S FOR MEDICARE & I	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT			OMB NC	0938-0391
		(Y2) MULT				
	IDENTIFICATION NUMBER:	, ,			(X3) DATE COMF	SURVEY PLETED
	34G031	B. WING _			08/	07/2019
ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ST OPPORTUNITIES-OR	AHOUSE					
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION DATE
CFR(s): 483.440(c)(4 The individual program objectives necessary as identified by the co) m plan states the specific to meet the client's needs, omprehensive assessment	W 2	227			
This STANDARD is r Based on observation staff interview, the indi- failed to have sufficient identified needs relate pre-vocational or edur sampled clients (#3, # address dining skill ne clients (#6). The findi A. The ISP failed to a pre-vocational or edur Examples include: Observation during the no observation of clie vocational, pre-vocati as the client was not if site or engaged in any activity during the sur Review of the record revealed an ISP dated	not met as evidenced by: ns, review of records and lividual support plans (ISPs) nt objectives to address ed to vocational, cational needs for 3 of 3 45 and #6) and failed to eeds for 1 of 3 sampled ings are: address vocational, cational needs for client #5. e 8/6-7/19 survey revealed nt #5 to participate in onal or educational training in attendance at a vocational y community integration vey dates. for client #5 on 8/7/19 d 5/16/19. Documentation					
by color, shape and s the client could not id been working on hand purchases. Continued reveal a current adap assessment. The cur	ize. The ISP also indicated entify coins or bills, but had dling money and making d review of the ISP did not tive behavior inventory or rent program objectives					(X6) DATE
	SUMMARY ST (EACH DEFICIENC REGULATORY OR L INDIVIDUAL PROGR CFR(s): 483.440(c)(4 The individual program objectives necessary as identified by the correquired by paragraph This STANDARD is r Based on observation staff interview, the inor failed to have sufficient identified needs related pre-vocational or edur sampled clients (#3, # address dining skill ne clients (#6). The findit A. The ISP failed to a pre-vocational or edur Examples include: Observation during the no observation of clie vocational, pre-vocati as the client was not site or engaged in any activity during the sur Review of the record revealed an ISP dated within the ISP indicate by color, shape and s the client could not id been working on hand purchases. Continued reveal a current adap assessment. The cur	ROVIDER OR SUPPLIER ST OPPORTUNITIES-ORA HOUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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 observations, review of records and staff interview, the individual support plans (ISPs) failed to have sufficient objectives to address identified needs related to vocational, pre-vocational or educational needs for 3 of 3 sampled clients (#3, #5 and #6) and failed to address dining skill needs for 1 of 3 sampled clients (#6). The findings are: A. The ISP failed to address vocational, pre-vocational or educational needs for client #5. Examples include: Observation of client #5 to participate in vocational, pre-vocational or educational reation at the client was not in attendance at a vocational site or engaged in any community integration activity during the survey dates. Review of the record for client #5 can sort objects by color, shape and size. The ISP also indicated the client could not identify coins or bills, but had been working on handling money and making purchases. Continued review of the ISP did not reveal a current adaptive behavior inventory or assessment. The current program objectives	ROVIDER OR SUPPLIER ST OPPORTUNITIES-ORA HOUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) W: 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. W: This STANDARD is not met as evidenced by: Based on observations, review of records and staff interview, the individual support plans (ISPs) failed to have sufficient objectives to address identified needs related to vocational, pre-vocational or educational needs for 3 of 3 sampled clients (#3, #5 and #6) and failed to address dining skill needs for 1 of 3 sampled clients (#6). The findings are: A. The ISP failed to address vocational, pre-vocational or educational needs for client #5. Examples include: Observation during the 8/6-7/19 survey revealed no observation of client #5 to participate in vocational, pre-vocational or educational training as the client was not in attendance at a vocational site or engaged in any community integration activity during the survey