		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) D			ATE SURVEY DMPLETED	
		34G092	B. WING) 06/2020	
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE	•		
BLUEWE	ST OPPORTUNITIES	-MARS HILLS RESIDENTIAL SEI	RV	BLUE RIDGE HOMES DRIVE #50 IARS HILL, NC 28754			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 000	INITIAL COMMENT	ſS	W 000				
W 122	Complaint Intake # CLIENT PROTECT CFR(s): 483.420		W 122				
	The facility must en protections requirer	sure that specific client nents are met.					
	The facility failed to written policies and mistreatment, negle and failed to ensure	is not met as evidenced by: o ensure implementation of procedures that prohibit ect or abuse of clients (W149) e appropriate corrective action o a finding of neglect (W157).					
W 149		IT OF CLIENTS	W 149				
	policies and proced	velop and implement written lures that prohibit ect or abuse of the client.					
	Based on staff inte document review, the policies and proced ensuring procedure	s not met as evidenced by: rview, record review and he facility failed to implement lures to prevent neglect by not is to assure client safety for 1 (#1). The findings are:					
	revealed a death in Further review of th	vestigations on 2/6/20 vestigation for client #1. e investigation revealed client					
LABORATORY	UIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGI	NATURĒ	TITLE		(X6) DATE	

ECTOR'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.

		AND HUMAN SERVICES			FORM	APPROVED 0938-0391
STATEMENT	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G		pleted C
		34G092	B. WING			06/2020
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-	
BLUEWE	EST OPPORTUNITIES	-MARS HILLS RESIDENTIAL SEF	RV	BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 149	#1 died from a chok during the dinner m investigation summ client started chokir dislodge the food us were unsuccessful summary indicated personnel were also measures and clien Continued review o revealed an intervie staff A. The summa dining room when the Staff A indicated the Brussel sprout piec client #1 was talking was told to "please just prior to choking statement summary chopped the client's sprouts using a fork Further review of the conclusion section of question whether climeet the prescribed diet. The conclusion remained a portion remained a portion remained an attached included document diet which included inch pieces to prevent	king incident which occurred heal on 10/21/19. The hary indicated that when the hg, facility staff attempted to sing abdominal thrusts, and and 911 was called. The emergency services o unsuccessful with life saving at #1 died at the facility. If the facility investigation ew statement summary from ary indicated staff A was in the he choking incident began. e client likely choked on a e or pieces and indicated g with food in his mouth, and stop talking, finish chewing", g. Review of the interview y from staff G indicated he had s food including the Brussel c and knife. he facility investigation on 2/6/20 revealed the lient #1's food was modified to d chopped to 1/2 inch piece on summary indicated that a, it was likely that there of the client's food which had larger than the prescribed	W 14	9		

DEPARTMENT OF HEALTH AND H CENTERS FOR MEDICARE & MEI				FORM	APPROVED 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PR	OVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	34G092	B. WING			C 06/2020		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
BLUEWEST OPPORTUNITIES-MARS	HILLS RESIDENTIAL SEI	ERV BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754					
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST B TAG REGULATORY OR LSC IDENT	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE		
W 149 Continued From page 2 tended to eat too fast, talk not drink while eating. Review of the facility spee evaluations on 2/6/20 for of last one completed was or evaluation indicated it was rapid rate of eating and no re-direction on cues to slow clearing the mouth. This e recommendation to chang chopped. Review of the facility accid 2/6/20 revealed an inciden dated 5/10/19. The incide when the client had finishe coughing. Review of the r dietician for this incident d the client was observed af indicated the client eats at not seem to tolerate many The note also indicated that the "Q assistant" about the "some type of formal eatin Further review of the facilit reports revealed an incide dated 7/12/19. Review of revealed that while client # started coughing. The rep Heimlich maneuver and ba to dislodge a piece of pot n note from the dietician rela dated 7/15/19 indicated the consistency was incorrect prescribed diet and the sta client had been recently tra gualified intellectual disabi	ch language pathology client #1 revealed the n 2/2/16. The s completed due to a on-compliance with w the rate of eating and evaluation included the ge the client's diet to dent/incident reports on nt report for client #1 ent report for client #1 ent report indicated that ed a meal, he started note from the facility ated 5/20/19 revealed fer the incident and a fast pace and does y staff verbal prompts. at she consulted with e possibility of adding ig program". ty accident/incident nt report for client #1 the incident description #1 was eating dinner he port indicated the ack thrusts were used roast. Review of the ated to the incident e roast beef based on the aff working with the ained. A note from the	W 149					

