| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G267 | A. BUILDING _____ B. WING _____ | C 01/27/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BLUEWEST OPPORTUNITIES-KENMORE HOUSE** | **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 189 | STAFF TRAINING PROGRAM<br>CFR(s): 483.430(e)(1)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure staff was trained relative to the behavior support programs for 3 of 3 sampled clients (#1, #2 and #3). The finding is:<br><br>Review of the facility abuse and neglect investigations on 1/27/20 revealed an investigation started on 1/3/20 and completed on 1/6/20. Further review of the investigation revealed an incident which occurred on 1/3/20 at approximately 10:00 PM during third shift. The investigation documentation indicated one staff person (A) was working in the home with a total of three clients, and this was the first time staff A had worked in the group home. The facility investigation summary indicated client #2 began to have a behavior which included screaming and hitting things. Continued review of the documentation revealed staff A became scared at that time and locked herself in a bathroom and called the third shift supervisor, who then called the on-call supervisor. The investigation statement documentation for the 3rd shift supervisor indicated he arrived at the home approximately 30 minutes later and no client behaviors were occurring but client #3 had a bite mark on his arm which had not broken the skin, and client #1 indicated client #2 had hit him. Further review of the investigation summary indicated all clients were assessed by the facility | W 189 | | |

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 189 | Continued From page 1<br>nurse on the morning of 1/4/20, with no significant or apparent injury.<br><br>Review of the record for client #1 on 1/27/20 revealed a person centered plan (PCP) dated 1/23/19 which included a current behavior support plan (BSP) with target behaviors and staff interventions for agitation, aggression and self injurious behavior. Review of the record for client #2 revealed a PCP dated 8/7/19 which included a BSP dated 7/9/19 with target behaviors and staff interventions for self injurious behavior and aggression. Review of the record for client #3 revealed a PCP dated 1/23/19 which included a BSP dated 3/31/19 with target behaviors and staff interventions for harmful behavior including aggression and self injurious behavior.<br><br>Review of facility training policy and procedures on 1/27/20 revealed an orientation policy. The policy included procedures for assuring that all staff working with clients included "house specific" training. Interview with the facility program director on 1/27/20 confirmed this policy and procedure included training staff on client care plans and behavior support plans, prior to working alone with clients.<br><br>Interview with the facilty program director and the home manager on 1/27/20 confirmed staff A had not been specifically trained on client #1, client #2 or client #3's person centered plan or behavior support plans prior to working alone with them on 1/3/20. Therefore, the facility failed to assure Staff A was provided with the necessary training to perform client care effectively and competently. | W 189 | | |