

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

PRINTED: 07/11/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2019
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-KENMORE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 KENMORE STREET 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 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure 2 of 2 sampled clients (#1 and #3) were provided opportunities for choice and self management relative to breakfast menu options. The finding is:</p> <p>Observations in the group home on 7/10/19 at 7:05 AM revealed Client #3 to exit his bedroom area and walk to the kitchen to request breakfast. Continued observation revealed staff C to verbally offer client #3 menu options of grits, oatmeal or applesauce of which the client verbally responded with "applesauce". Staff C was then observed to ask client #3 if the client wanted toast to which the client responded "yes, toast." Subsequent observation revealed staff C to access the toaster from a cabinet and with client #3's assistance bread was placed into the toaster. Additional observation revealed the toaster to not work and staff C and D to confirm the toaster was broken. Client #3 was then observed to take applesauce, milk and watermelon, offered by staff C, to the dining table for his breakfast meal. Staff C was not observed to offer client #3 another preparation method for toast or a substitute for toast after the toaster was observed to be broken.</p> <p>Observation at 7:10 AM revealed client #1 to enter the kitchen area to prepare his breakfast meal. Staff C was observed to offer client #1 a choice of grits or oatmeal of which the client chose oatmeal. Client #1 was further observed to</p>	W 247	<p>See attached form</p> <p>RECEIVED</p> <p>JUL 29 2019</p> <p>DHSR NH L & C Black Mountain / WRO</p>	8/30/19

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

TITLE

(X6) DATE

[Signature] BS/QP

Residential Program Administrator

7/25/19

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.

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W 247	Continued From page 1 place pieces of watermelon on a serving dish and to take oatmeal, watermelon and milk to his place setting at the dining table. Observation of the breakfast menu revealed a protein choice of egg or cheese, a choice of 1 cup of grits or 1 slice of toast with 1/2 cup of grits, 1/2 cup of applesauce and milk. Interview with the qualified intellectual disabilities professional (QIDP) verified clients #1 and #3 should have been offered a protein of egg or cheese as indicated on the menu. The QIDP further verified toast should have been prepared with the stove/oven or a substitute for toast should have been offered after client #3 requested toast.	W 247			
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, interview and record review, the interdisciplinary team failed to assure consistent interventions and services to support the needs identified in the individual support plan (ISP) for 1 of 2 sampled clients (#2) relative to hand washing. The finding is:	W 249	See attached Form	8/30/19	

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W 249	<p>Continued From page 2</p> <p>Observations in the group home on 7/9/19 at 4:52 PM revealed client #2 to enter the kitchen to assist with dinner preparation and staff A prompted the client to wash his hands. Client #2 was observed to wash his hands with water only for 2-3 seconds. Staff A was observed to have directed her attention to another client in the kitchen at that time. Further observations revealed client #2 to then assist with dinner preparation.</p> <p>Continued observations on 7/10/19 at 7:00 AM revealed client #2 to enter the kitchen to assist with breakfast preparation and staff C prompted the client to wash his hands. Client #2 was observed to wash his hands with soap for 10-15 seconds only. Staff members C, D and G were in the kitchen area at that time. No staff were observed directing the client while he was at the sink.</p> <p>Review of the record for client #2 on 7/10/19 revealed an ISP dated 5/3/19. The ISP contained a current program objective for client #2 titled Handwash Program. The program directions for staff indicated client #2 was to be prompted to wash hands, and then wash his hands with soap and water for 30 seconds.</p> <p>Interview with the qualified intellectual disabilities professional on 7/10/19 confirmed the hand washing program for client #2 was current and confirmed staff should run the program as prescribed at all opportunities to support achievement of the objective.</p>	W 249			

Plan of Correction
Kenmore Group Home
Annual Recertification Survey
July 8 and 9, 2019

RECEIVED

JUL 29 2019

DHSR NH L & C
Black Mountain / WRO

W247-Individual Program Plan. The individual program plan must include opportunities for client choice and self-management.

DSP's will be re-trained on using the menu, appropriate substitutions for various menu items, and resident participation in meal preparation.

Success of this re-training will be measured during observation/coaching sessions done by the Program Administrator, Residential Services Director, QP's, and/or the Shift Manager's.

All re-training and observation/coaching sessions will be completed by August 30, 2019

W249—Program Implementation. 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 individual program plan.

1. DSP's will be re-trained on how to run programs and how to follow routines included in various programs outside of the trials in which data is collected.
2. Visual cue cards will be updated to include the number of seconds or 'counts' needed for good handwashing.

Success of this re-training will be measured during observation and coaching sessions done by the Program Administrator, Residential Services Director, QP's, and/or Shift Manager's.

All retraining and observation/coaching sessions will be completed by August 30, 2019

Andrea Cay BS/QP 7/25/19
Residential Program Administrator