If continuation sheet Page 3 of 13

DEPARTMENT OF HEALTH AND HUMAN SERVICES						APPROVED
STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	MB NO. 0938-0391 (X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G		
		34G092	B. WING			C 06/2020
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SE			RV	BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	(QIDP) dated 7/22/ had been trained re consistency but trai these staff. Review revealed additional Continued review of reports revealed and dated 10/6/19. Rev revealed that while he began to choke, to clear his air way. dietician dated 10/1 appeared to be frus sit upright, slow dow the client "does not views as multiple ve indicated that follow monitoring and re-in provide the client w prompts while eatin related to this incide agreement with the needed at this time during a choking in the facility investiga A review of meal as facility dietician from revealed (2) meal a 12/11/2019. Intervi- she had conducted (1) time on 12/1/20 10/21/19. Additiona verified client #1 ha on 5/10/19, 7/12/19 death from choking interview with the di	nge 3 19, also indicated that staff egarding correct food ining would be "reissued" for v of training records on 2/6/20 staff training did occur. If the facility accident/incident incident report for client #1 view of the incident description client #1 was eating breakfast and staff had to "pat" his back Review of the note from the 7/19 indicated that the client strated due to staff prompts to wn and take drinks, and that seem to tolerate what he erbal prompts". The note also v-up would include continued nservice of staff on how to ith non-verbal and verbal ing. Review of the QIDP note ent dated 10/23/19 included dietician and "no changes are ". Client #1 died on 10/21/19 cident as described above in ition documentation. sessments on 2/6/20 by the n 5/2019 through 2/2020 issessments on 5/1/19 and ew with the dietician verified an on-site meal assessment 19, since client #1's death on al interview with the dietician of choking/coughing incidents of and 10/17/19 before his of 10/21/19. Subsequent ietician verified she had no sed monitoring of client #1	W 145			

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		AND HUMAN SERVICES				FORM	APPROVED
		& MEDICAID SERVICES	1			MB NO. 0938-0391	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		E SURVEY PLETED
			A. DOILDIN	۰-			C
		34G092	B. WING _				- 06/2020
NAME OF F	PROVIDER OR SUPPLIER				IREET ADDRESS, CITY, STATE, ZIP CODE		
BLUEWE	ST OPPORTUNITIES	-MARS HILLS RESIDENTIAL SEF	₹V		LUE RIDGE HOMES DRIVE #50 ARS HILL, NC 28754		
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETION DATE
					DEFICIENCY)		
		_	1				
W 149	Continued From pa	ge 4	W 14	9			
	after 5/10/19.						
	Continued review o	f the facility investigation					
	revealed a section i	dentified as actions to be					
		ctions to be taken revealed action recommended by the					
		m and management was to					
	change protocols for	or food consistency					
		ncluded chopping Brussel					
		auliflower and okra in a food of using a fork and knife for all					
		diets including chopped.					
		e facility (Big Laurel Building) PM revealed eight client's					
		and served modified diets.					
	The observations in	cluded clients with chopped					
		ets. All clients observed were					
		ets as prescribed and all clients d during the meal. Three					
		mbers (A,B,C) were					
		ime regarding training related					
		s for processing Brussel					
		auliflower and okra. All three / had received training.					
	Review of the facilit	y training records on 2/6/20					
	revealed a training	for all facility staff which					
	occurred on 10/29/ ⁻ processing protoco	19 related to the new food					
	processing protocol						
		y abuse, neglect and					
		and procedures on 2/6/20					
		ion of "neglect" included the ation in which staff do not					
		esponsibilities which in turn					
	affect the health, sa	afety, or well being of a					
	resident".						
	Interview with the fa	acility program administrator					

Facility ID: 922427

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DEPART CENTE	FORM	APPROVED 0938-0391				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G092	B. WING			C 06/2020
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SE			RV	BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754		
(X4) ID PREFIX TAG					BE	(X5) COMPLETION DATE
W 149 W 157	(PA) on 2/6/20 indic follow up with incide facility protocol, incl which occurred on 5/ have occurred on 5/ have occurred at le additionally confirm therapist should hav least an annual bass PA confirmed the cl objective related to client training had of Therefore, the facilit client #1, by failing f procedures were for assure health and s STAFF TREATMEN CFR(s): 483.420(d) If the alleged violati corrective action me This STANDARD is Based on staff inte document review, the evidence of approp 1 client (#1) who dia The findings are: Review of facility im- revealed a death im- Further review of th #1 died from a chood during the dinner m- investigation summ	cated the QIDP had failed to ents within three days as per luding the choking incident 10/17/19 as described above. ned the dietician monitoring 1/19 and 12/11/19, and should ast monthly. The PA ed the speech language we evaluated client #1 on at sis. Further interview with the ient did not have a program eating/dining and this lack of occurred since 2017. ty failed to prevent neglect for to assure protocols and llowed and/or monitored to safety. NT OF CLIENTS (4) on is verified, appropriate	W 149			