dates. Review of the record for client #5 on 8/7/19 revealed an ISP dated 5/16/19. Documentation within the ISP indicated client #5 can sort objects by color, shape and size. The ISP also indicated the client could not identify coins or bills, but had been working on handling money and making purchases. Continued review of the ISP did not reveal a current adaptive behavior inventory or assessment. The current program objectives	ROVIDER OR SUPPLIER S ST OPPORTUNITIES-ORA HOUSE ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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. W 227 This STANDARD is not met as evidenced by: Based on observations, review of records and staff interview, the individual support plans (ISPs) failed to have sufficient objectives to address identified needs related to vocational, pre-vocational or educational needs for 3 of 3 sampled clients (#3, #5 and #6) and failed to address dining skill needs for 1 of 3 sampled clients (#6). The findings are: A. The ISP failed to address vocational, pre-vocational or educational needs for client #5. Examples include: Observation during the 8/6-7/19 survey revealed no observation of client #5 to participate in vocational, pre-vocational or educational training as the client was not in attendance at a vocational site or engaged in any community integration activity during the survey dates. Review of the record for client #5 on 8/7/19 revealed an ISP dated 5/16/19. Documentation within the ISP indicated client #5 can sort objects by color, shape and size. The ISP also indicated the client could not identify coins or bills, but had been working on handling money and making purchases. Continued review of the ISP did not reveal a current adaptive behavior inventory or	ROWDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ST OPPORTUNITIES-ORA HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE ILL ILL STREET ADDRESS, CITY, STATE, ZIP CODE ILL ILL STREET ADDRESS, CITY, STATE, ZIP CODE ILL ILL ILL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ADDRESDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ILL INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) W 227 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) W 227 This STANDARD is not met the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. W 227 This STANDARD is not met as evidenced by: Based on observations, review of records and staff interview, the individual support plans (ISPs) failed to have sufficient objectives to address identified needs related to vocational, pre-vocational or educational needs for 3 of 3 sampled clients (#3, #5 and #6) and failed to address dining skill needs for 1 of 3 sampled clients (#6). The findings are: A. The ISP failed to address vocational, pre-vocational or educational register on 3 of 2 staff or engaged in any community integration activity during the 8/6-7/19 survey revealed no observation of client #5 to participate in vocational, pre-vocational or educational training as the client was not in attendance at a vocational still or engaged in any community integration activity during the survey dates. Review of the record for client #5 on 8/7/19 revealed an ISP dated 5/16/19. Documentation within the ISP indicated client #5 con sol biles, but had been working on handling money and making purchases.	ROWDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE ST OPPORTUNITIES-ORA HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USE IDEMIFYING INFORMATION) PREFX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USE IDEMIFYING INFORMATION) INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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. W 227 This STANDARD is not met as evidenced by: Based on observations, review of records and staff interview, the individual support plans (ISPs) failed to have sufficient objectives to address identified needs related to vocational, pre-vocational or educational needs for 3 of 3 sampled clients (#6). The findings are: A. The ISP failed to address vocational, pre-vocational or educational training as the client was not in attendance at a vocational site or engaged in any community integration activity during the 8/6-7/19 survey revealed no observation of client #5 on 8/7/19 revealed an ISP dated 5/16/19. Documentation within the ISP findicated client #5 on 8/7/19 revealed an ISP dated 5/16/19. Documentation within the ISP findicated client #5 as so this, but had been working on handling money and making purchases. Continued review of the ISP did not reveal a current adaptive behavior inventory or assessment. The current program objectives

