STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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BLUE RIDGE HOMES-MADISON	**BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754**

(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to provide staff training that enables direct care staff to perform their duties effectively and efficiently related to observing client privacy for 1 of 2 sampled clients in Big Laurel (#3). Observations in the group home on 5/14/19 at 5:52 PM revealed staff A prompting client #3 to assist with taking clean laundry items from the laundry room to other client's rooms. Client #3 was observed entering the room of client's #1 and #5 followed by staff A. Client #5 was observed to be in the room as client #3 put clothing in a dresser drawer. Continued observations at 5:53 PM revealed staff A and client #3 also entering the room of client's #2 and #6 and putting clothes in a dresser drawer. Neither client #2 or #6 was in the room at the time. Interview with staff A on 5/14/19 at 5:56 PM revealed that various clients in the home will assist with taking clean laundry items into other client's rooms on a routine basis. Interview with the qualified intellectual disabilities professional on 5/15/19 confirmed that direct care staff members should not be violating the privacy of all clients by instructing clients to deliver laundry into rooms other than their own.	W 189		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)	W 227		

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 227	Continued From page 1	W 227		

The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.

This STANDARD is not met as evidenced by:
Based on record review and interviews the facility failed to assure the Individual Habilitation Plans (IHP) for 1 sampled client in Snowbird (#15) and 1 sampled client (#21) in Roan included objective training to meet the clients' needs relative to fire drill evacuations. The findings are:

A. The facility failed to assure client #21 had a program to address an identified need related to evacuation of the home during fire drills.

Review of the fire evacuation drills for Roan on 5/14/19 revealed fire drills are held monthly with an average time of 2-3 minutes for evacuation of all clients from the home. Continued review of the fire evacuations reports revealed on 11/04/18 a 5 minute evacuation time was reflected and on 7/8/18 a 7 minute evacuation time was reflected.

Interview with the site director on 5/14/19 revealed the evacuation times reflected on 11/4/18 of 5 minutes and on 7/8/19 of 7 minutes were results of additional time to address the refusal of client #21 to exit the group home during the fire drills. Further interview with the facility site manager revealed client #21 does not currently have a program for addressing the need of timely evacuation during fire drills.

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Record review on 5/15/19 for client #21 revealed an Individual Support Plan (ISP) dated 6/19/18. Review of the 6/19/18 ISP revealed training programs for hand washing, bathing, clothing care, work behaviors, and doing math problems. Continued record review of client #21's ISP revealed client #21 currently does not have a program to address his frequent refusals to exit the group home during fire drills.

Interview with the facility qualified intellectual disabilities professional (QIDP) on 5/15/19 confirmed client #21 did not exit the group home "for about 1/3 of the fire drills run during the past year." Continued interview with the facility QIDP confirmed client #21 should have a training objective to address the client's need to timely and consistently exit the group home during all fire drills.

B. The facility failed to assure client #15 had a program to address an identified need related to evacuation of the home during fire drills.

Review of fire evacuation drills for Snowbird on 5/14/19 revealed fire evacuation drills are held monthly with an average time of 1-3 minutes for evacuation of all clients from the home. Continued review of fire evacuation reports revealed documentation that client #15 refuses to exit the group home during "every other fire evacuation drill". Interview with the site manager on 5/14/19 revealed client #15 usually stays in his room or sits in the floor refusing to comply with the evacuation during a fire drill. Further interview with the facility site manager revealed client #15 does not currently have a program for addressing the need to evacuate timely from the group home during fire drills.

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W 227	Continued From page 3 Record review on 5/15/19 revealed an Individual Support Plan (ISP) for client #15 dated 7/11/18. Review of the 7/11/18 ISP revealed training programs for tooth brushing, bathing, cooking, work behaviors, knife use and attending the vocational work site. Continued review of client #15's ISP revealed the client does not currently have a program to address the need to exit the group home during fire drills. Interview with the facility qualified intellectual disabilities professional (QIDP) confirmed client #15 did not exit the group home "for about 1/3 -1/2 of the fire drills run during the year." Continued interview with the facility QIDP confirmed client #15 should have a training objective to address the client's need to timely and consistently exit the group home during all fire drills.	W 227		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observation, interview and review of records, the team failed to ensure the individual support plan (ISP) for 1 of 2 sampled clients (#1)	W 242		

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W 242	Continued From page 4 in Big Laurel included objective training to address observed needs relative to privacy. The finding is: Observations on 5/14/19 at 5:19 PM revealed client #1 entering the bathroom attached to his room which is shared by his roommate, client #5, who was in the bathroom with staff A at that time. Staff A was observed re-directing client #1 to knock and leave the bathroom to go to a different bathroom. Continued observations revealed client #1 to go to a bathroom located in the hallway and enter that bathroom without knocking. Review of the record on 5/15/19 for client #1 revealed an ISP dated 5/1/19. The ISP contained current programming related to exercise, using a manual sign, obtaining soap, personal hygiene, brushing teeth, bathing upper body and hanging clothing. The ISP did not contain any current or past programming related to privacy. Interview with the qualified intellectual disabilities professional (QIDP) on 5/15/19 confirmed client #1 does not have current objective programming related to privacy. The QIDP did indicate client #1 did have a privacy objective in the past, but could not provide details of the program objective relative to when or what was specifically provided as training and the outcome.	W 242		
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	W 249		