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		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	APPROVED 0938-0391		
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BUILDIN	G		C		
		34G092	B. WING		02/0	06/2020		
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE HOMES DRIVE #50				
BLUEWE	EST OPPORTUNITIES	-MARS HILLS RESIDENTIAL SEI	RV MARS HILL, NC 28754					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE		
W 157	were unsuccessful summary indicated personnel were also measures and clien Continued review of revealed an intervie staff A. The summary dining room when the Staff A indicated the Brussel sprout piece client #1 was talking was told to "please just prior to choking statement summary chopped the client's sprouts using a fork Further review of the conclusion section of question whether climeet the prescribed diet. The conclusion remained a portion remained a portion remained in pieces chopped to 1/2 inch Review of client #1' revealed an attached included documents which included food pieces to prevent client anot drink while eating	sing abdominal thrusts, and and 911 was called. The emergency services o unsuccessful with life saving it #1 died at the facility. If the facility investigation we statement summary from ary indicated staff A was in the he choking incident began. e client likely choked on a e or pieces and indicated g with food in his mouth, and stop talking, finish chewing", p. Review of the interview y from staff G indicated he had a food including the Brussel and knife. e facility investigation on 2/6/20 revealed the ient #1's food was modified to d chopped to 1/2 inch piece n summary indicated that e, it was likely that there of the client's food which had larger than the prescribed n pieces. s 3/13/19 ISP on 2/6/20 ed habilitation plan which ation client #1 was on a diet d being chopped into 1/2 inch noking due to a fast rate of entation indicated the client st, talk with his mouth full and	W 15					

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		AND HUMAN SERVICES				FORM	02/13/2020 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		34G092	B. WING				_ 06/2020
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BLUEWE	ST OPPORTUNITIES	-MARS HILLS RESIDENTIAL SEF	RV		BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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 157	evaluations on 2/6/2 last one completed evaluation indicated rapid rate of eating re-direction on cuess clearing the mouth. recommendation to chopped. Review of the facilit 2/6/20 revealed an dated 5/10/19. The when the client had coughing. Review of dietician for this inc the client was obse indicated the client not seem to tolerate The note also indica the "Q assistant" at "some type of forma Further review of th reports revealed an dated 7/12/19. Rev revealed that while started coughing. T Heimlich maneuver to dislodge a piece note from the dietic dated 7/15/19 indica consistency was ind prescribed diet and client had been reco qualified intellectual (QIDP) dated 7/22/2 had been trained re consistency but trai	20 for client #1 revealed the was on 2/2/16. The d it was completed due to a and non-compliance with s to slow the rate of eating and This evaluation included the o change the client's diet to ty accident/incident reports on incident report for client #1 e incident report for client #1 finished a meal, he started of the note from the facility ident dated 5/20/19 revealed rved after the incident and eats at a fast pace and does e many staff verbal prompts. ated that she consulted with bout the possibility of adding al eating program". the facility accident/incident incident report for client #1 view of the incident description client #1 was eating dinner he The report indicated the and back thrusts were used of pot roast. Review of the ian related to the incident	W 1	57			

