

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

PRINTED: 01/15/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G209</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLUEWEST OPPORTUNITIES-PISGAH HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 PISGAHVIEW AVENUE ASHEVILLE, NC 28803</b>		
(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 5 of 6 clients residing in the home (#1, #3, #4, #5 and #6) were provided opportunities for choice and self management relative to meal preparation. The findings are:</p> <p>Observations in the group home on 1/7/20 from 5:00 PM to 6:00 PM revealed staff member A to get items from the refrigerator, freezer, pantry and cabinets. Further observation revealed staff to prepare beef pot pie, brussel sprouts and mixed berries. No clients were observed to assist with meal preparation.</p> <p>Observations in the group home on 1/8/20 from 7:00 AM to 8:00 AM revealed staff member C to get items from the refrigerator, pantry, and cabinets. Further observations revealed Staff C to prepare scrambled eggs, muffins, cream of wheat, and oatmeal for breakfast. No clients were observed assisting with meal preparation.</p> <p>Review of the record for client #1 on 1/8/20 revealed an individual service plan (ISP) dated 11/8/19. The ISP included a current Comprehensive Functional Assessment (CFA) which indicated the client enjoys heating up items in the microwave and making sandwiches.</p> <p>Review of the record for client #3 revealed an ISP dated 3/25/19. The ISP included a current CFA which indicated the client is able to do many</p>	W 247	<p>see attached</p> <p><b>DHSR - Mental Health</b></p> <p><b>FEB 04 2020</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	3/5/2020	

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

*Mary Maddonado*

*Ann QIOP*

TITLE

*Jan 28, 2020*

(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 247	Continued From page 1 things independently in the kitchen such as making his own sandwiches. Further review of the CFA revealed client #3 needs monitoring to ensure he uses appropriate portions.  Review of the record for client #4 revealed an ISP dated 9/2/19. The ISP included a current CFA which indicated client #4 to have cooking capabilities but is somewhat anxious and requires verbal, gestural and eyes on support mostly due to his anxiety.  Review of the record for client #5 revealed an ISP dated 5/15/19. The ISP indicated a current CFA which indicated the client enjoys helping in the kitchen but needs to be monitored to prevent food seeking.  Review of the record for client #6 revealed an ISP dated 3/22/19. The ISP included a current CFA which indicated the client enjoys helping in the kitchen.  Interview with the qualified intellectual disability professional (QIDP) on 1/8/20 confirmed all clients in the home are capable of participating in meal preparation at some capacity and should have been offered to assist during both meals by staff.	W 247	<i>see attached</i>	<i>3/8/2020</i>	
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	W 249	<i>See attached</i>	<i>3/8/2020</i>	

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W 249	<p>Continued From page 2</p> <p>objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the team failed to ensure guidelines listed on the individual support plans (ISPs) for 3 of 5 sampled clients (#1, #4 and #5) were implemented with sufficient frequency to support the achievement of the objectives relative to communication schedules. The findings are:</p> <p>A. The team failed to ensure the communication schedule guidelines were implemented as prescribed for client #5. For example:</p> <p>Observations in the group home on 1/7/20 from 4:05 PM to 6:45 PM revealed client #5 to have limited verbal communication skills. At 4:20 PM, the qualified intellectual disabilities professional (QIDP) was observed verbally and gesturally prompting the client to complete a calendar activity, and client #5 initially ignored the QIDP, and went to his bedroom. Continued observations from 4:45 PM to 6:30 PM revealed the QIDP verbally and gesturally prompting the client to be involved with other activities and chores including painting, using an exercise bike, washing hands, assisting with medication administration and preparing for dinner. Further observations during this period also revealed the QIDP and staff A frequently verbally and physically redirecting the client out of the kitchen/dining area due to food seeking behavior.</p> <p>Continued observations in the group home on 1/8/20 from 8:20 AM to 9:45 AM revealed the</p>	W 249	<i>See attached</i>	<i>3/8/2020</i>	