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W 249	Continued From page 5 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: The team failed to ensure objectives listed on the individual habilitation plans (IHPs) for 1 of 3 sampled clients (#29) residing in Spring Creek and 1 of 2 sampled clients (#14) residing in Snowbird were implemented correctly and with sufficient frequency to support the achievement of the objectives as evidenced by observations, interviews and review of records. The findings are: A. The team failed to ensure the communication objective for client #29 in Spring Creek was implemented as prescribed. Observations in the group home on 5/14/19 at 4:35 PM revealed client #29 to transition from the bathroom to her bedroom where the client was observed to watch television and look at music CD's. Continued observation at 4:45 PM revealed staff N to enter client #29's room and verbally engage with the client. Staff N was observed to ask client #29 if the client wanted to paint a jewelry box and socially engage with the client before walking out of the client's room. Client #29 was observed to continue looking at her CD's during the interaction and was not observed to verbally respond to staff. Observation at 5:15 PM revealed client #29 to walk with staff into common areas of the group home before returning to her room where staff N verbally offered leisure options to the client to	W 249		

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include painting a jewelry box. Client #29 was observed to stay in her room until 5:26 PM when staff N returned to the client's doorway and used sign language to communicate "eat" and verbally stated "salad". Client #29 was observed to exit her room and walk to the dining area for a salad. Further observations revealed at no time during the 5/14-15/19 survey did staff prompt the client to use a picture symbol board to make a choice relative to activities.

Review of records for client #29 on 5/14/19 revealed a IHP dated 1/9/19. Review of the 1/9/19 IHP revealed a communication/choice making objective implemented 7/10/17. Review of the 7/10/17 communication/choice making objective revealed when presented with a picture symbol board and a verbal cue to make a choice, client #29 will make a verbal choice when given a model with 80% accuracy for three consecutive review periods. Review of the teaching method identified in the 7/10/17 communication objective revealed Staff should hold up the symbol board and say "Do you want the _____ or the _____" pointing to symbols on the board.

Interview with lead staff O on 5/15/19 verified client #29 has a communication board and retrieved the communication tool from a book in the dining room book shelf. Further interview with staff O revealed staff should have used the communication board to properly run the communication/choice making objective for client #29 when offering leisure options to the client. Interview with the qualified intellectual disabilities professional (QIDP) further verified client #29's communication program should have been implemented as written throughout survey observations.

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B. The team failed to ensure the safe eating guidelines for client #14 in Snowbird was implemented as prescribed.

Observations in the group home on 5/14/19 at 6:25 PM revealed client #14 to transition from his room to the dinner table. Client #14 was observed to eat his dinner that consisted of of stir fry chicken and vegetables, rice, egg rolls and milk, water and juice. Continued observation at 6:35 PM revealed client #14 to be prompted by staff I to "take a drink". The client was observed to sip at his milk. Further observations revealed client #14 to continue to eat his meal and sip his milk when he was prompted by staff T to "take a drink." Subsequent observations of the dinner meal resulted in client #14 taking 6 minutes to slowly drink his beverages after completing his dinner meal. Observations of the breakfast meal for client #14 on 5/15/19 revealed client #14 to be assisted by staff S to serve himself eggs, toast and fruit along with coffee and milk. Staff`S prompted client #14 to alternate his liquids with his food intake although the client did not comply. Client #14 was observed to eat all of his food items, then drink all of his beverages after completing his meal.

Review of records for client #14 on 5/14/19 revealed an IHP dated 8/8/19. Review of the IHP revealed "Safe Eating Guidelines" dated 9/11/18. Review of the 9/11/18 guidelines revealed ("to decrease aspiration risks") client #14 is to receive a diet of chopped food consistency, use of straws, and prompt the client to alternate liquids during a meal after every few bites of solid food.

Interview with staff S on 5/15/19 revealed client

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W 249	Continued From page 8 #14 likes to drink with straws but "we are out of straws so he didn't use any last night at dinner, or this morning". Interview with QIDP on 5/15/19 verified client #14 has safe eating guidelines but was not aware guidelines needed to be followed for reduction of aspiration. Further interview with the QIDP verified client #14's safe eating guidelines should have been implemented as written throughout survey observations with the use of straws for client #14's beverages to allow "alternating of liquids with every few bites of food".	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 observations, record review and interview, the facility failed to assure techniques used to manage inappropriate behavior for 1 of 3 sampled clients (#25) in Spring Creek, were not used as a substitute for an active treatment program. The finding is: Observation on 5/15/19 at 8:40 AM in the dining room of Spring Creek revealed client #25 to drop to the floor of the kitchen entryway and to lay in the floor. Staff O was observed to verbally prompt client #25 to stand while physically attempting to assist the client with standing. Continued observation revealed client #25 to refuse prompts from staff and to resist efforts of staff to help the client get out of the floor.	W 288		