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

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.

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & M					FORM	APPROVED 0. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	34G031	B. WING			08/	07/2019	
NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
BLUEWEST OPPORTUNITIES-ORA	HOUSE			5 ORA STREET SHEVILLE, NC 28801			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
 which included activitie educations skills and which included activitie educations skills and which educations skills and which educational and vocate tasks within this programatic tasks within this programatic tasks within this programatic tasks within the programatic tasks did not inclus pre-vocational or educational or educational, pre-vocational (QIDP) of #5 did not have a curre vocational, pre-vocational, pre-vocational, pre-vocational, pre-vocational, pre-vocational, pre-vocational needs. A QIDP verified client #6 daily vocational site or for community integration deficits. B. The ISP failed to a pre-vocational or educational or educational or educational and educational or educational and educational activity. B. The ISP failed to a pre-vocational or educational and educational or educational and educational and educational and educational activity. B. The ISP failed to a pre-vocational or educational and the professional or educational and the professional activity integration dates. Review of the record for client #6 revealed an ISP datect for client #6 revealed an ISP datect and the professional activity integration dates. 	d a "Daily Tasks" program, es of daily living skills, vocational skills. long term objective was for his independence and skill ties of daily living and ional skills. Review of the am included bathing, drying valking and washing dishes. ude any vocational, cational skills. alified intellectual disabilities n 8/7/19, confirmed client ent assessment related to onal or educational needs. firmed client #5 did not m objectives specifically pre-vocational or dditional interview with the 5 did not attend a structured r have many opportunities tion to address vocational ddress vocational, cational needs for client #6.	W	227				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		CONSTRUCTION	(X3) DATE	
		34G031	B. WING	NG _			
	ROVIDER OR SUPPLIER	346031		6	TREET ADDRESS, CITY, STATE, ZIP CODE	08/	07/2019
	NOVIDER OR SOLT EIER				5 ORA STREET		
BLUEWE	ST OPPORTUNITIES-OR/	A HOUSE			SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
W 227	Further review of the program objectives to to clothing care, hygie exercise and food cho of the ISP revealed no address vocational, p skills. Interview with the QIE client #6 did not have related to vocational, educational needs. T the client could benef vocational and educa interview with the QIE attend a structured da many opportunities for address vocational de C. The ISP failed to a pre-vocational or educ Examples include: Observation during th no observation of clie vocational training as attendance at a vocat community integration dates. Review of the record revealed an ISP dated 1/2019 ISP revealed a assessment dated 5/2 "does not do" relative educational skills. Fut	ed with the proper numbers. current ISP revealed current o include objectives relative ene, hand dry dishes, opper use. Additional review o training objectives to re-vocational or educational OP on 8/7/19, confirmed current training objectives pre-vocational or The QIDP further confirmed it from goals to address tional deficits. Additional OP verified client #6 did not aily vocational site or have or community integration to efficits. address vocational, cational needs for client #3. the 8/6-7/19 survey revealed nt #3 to participate in the client was not in tional site or engaged in any n activity during the survey for client #3 on 8/7/19 d 1/14/19. Review of the a comprehensive functional 29/19 that indicated client #3	W	227			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G031	B. WING			08/07/2019		
NAME OF P	ROVIDER OR SUPPLIER	I			STREET ADDRESS, CITY, STATE, ZIP CODE			
BLUEWE	ST OPPORTUNITIES-OR/	A HOUSE			95 ORA STREET ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 227	 included goals relative oral hygiene, laundry Additional review of the additional training objectional vocational, pre-vocational confirmed client area confirmed area confirmed area confirmed area confirmed area confirmed area confirmed and cabbage. Further and cabbage. Further and cabbage. Further and cabbage. Further area and cabbage. Further area confirmed area con	e to dinner, physical activity, and to trace the letter "D". he ISP revealed no ectives to address onal or educational skills. DP on 8/7/19, confirmed current training objective I needs. The QIDP further buld benefit from additional ational and educational erview with the QIDP not attend a structured daily e many opportunities for h to address vocational address dining skill needs es include: hner meal on 8/6/19 at 5:50 b to sit at the table and all that included jambalaya er observation revealed client in his plate off the table with ndividual serving plate and to stand and drink all his at the end of his meal. At aner meal was it observed direction to client #3 relative client #6 revealed an ISP v of current program ISP included objectives re, hygiene, hand dry food chopper use. Further		22				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 08/16/2019 MAPPROVED D. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G031	B. WING			08/	07/2019
NAME OF PF	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BLUEWES	ST OPPORTUNITIES-OR/	AHOUSE			95 ORA STREET ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
W 227	Continued From page address dining skills.	: 4	w	227			
W 247	#6 will eat with his ha the table without redir interview with the QIE dining guidelines or tr dining skills. The QIE		w	247			
	Based on observation interview, the facility f non-sampled clients (opportunities for choid relative to their prescr A. The facility failed to choice and self mana breakfast meal for clies Observation in the gro AM revealed client #2 breakfast meal that in single serving of chees Continued observation complete his meal an verbally prompted to f kitchen. Observation #2 to re-enter the kitc bowl with applesauce	t choice and not met as evidenced by: n, record review and failed to assure 2 of 3 (#2 and #4) were provided ce and self management ribed diet. The finding is: to provide an opportunity for gement relative to the ent #2. Dup home on 8/7/19 at 7:50 2 to participate in the included for client #2: a ese, grits and toast. n revealed client #2 to d sit at the dining table until					