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W 249	<p>Continued From page 3</p> <p>QIDP and staff C using verbal, gestural and physical prompts to direct client to complete chores/activities including dressing, washing hands, medications administration and eating breakfast. Further observations during this period revealed staff C frequently verbally and physically re-directing the client out of the kitchen area during food seeking behavior. Subsequent observations revealed a schedule notebook for client #5 located on one of the kitchen counter spaces. The notebook included daily activity/chore schedules for morning, late morning, afternoon, late afternoon and the evening.</p> <p>Review of the record for client #5 on 1/8/20 revealed an ISP dated 5/15/19. The ISP included current schedule guidelines implemented to facility independence in activities of daily living. Continued review of the task directions to staff revealed the guidelines were to be used during all of the client's waking hours. The tasks also included prompting the client to engage in each activity using the prompt "check your schedule". The tasks included taking the schedule notebook to the client if he had difficulty going to the location of the notebook, as well as directing the client to check off the activity he had just completed and prompting as needed to initiate the next activity.</p> <p>Interview with the QIDP on 1/8/20 confirmed the communication/schedule guidelines are current for client #5 and confirmed all staff in the home should have been directing the client to use the schedules to assure the achievement of increased independence in daily activities.</p> <p>B. The team failed to ensure the communication</p>	W 249	<i>see attached</i>	<i>3/8/2020</i>	

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W 249	<p>Continued From page 4 schedule guidelines were implemented as prescribed for client #4. For example:</p> <p>Observations in the group home on 1/7/20 revealed client #4 returning from an outing at 5:20 PM. From 5:20 PM to 6:30 PM, when dinner started, the client was observed being verbally prompted by the QIDP to assist with various household chores, including assisting with dinner preparation which the client refused. The only time client #4 was prompted to check a schedule was at 5:30 PM, by staff D. Continued observations on 1/8/20 from 6:45 AM to 9:30 AM, revealed client #4 discussing bathing with staff C. Client #4 verbally indicated he wanted to wait and bathe in the evening. Further observations revealed the client to be verbally prompted by the QIDP and staff C to complete morning activities including medication administration, grooming/clothing and brushing teeth. Client #4 was observed frequently talking with the QIDP and staff C about the breakfast menu items and options. No staff were observed to prompt the client to check a schedule. Continued observations revealed a schedule notebook located on one of the kitchen counters which included morning and evening task schedules.</p> <p>Review of the record for client #4 on 1/8/20 revealed an ISP dated 9/2/19. The ISP included current schedule guidelines implemented to improve participation in activities of daily living. Continued review of the task directions revealed printed schedules had been developed for each portion of the day for each day of the week. The directions to staff included encouraging the client to independently look at and use the schedule, including prompting the client to check the schedule and initiate tasks as listed on the</p>	W 249	<i>See attached</i>	<i>3/8/2020</i>
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W 249	<p>Continued From page 5 schedule.</p> <p>Interview with the QIDP on 1/8/20 confirmed the communication/schedule guidelines are current for client #4 and confirmed all staff in the home should have been directing the client to use the schedules to assure the achievement of increased participation in daily activities.</p> <p>C. The team failed to ensure the communication schedule guidelines were implemented as prescribed for client #1. For example:</p> <p>Observations in the group home on 1/7/20 from 4:05 PM to 6:30 PM revealed client #1 to have limited verbal skills. The QIDP and staff A were observed over this period of time to verbally prompt client #1 to paint a craft, assist with medication administration and set the dining table. No staff members were observed prompting the client to a schedule. Further observations on 1/8/20 from 7:45 AM to 9:30 AM revealed the QIDP verbally prompting the client to assist with morning activities including medication administration, adjusting clothing, breakfast dining, and preparing lunch for the day program. At no time were any staff members observed prompting the client to check a schedule. Continued observations revealed a schedule notebook for client #1 located on one of the kitchen counters which included task schedules for the morning, afternoon and evening.</p> <p>Review of the record for client #1 on 1/8/20 revealed an ISP dated 11/8/19. The ISP included current schedule guidelines implemented to promote independence in activities of daily living. The task description indicated the schedule should be used during all waking hours. The</p>	W 249	<i>See attached</i>	<i>3/8/2020</i>	

