11/16/25 at 6:32 PM by telephone and that the RM notified the QAD directly on 11/17/25 at 8:45 AM. Further review revealed that an investigation was opened on 11/17/25 and the named staff was placed on administrative leave at that time. Subsequent record review revealed that the facility's policy on Abuse, Neglect and Exploitation states, "Any person who observes or otherwise is made aware of any action toward a consumer that might constitute abuse, neglect or exploitation shall immediately report the incident to the Quality Assurance Director." Interview with the QAD on 12/12/25 confirmed that the incident was not reported immediately as	W 153	**Correction:** Rose St staff will receive in-service training on the procedure for reporting abuse/neglect/exploitation. **Prevention:** All house staff meetings will include an opportunity for staff to ask questions about incident reporting procedures including abuse/neglect/ exploitation reporting. The QP and/or QA will prompt staff to ask questions about incident reporting procedures at each meeting. Staff will continue to receive annual training on incident reporting. **Monitoring and Frequency:** The QP will monitor house meetings as they occur for questions regarding incident reporting. RECEIVED DHSR-MH Licensure Sect	1/31/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nathan Johnson BA, QP, CI — TITLE: Quality Assurance Director — (X6) DATE: 1/7/2026

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 153	Continued From page 1 required by the facility's reporting policy.	W 153		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on document/record review and interviews, the facility failed to ensure all allegations involving client #1 were thoroughly investigated. The finding is: Review of records on 12/12/25 revealed a video clip dated 11/15/25 at 4:09 PM which depicts staff A striking client #1 with the back of her hand as staff B observed from a short distance away. From the video, it is unclear where on client #1's body the strike landed. Record review on 12/12/25 also revealed a general event report (GER) resolution on which are hand written the words "Investigation Details," dated 11/18/25. The report indicates steps taken in the investigative process, including camera review and interviews with the staff who were on duty at the time of the incident. The report does not describe any attempt to ascertain whether client #1 was engaging in any dangerous behavior at the time, nor any effort to assess client #1 for injuries. The report also does not address the issue of why staff B failed to report the incident for more than 24 hours after it occurred. The report does include an email from the home manager (HM) to the quality assurance director (QAD) indicating that she would review further camera footage for signs of similar behaviors, but there is no follow up to this statement in the record.	W 154	**Correction:** The Quality Assurance Director will complete an in-service with the COO James Caldwell who is a Certified Investigator on investigation strategies found in the Appendix J including incident prevention and using an investigation checklist to improve thoroughness. **Prevention:** All assigned investigators will have their investigation details reviewed by the President & CEO prior to submission to ensure a thorough investigation. **Monitoring and Frequency:** Monitoring will occur per investigation as they come up. There is no predicting when an investigation will be needed.	1/31/2026

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W 154	Continued From page 2 Interview on 12/12/25 with the QAD confirmed that the interviews with the staff on duty in the home on 11/15/25 were specifically directed at the reported incident and that the staff were not asked to talk about other interactions between staff A and clients, particularly client #1. Further interview with the QAD confirmed that in light of the allegation of physical abuse, which was confirmed by video review, the incident should have been investigated more thoroughly.	W 154		
W 157	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) If the alleged violation is verified, appropriate corrective action must be taken. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to show evidence of appropriate corrective action for an incident of physical abuse. This affected 1 client (#1). The finding is: Review of records on 12/12/25 revealed an internal investigation conducted by the facility which concluded on 11/18/25 with a substantiated finding of abuse of client #1 by staff A. Further review of the internal investigation revealed recommendations based on the results of the investigation which read, "Based on interviews, camera review and documentation, the allegation of abuse was substantiated to policy. It is my recommendation that staff A receive a final written warning. Staff A will receive client specific in-service on properly following the individual's behavior plan and re-training on abuse, neglect, and exploitation policy and procedures." The recommendations do not include any re-training for staff in the area of timely reporting of abuse,	W 157	**Correction:** All staff in the facility where the incident occurred will be in-serviced on reporting allegations of abuse/neglect/ exploitation and the time frame within which to make the report. **Prevention:** Upon substantiation of ANE by the investigator and the staff remains employed, the investigator will recommend 1x per week for 30 days monitoring of the accused staff and documented observations by the QP and/or House Manager with attention to the type of care provided by the accused staff to the clients. All house staff meetings will include an opportunity for staff to ask questions about incident reporting procedures including abuse/neglect/exploitation reporting. The QP and/or QA will prompt staff to ask questions about incident reporting procedures at each meeting. Staff will continue to receive annual training on incident reporting. **Monitoring and Frequency:** Monitoring will occur per investigation as they come up. There is no predicting when an investigation will be needed.	1/31/2026

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W 157	Continued From page 3 neglect or exploitation, even though the incident occurred on 11/15/25 and was not properly reported until 11/17/25. The recommendations also do not include any specific monitoring of staff A's interactions with clients in the home following her return from administrative leave. Interview with the quality assurance director (QAD) on 12/12/25 confirmed that the facility has taken no steps to specifically monitor staff A's interaction with clients in the home since the substantiated allegation of abuse regarding client #1. The QAD further confirmed that no staff have been re-trained on the facility's policy regarding timely reporting of incidents of abuse, neglect or exploitation to management.	W 157		