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	-	ID HUMAN SERVICES				FORM	08/16/2019 APPROVED
STATEMENT O	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE S COMPL	
		34G031	B. WING			08/0	7/2019
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE	E, ZIP CODE		
BLUEWES	ST OPPORTUNITIES-OR	A HOUSE		5 ORA STREET SHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIN CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
W 247	8:18 revealed client # area and again grab t applesauce and to tak serving spoon in the b time during redirection additional food option breakfast menu on 8/7 reflect: 1 oz. cheese of toast and 1/2 c. grits, Review of records for a nutritional assessme regular diet, allow dou Interview with the qua professional (QIDP) o allowed seconds of pr interview with the QID offered client #2 a sec the client returned to the serving bowl with app B. The facility failed the choice and self manage breakfast meal for clief Observation in the gro AM revealed client #4 breakfast meal that in an egg, grits and apple observed to repeat a p directed by staff A to p At no time during clief	2 to return to the kitchen the serving bowl with ke multiple bites with the bowl until redirected. At no in was client #2 offered an . Observation of the 7/19 revealed the menu to or egg, 1 c. grits or 1 slice of 1/2 c. applesauce. . client #2 on 8/7/19 revealed ent dated 3/7/19. Review of nt revealed a prescribed uble portions of protein only. Alified intellectual disabilities on 8/7/19 verified client #2 is rotein at meals. Further DP verified staff should have cond serving of protein when the kitchen and grabbed the desauce. . to provide an opportunity for gement relative to the ent #4. Dup home on 8/7/19 at 7:45 to participate in the icluded for client #4: toast, lesauce. Continued client #4 to complete his conds to which staff A	W 247				

Facility ID: 942816

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 08/16/2019 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G031	B. WING			08/	07/2019
NAME OF PI	ROVIDER OR SUPPLIER		•	ST	REET ADDRESS, CITY, STATE, ZIP CODE		
BLUEWES	ST OPPORTUNITIES-OR/	A HOUSE			5 ORA STREET SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI> TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
W 247	a nutritional assessme the 5/2019 assessme regular diet with doul vegetables. Interview with the QIE #4 is allowed seconds prescribed. Further in verified staff should h of fruit or appropriate requested seconds at PROGRAM IMPLEMI CFR(s): 483.440(d)(1 As soon as the interd formulated a client's i each client must rece treatment program co interventions and sen and frequency to sup objectives identified in plan. This STANDARD is r Based on observatio records, the team failed listed on the individua of 3 sampled clients (implemented with suf the achievement of th communication. The A. The team failed to objective for client #5	client #4 on 8/7/19 revealed ent dated 5/8/19. Review of int revealed a prescribed ble portions of fruits and OP on 8/7/19 verified client is of fruits and vegetables as interview with the QIDP ave offered client #4 a piece substitute when client #4 it the breakfast meal. ENTATION) isciplinary team has individual program plan, ive a continuous active insisting of needed vices in sufficient number port the achievement of the in the individual program hot met as evidenced by: ins, interviews and review of ed to ensure objectives al support plans (ISPs) for 2 #5 and #6) were ficient frequency to support ie objectives relative to findings are:	W 2				
W 249	requested seconds at PROGRAM IMPLEMI CFR(s): 483.440(d)(1 As soon as the interd formulated a client's i each client must rece treatment program co interventions and serv and frequency to sup objectives identified in plan. This STANDARD is r Based on observatio records, the team fail listed on the individua of 3 sampled clients (implemented with suf the achievement of th communication. The A. The team failed to	the breakfast meal. ENTATION) isciplinary team has individual program plan, ive a continuous active onsisting of needed vices in sufficient number port the achievement of the in the individual program not met as evidenced by: ins, interviews and review of ed to ensure objectives al support plans (ISPs) for 2 #5 and #6) were ficient frequency to support ie objectives relative to findings are: ensure the communication was implemented as	W 2	249			