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W 249	Continued From page 6 directions to staff prescribed prompting the client to check the schedule with a verbal "check schedule" when it is time for a task. The directions also advised staff to consistently prompt the client to complete tasks at appropriate times to prevent problems in the future.  Interview with the QIDP on 1/8/20 confirmed the communication/schedule guidelines are current for client #1 and confirmed all staff in the home should have been directing the client to use the schedules to assure the achievement of increased participation in daily activities.	W 249	See attached	3/8/2020	

## **PLAN OF CORRECTION**

### **Pisgah House Annual Recertification Survey**

**January 8, 2020**

#### **W247 Individual Program Plan CFRs**

**Individuals are provided opportunities for choice, encouraged and taught to make choices, and to exercise control over themselves and their environment.**

The agency will ensure that all DSPs are providing individuals with regular opportunities for active involvement in choosing, gathering, preparing, and serving snacks and meals to the best level of their independence based on the resident's individual CFA. The QIDP will provide a schedule as a guideline to ensure that all individuals (Clients #1-#6) have regular opportunities to exercise choice, involvement, and control regarding snack and mealtimes. The Certified Dietary Manager will assist DSPs in managing meal refusal and participation. The QIDP and Certified Dietary Manager will also provide a list of potential kitchen and food prep activities for each individual (Clients #1-#6), based on their interests, skills, and goals, as well as a place for DSPs to share suggested tasks.

Success of this retraining will be measured during observation and coaching sessions by the Residential Services Director, QIDP, Certified Dietary Manager, and Shift Supervisors.

Monitoring will occur at least bi-weekly.

All retraining will be completed by March 8, 2020.



## **PLAN OF CORRECTION**

**Pisgah House Annual Recertification Survey**

**January 8, 2020**

**W249 Program Implementation CFRs**

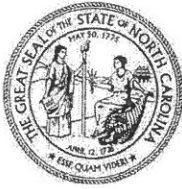
**Each individual is receiving training and services consistent with the current IPP.**

All DSP's will be retrained in residents' programs, schedules, and guidelines to ensure that all residents are consistently directed to their individual schedules for structure and support throughout the day as indicated in each individual's ISP guidelines. All DSP's will be retrained to ensure that Client #5 is directed to "check your schedule", and directly offered his schedule when necessary as per current ISP. DSPs will be retrained to ensure that Client #4 is encouraged to utilize his printed schedule independently to improve participation and initiate tasks, as per his ISP. All DSPs will be retrained in using the "check schedule" prompt to direct Client #1 to his schedule notebook in order for him to independently initiate tasks during all waking hours, as per current ISP.

Success of this retraining will be measured during observation and coaching sessions done by the Residential Services Director, QIDP, and Shift Supervisors.

Monitoring will occur at least weekly.

All retraining and observation/coaching sessions will be completed March 8, 2020.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

January 17, 2020

Ms. Chrissie Gulden, Executive Director  
Blue West Opportunities, Inc.  
P.O. Box 1250  
Asheville, NC 28802

Re: Recertification Completed January 8, 2020  
Blue West Opportunities- Pisgah House  
28 Pisaghtview Avenue, Asheville, NC 28803  
Provider Number 34G209  
MHL# 011-047  
E-mail Address: [CGulden@bluwestopportunities.org](mailto:CGulden@bluwestopportunities.org)

Dear Ms. Gulden:

Thank you for the cooperation and courtesy extended during the recertification survey completed January 8, 2020. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Standard level deficiencies were cited.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is March 8, 2020.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

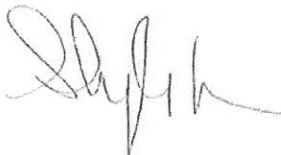
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call me at (828) 750-2702.

Sincerely,

A handwritten signature in black ink, appearing to read "Shyluer", written in a cursive style.

Shyluer Holder-Hansen  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Enclosures

Cc: QM@partnersbhm.org  
dhhs@vayahealth.com