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W 288	Continued From page 9 Subsequent observation revealed staff O to request support from staff Z and both staff placed an arm under each of client #25's arms and physically lifted and carried the client to a hallway bench as the client refused to walk during the carry. Review of records for client #25 on 5/15/19 revealed an individual habilitation plan (IHP) dated 4/10/19. Review of the 4/10/19 IHP revealed a behavior plan dated 6/5/18 for target behaviors of crying, tantrums (screaming, throwing items, hits, pushes), stealing, invading others privacy and physical aggression. Further review of the behavior plan revealed the plan to identify behaviors of pulling hair, laying of the floor, crying, tantrums, hitting others and throwing objects as appearing to be attention seeking or to escape task demands. The behavior plan further indicated client #25 should be offered a bean bag chair to aid in remembering to sit on a chair rather than the floor. Interview with the qualified intellectual disabilities professional (QIDP) revealed when client #25 lays in the floor staff should attempt with sign language to direct the client to stand up. The QIDP further verified staff should assist client #25 with getting out of the floor and walk the client to an appropriate sitting place. Additional interview with the QIDP verified prevention strategies to address client #25's behavior of falling in the floor were not identified in the behavior plan. Subsequent interview with the QIDP revealed he was unaware of staff implementing a two person carry during the current survey to get the client out of the floor.	W 288		
W 440	EVACUATION DRILLS	W 440		

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W 440	Continued From page 10 CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interviews the facility failed to conduct fire drills with the appropriate number of staff members for the third shift of personnel for Roan and Snowbird during the review year. The findings are: A. The facility failed to consistently conduct third shift fire evacuation drills with the appropriate number of approved staff in Roan. Review of the fire evacuation drills for Roan on 5/14/19 revealed two personnel are utilized during third shift to evacuate the residence. Continued review of the fire drills for Roan revealed on 6/14/18, four staff members were utilize to conduct the third shift fire drill. Further review of the fire drill reports for Roan revealed three staff members were utilized on 3/13/19 to complete the third shift fire drill. Interview with the site manager on 5/14/19 for Roan revealed the group home policy is to utilize two staff to safely evacuate the residents during third shift. Interview with the facility qualified intellectual disabilities professional (QIDP) on 5/15/19 confirmed two staff are used as the approved number of third shift staff in Roan. Continued interview with the QIDP confirmed only two staff members should conduct the third shift drill to ensure the two assigned staff are able to safely evacuate all clients in the home.	W 440		

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W 440	Continued From page 11 B. The facility failed to consistently conduct third shift fire evacuation drills with the appropriate number of assigned staff in Snowbird. Review of the fire evacuation drills for Snowbird on 5/14/19 revealed two personnel are utilized during third shift to evacuate the residence. Continued review of fire drills for Snowbird over the review year revealed on 6/27/18, 12/31/18 and 3/7/19 three staff members were utilized to conduct the third shift fire drills. Interview with the site manager for Snowbird on 5/14/19 confirmed the group home policy is to utilize two staff to safely evacuate the residents during third shift for Snowbird. Interview with the facility qualified intellectual disabilities professional (QIDP) on 5/15/19 confirmed two staff are used as the approved number of third shift staff in Snowbird. Continued interview with the QIDP confirmed only two staff members should conduct the third shift drill to ensure the two assigned staff are able to safely evacuate all clients in the home.	W 440		
W 463	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure all modified diets were prepared in the specially prescribed guidelines for client #11 in Snowbird. The findings are:	W 463		

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W 463	Continued From page 12	W 463		

Observations on 5/15/19 at 7:30 AM revealed client #11 to be served a breakfast meal of eggs, fruit, grits and milk. Continued observations revealed staff F to sit with client #11 at an individual table and assist the client to eat his breakfast meal. Further observations revealed client #11 to utilize a plate guard and an adaptive spoon. Subsequent observations at 7:45AM revealed client #11 to began picking up the approximate 1& 1/2 inch fruit chunks of pineapple with his hands and ingesting two fruit chunks at a time. Continued observations revealed client #11 to begin coughing after eating the fruit chunks. Subsequent observations revealed staff F to quickly take client #11's plate to the kitchen as client #11 attempted to grab other fruit chunks from his plate. Interview with staff F on 5/15/19 revealed client #11 should not have been served large fruit chunks with his breakfast meal and should have had a smaller chopped diet.

Record review for client #11 on 5/15/19 revealed a individual habilitation plan (IHP) dated 10/19/18. Review of the IHP revealed a physician's order dated 02/26/19 for a 1200 calorie, chopped bite size (1/2 inch) pieces of food, with 1800 ml of fluid daily.

Interview with the qualified intellectual disabilities professional on 5/15/19 confirmed client #11 should have been served a breakfast plate with all food items cut to the appropriate size of 1/2 inch chopped bite size pieces, as prescribed by the physician.