

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

PRINTED: 08/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-MONTFORD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5 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 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, record review and staff interview, the facility failed to assure staff were effectively trained with regard to behavior management for 1 of 4 sampled clients (#3) and protecting client health with handwashing for 2 of 4 sampled clients (#1 and #3). The findings are:</p> <p>A. The facility failed to ensure support for client #3 relative to behavior management. For example:</p> <p>Observation on 7/31/19 at 6:55 AM revealed staff D and client #3 to walk to the medication room of the group home. Further observation revealed client #3 to take a cup of water to the medication room and staff D to carry a personal beverage container into the medication room. Observation at 7:05 AM revealed loud noises to come from the medication room while staff E went to the medication room, knocked on the door with no response from staff, used a key to open the door and assisted client #3 with exiting the medication room holding staff D's personal beverage container. Staff D was observed to look disheveled with glasses crooked and hair in disarray while staff D stood in the group home hallway.</p> <p>Review of records for client #3 on 7/31/19 revealed an individual support plan (ISP) dated</p>	W 189	<p>See attached form</p> <p>RECEIVED</p> <p>AUG 12 2019</p> <p>DHSR NH L & C Black Mountain / WRO</p>	9/20/19
-------	--	-------	---	---------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Linda Kay BS/SP Residential Program Administrator</i>	TITLE	(X6) DATE 8/9/19
---	-------	---------------------

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.

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

PRINTED: 08/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/31/2019
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-MONTFORD HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 5 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 189	<p>Continued From page 1</p> <p>9/12/18. Further review of the ISP revealed a behavior support plan dated 9/22/16 with target behaviors of aggression, property destruction and agitation. Continued review of the ISP revealed the plan to state common triggers for behaviors of client #3 have included: obsessiveness about drinks and attempts with success at times to steal drinks. The ISP further revealed client #3 will drink any unattended drinks he can find. He will attempt to drink coffee straight out of the coffee pot and drinks out of the faucet when he goes into the bathroom.</p> <p>Interview with staff D on 7/31/19 verified client #3 had physically agressed her as the client attempted to get her beverage container. Further interview with staff D revealed client #3 obsesses over drinks and staff is unable to leave personal drinks around the client or he steals them. Additional interview with staff D revealed she had coffee in the personal beverage container and client #3 particularly likes coffee. Interview with administration staff verified client #3 obsesses over drinks and staff D should not have had a beverage container with client #3 in the medication room as this is an identified trigger for the client.</p> <p>B. The facility failed to ensure proper client hygiene relative to handwashing for client #1. For example:</p> <p>Observation on 7/31/19 at 6:32 AM revealed client #1 to enter the medication room with staff D for his morning medications. Client #1 was observed to sit in a chair and assist with the morning medication pass without washing his hands or verbal prompts by staff to use sanitizer. Further observation during the medication pass</p>	W 189	See attached form	9/20/19	

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

PRINTED: 08/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/31/2019
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-MONTFORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 5 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 189	<p>Continued From page 2</p> <p>revealed staff to place multiple medication cassettes in client #1's hand and for the client to take off the correct plastic tab for each medication and place the tab into the trash can beside the client. Client #1 was observed to touch the top of the trash can with each tab placed into the trash can. Subsequent observation revealed no hand sanitizer or handwashing occurred after client #1 touched the trash can and continued participation in the medication administration process.</p> <p>Interview with staff D on 7/31/19 verified client #1 should have been prompted to wash his hands before the medication pass began and she failed to prompt the client to do so as she was nervous. Further interview with staff D verified she should have prompted the client to use sanitizer each time he touched the trash can during the medication administration process or allowed the client to put all tabs in a pile to be thrown away at the end of the med pass. Interview with administration staff verified handwashing should have occurred with client #1's medication pass and with each time the client touched the trash can.</p> <p>C. The facility failed to ensure proper client hygiene relative to handwashing for client #3. For example:</p> <p>Observation on 7/30/19 at 5:15 PM revealed client #3 to exit the activity room in the group home from riding an exercise bike and to be verbally prompted by staff A to "check schedule". Further observation revealed client #3 to check an activity schedule and walk to the kitchen to access dishes to set the table for the dinner meal with plates, cups and utensils for all clients</p>	W 189	See attached form	9/20/19

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

PRINTED: 08/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/31/2019
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-MONTFORD HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 5 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 189	Continued From page 3 without washing his hands. Subsequent observation revealed staff A to monitor client #3 while setting the table.	W 189			
W 382	Interview with administration staff and the facility qualified intellectual disabilities professional on 7/31/19 verified client #3 should have washed his hands before setting the table for the dinner meal. DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure medications for 1 of 3 sampled clients (#4) were kept locked except when being prepared for administration. The finding is: Observations in the group home on 7/30/19 at 4:56 PM revealed staff member A to access a storage container containing topicals and treatments for client #4. Further observations revealed staff A to take the storage container to client #4's room and leave it in the room unsupervised with client #4 while the client was preparing to take a shower. Continued observations at 5:00 PM revealed staff A to re-enter the bedroom to assist client #4 to the bathroom to take a shower, leaving the storage container in the bedroom unattended until approximately 5:15 PM. At that time, client #4 and staff A returned to the client's room. Interview with staff A on 7/30/19 confirmed the	W 382	See attached form	9/20/19	

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

PRINTED: 08/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/31/2019
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-MONTFORD HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 5 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 382	<p>Continued From page 4</p> <p>storage container contained prescribed topicals and treatments. Staff A stated she had assisted with the application of Vick's vapor rub ointment and petroleum jelly to the client's feet and toes after the shower. Observations of the items in the storage container included Vick's ointment, petroleum jelly, triamcinolone .5% cream, Eucerin cream, and Debrox 6.5% eardrops.</p> <p>Review of client #4's record on 7/31/19 revealed current physician's orders confirming the prescription of the topicals and treatments observed in the storage container for client #4. Interview with the facility registered nurse on 7/31/19 confirmed these topicals and treatments should not be left out of the medication room unattended, and the nurse indicated the topicals should have been administered in the medication room after the client's shower.</p>	W 382	See attached form	9/20/19	

AUG 12 2019

DHSR NH L & C
Black Mountain / WRO

W189 Staff Training Program 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.

- A. DSP's will be re-trained on refraining from bringing personal food or beverages into the group home. Additionally, signage will be placed on the front door reminding staff that bringing personal food and drinks is prohibited.
- B. DSP's will be re-trained on the importance of handwashing and good hygiene prior to and during medication administration. DSP's will be reminded that anyone involved in passing medications, both staff and residents must wash their hands prior to passing or taking medications. Additionally, staff will be reminded that if they or the residents touch the trashcan during the pass they will be required to sanitize their hands before touching medications.
- C. DSP's will be re-trained on the importance of handwashing prior to meal preparation and setting the table.

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 September 20, 2019

W382-Drug Storage and Record Keeping. The facility must keep all drugs and biologicals locked except when being prepared for administration.

All DSP's will be re-trained in proper administration and storage practices related to topical medications/treatments. Re-training will include ensuring that staff are aware that topical medications/treatments must be kept locked until the actual time of administration.

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 September 20, 2019

Ludaf Cary BS/SP
Residential Program Administrator

8/9/19