Facility ID: 942816

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G031	B. WING			08/	07/2019	
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	•		
BLUEWES	T OPPORTUNITIES-OR	A HOUSE			ORA STREET SHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 249	Continued From page	27	W 2	249				
	and during the breakf client #5 to eat all of h all, or almost all of his working in the home of observed prompting the manual sign language meals. Review of the record revealed an ISP dated the client is non-verbar revealed documentation language professional could benefit from a m program for expression of the current program	he client with any kind of e before, during or after the for client #5 on 8/7/19 d 6/3/19. The ISP indicated al. Further review of the ISP ion from the speech II, which indicated client #6						
	program revealed sta verbal cues for "more	ff were to use modeling and " during meals and snacks tate the manual sign used						
	professional (QIDP) of should have been run for manual sign use a	alified intellectual disabilities on 8/7/19 confirmed staff uning the program objective it all opportunities, which both meals observed during						
	B. The team failed to objective for client #6 prescribed. Example:	•						
	client #6 to participate	he 8/6-7/19 survey revealed e in various activities / to include outside leisure						

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	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		TE SURVEY MPLETED
		240024	B. WING			
		34G031			0	8/07/2019
NAME OF P	ROVIDER OR SUPPLIER			IREET ADDRESS, CITY, STATE, ZIP CODE		
BLUEWE	ST OPPORTUNITIES-O	RA HOUSE		5 ORA STREET SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
W 249	participation. Obse #6 to be verbally pr activity transitions v schedule. Observa wall in the dining ar with various picture client #6 on it althou observed to be use survey. Review of records f revealed an ISP da 5/7/19 ISP revealed severe intellectual of review of the ISP for guidelines impleme schedule guidelines client does best wh his day to reduce st support his indepen revealed the sched hours. Continued n revealed directives include: Post curren board. When time to schedule strip to cli as much as possibl for the next task. G then point to directive take the picture of t finished pocket.	aration, medication dinner and breakfast meal rvations further revealed client ompted by various staff during with no use of a physical tion in the group home of a ea revealed a schedule board s on a strip and the name of ugh the board was never d with the client during the or client #6 on 8/6-7/19 ted 5/7/19. Review of the d a diagnosis that included disability and autism. Further rr client #6 revealed schedule nted 5/22/13. Review of s for client #6 revealed the en a schedule helps organize tress and make choices that idence. Schedule frequency ule to be used during awake eview of schedule guidelines for using the schedule to nt schedule strip on schedule to begin a new activity, take ent #6. Use gestural prompts e. Point to the picture/symbol tive client #6 time to process, on of activity. Client #6 is to he last task and put it in the acility QIDP on 8/7/19 uld have been implementing a for activity transitions of client	W 249	DEFICIENCY)		

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		ID HUMAN SERVICES			FOF	RM APPROVED
		MEDICAID SERVICES				IO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		E SURVEY IPLETED
		34G031	B. WING		0	8/07/2019
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZI		
BLUEWES	ST OPPORTUNITIES-OR	A HOUSE		95 ORA STREET		
				ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIZ TAG	PROVIDER'S PLAN (CEACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE

Facility ID: 942816

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