

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

PRINTED: 05/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2019
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HOMES-MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>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.</p>	W 189	<i>*See attached</i>	7-15-19
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p>	W 227		

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

TITLE

(X6) DATE

Derek Brisse, Clinical Director 6-3-19

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.

1965-1966

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Blue Ridge Group Homes – Madison

Plan of Correction

5/15/2018

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W 189 Staff Training Program

The facility failed to provide staff training that enables direct care staff to perform their duties effectively and efficiently related to observing client privacy.

The Mars Hill QIDP will provide training to the staff that will enable them to effectively and efficiently observe client privacy. The Mars Hill QIDP will also train staff on the importance of allowing each client the opportunity to perform his or her own daily living tasks.

The QIDP Assistant will create privacy guidelines for the clients #2 and #3. These guidelines will instruct staff on how to better assist clients in practicing privacy skills.

Regular interaction assessments, and any follow-up thereby identified, will be conducted by the clinical and management teams, in order to ensure continued compliance with the expectation that 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.

Responsible Persons: QIDP, QIDP Assistant

Mechanism to ensure compliance: Regular assessment

Frequency of Mechanism: At least monthly in each group home

W 227 Individual Program Plan

The facility failed to assure that ISPs for 2 sampled clients included objective training to meet the clients' needs relative to fire drill evacuations.

The Mars Hill QIDP Assistant will implement training objectives for clients #21 and #15 to address the identified need to consistently exit the home in a timely manner during fire drills.

Regular assessments and chart reviews, and any follow-up thereby identified, will be conducted by the QIDP, in order to ensure continued compliance with the expectation that the individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment.

Responsible Person: QIDP Assistant

Mechanism to ensure compliance: Review by QIDP

Frequency of Mechanism: At least quarterly

Codie New

Qualified Intellectual Disabilities Professional

Blue Ridge Area Foundation

31 College Place Suite 306

Asheville, NC 28803

June 1st, 2019

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To the DHHS survey team:

On behalf of all the clients and the entire support team at Blue Ridge Homes – Madison, thank you for the time and energy you spent with us last week helping us to improve our services. Following, you will find our plan to correct the issues cited during the survey. We look forward to the improved outcomes you have helped us to identify.

Thank you again.

Sincerely,

Codie New, QIDP

W 242 Individual Program Plan

The team failed to ensure the individual support plan for 1 of 2 sampled clients included objective training to address observed needs relative to privacy.

The QIDP Assistant will write and implement objective training for client #1 to address the identified need for privacy skills. This training program will be centered around the need to knock on doors before entering them.

Regular assessments and chart reviews, and any follow-up thereby identified, will be conducted by the QIDP, in order to ensure continued compliance with the expectation that 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.

Responsible Person: QIDP Assistant

Mechanism to ensure compliance: Review by QIDP

Frequency of Mechanism: At least quarterly

W 249 Program Implementation

The team failed to ensure objectives listed on the ISPs for 2 sampled clients were implemented correctly and with sufficient frequency to support the achievement of the objectives.

The Clinical Support Specialist will conduct training with staff on the implementation of client #29's communication program. The Clinical Support Specialist will conduct training with staff on the implementation of client #14's eating guidelines. The training will include discussion of the importance of notifying management when materials are needed for program implementation.

Regular interaction and mealtime assessments, and any follow-up thereby identified, will be conducted by the clinical and management teams, in order to ensure continued compliance with the expectation that 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.

Responsible Persons: Clinical Support Specialist

Mechanism to ensure compliance: Regular assessment

Frequency of Mechanism: At least monthly in each group home

W 288 MGMT of Inappropriate Client Behavior

The facility failed to assure techniques used to manage inappropriate behavior were not used as a substitute for an active treatment program.

The Behavior Specialist will ensure prevention and intervention strategies are included in client #25's behavior support plan to address laying in the floor. The Behavior Specialist will also train staff on this change in the behavior support plan.

Regular interaction assessments, and any follow-up thereby identified, will be conducted by the clinical and management teams, in order to ensure continued compliance with the expectation that techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.

Responsible Persons: Behavior Specialist

Mechanism to ensure compliance: Regular assessment

Frequency of Mechanism: At least monthly in each group home

W 440 Evacuation Drills

The facility failed to conduct fire drills with the appropriate number of staff members for the third shift of personnel.

The Site Director will train the Shift Supervisors and direct support personnel regarding the correct number of staff to be involved in fire drills on each shift.

Regular reviews of drill reports, and any follow-up thereby identified, will be conducted by the Site Director, in order to ensure continued compliance with the expectation that the facility must hold evacuation drills at least quarterly for each shift of personnel.

Responsible Person: Site Director

Mechanism to ensure compliance: Review of reports

Frequency of Mechanism: At least quarterly

W 463 Food and Nutrition Services

The facility failed to ensure all modified diets were prepared in the specially prescribed guidelines for client #11.

The Clinical Support Specialist will train staff on client #11's prescribed diet. This training will include how to properly cut food into bite sized pieces.

Regular mealtime assessments, and any follow-up thereby identified, will be conducted by the clinical and management teams, in order to ensure continued compliance with the expectation

that the client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets.

Responsible Persons: Clinical Support Specialist

Mechanism to ensure compliance: Regular assessment

Frequency of Mechanism: At least monthly for each group home