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CENTERS FOR MEDICARE & MEDICALD SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X) PROVIDER INFURPELER/LIA JOENTIFICATION NUMBER (X) PROVIDER OR SUPPLER STREET ADDRESS. CITY. STATE. JP CODE BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SERV STREET ADDRESS. CITY. STATE. JP CODE BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754 (X) ID SUMMARY STATEMENT OF DEFICIENCIES RECULATORY OR LSC DENTIFYING INFORMATION) D PREFX PROVIDER SPRUE ACTION PROPERTING (CANDER SPRUE ACTION SUBJOACE DEEDED BY FULL RECULATORY OR LSC DENTIFYING INFORMATION) D PREFX PROVIDER SPRUE ACTION PROPERTING (CANDER SPRUE ACTION SPRUE ACTION SPRUE (CANDER SPRUE ACTION SPRUE ACTION SPRUE RECULATORY OR LSC DENTIFYING INFORMATION) D PREFX PROVIDER SPRUE ACTION PROPERTING (CANDER SPRUE ACTION PROPERTING (CANDER SPRUE ACTION PROPERTING ACTION PROPERTING (CANDER SPRUE ACTIO			AND HUMAN SERVICES			FORM	APPROVED
A BULLING C 02/06/2020 NAME OF PROVIDER OR SUPPLER BLUEWEST OPPORTUNITES-MARS HILLS RESIDENTIAL SERV STREET ADDRESS, CITY, STATE, 2P CODE BLUE RIDGE HOMES DRIVE #30 MARS HILLS RESIDENTIAL SERV DEVEMENT OPPORTUNITIES-MARS HILLS RESIDENTIAL SERV MARS HILL, NC 28754 OWINGE HOMES DRIVE #30 MARS HILL, NC 28754 MARS HILL, NC 28754 OWINGE FOR PLAN OF CORRECTION (EACH CORRECTIVE ACTION HOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) W 157 Continued From page 8 revealed additional staff training did occur. W 157 Continued review of the facility accident/incident reports revealed an incident report for Client #1 dated 10/6/19. Review of the note from the detician dated 10/17/19 indicated that had to "part" his back to clear his air way. Review of the note from the detician dated 10/17/19 indicated that the client appeared to be frustrated due to staff prompts to sit upright, slow down and take drinks, and that the client "does not seem to tolerate what he views as multiple verbal prompts". The note also indicated that follow-up would include continued monitoring and re-inservice of staff on how to provide the client with non-verbal and twrbal prompts while eating. Review of the QLP Prote related to this incident dated 10/23/19 included agreement with the dietician and "no changes are needed at this time". Client #1 died on 10/21/19 during a choking incident as described above in the facility investigation revealed a section detas taken r				(X2) MULTI			
34G92 B. WING 02/06/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SERV BLUE NIDGE HOMES DRIVE #50 MARS HILL, NC 28754 D <td>AND PLAN C</td> <td>F CORRECTION</td> <td>IDENTIFICATION NUMBER:</td> <td>A. BUILDIN</td> <td>NG</td> <td></td> <td></td>	AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	NG		
NAME OF PROVIDER OR SUPPLER STREET ADDRESS. CUTV. STATE, ZIP CODE BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SERV STREET ADDRESS. CUTV. STATE, ZIP CODE Image: Continued From State Provide Control of DEFICIENCIES Distrem Control of Contro of Contro of Control of Control of Control of Control of Control			34G092	B. WING _			
MARS HILLS NESIDENTIAL SERV MARS HILL, NC 28754 (M) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDENS PLAN OF CORRECTION (EACH ORRECTION MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PATE W 157 Continued From page 8 revealed additional staff training did occur. W 157 VI 157 Continued review of the facility accident/incident reports revealed an incident report for client #1 dated 10/8/19. Review of the incident description revealed that while client #1 was eating breakfast the began to choke, and staff had to "pat" his back to clean this air way. Review of the note from the dietican dated 10/17/19 indicated that the client appeared to be frustrated due to staff prompts to sit upright, slow down and take drinks, and that the client with no-verbal and werbal prompts while eating. Review of the QIDP note related to this incident dated 10/23/19 included agreement with the dietician and "no changes are needed at this time". Client #1 died on 10/21/19 during a choking incident as described above in the facility investigation documentation. Continued review of the facility investigation revealed a section identified as actions to be taken. Review of actions to be taken revealed the only corrective action recommended by the interfisciplinary team and management was to change protocols for food consistency modification. This included chopping Brussel sprouts, brocol, caulifower and Kari in a food	NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX TAG (EACH DEFICIENCY TO SUBJECT TO THE APPROPRIATE DEFICIENCY) Combine the construction of th	BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SE			२٧			
revealed additional staff training did occur. Continued review of the facility accident/incident reports revealed an incident report for client #1 dated 10/6/19. Review of the incident description revealed that while client #1 was eating breakfast he began to choke, and staff had to "pat" his back to clear his air way. Review of the note from the dietician dated 10/17/19 indicated that the client appeared to be frustrated due to staff prompts to sit upright, slow down and take drinks, and that the client "does not seem to tolerate what he views as multiple verbal prompts". The note also indicated that follow-up would include continued monitoring and re-inservice of staff on how to provide the client with non-verbal and verbal prompts while eating. Review of the QIDP note related to this incident dated 10/23/19 included agreement with the dietician and "no changes are needed at this time". Client #1 died on 10/21/19 during a choking incident as described above in the facility investigation revealed a section identified as actions to be taken. Review of actions to be taken revealed the only corrective action recommended by the interdisciplinary team and management was to change protocols for food consistency modification. This included chopping Brussel sprouts, broccoli, cauliflower and okra in a food	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	D BE	COMPLETION
Interview with the facility program administrator (PA) on 2/6/20 confirmed no additional corrective action was taken by facility administration/management except for the termination of the qualified intellectual disabilities	W 157	revealed additional Continued review of reports revealed and dated 10/6/19. Rev revealed that while he began to choke, to clear his air way. dietician dated 10/1 appeared to be frus- sit upright, slow dow the client "does not views as multiple ve indicated that follow monitoring and re-in provide the client w prompts while eatin related to this incide agreement with the needed at this time during a choking ind the facility investiga Continued review of revealed a section i taken. Review of a the only corrective a interdisciplinary tea change protocols for modification. This i sprouts, broccoli, ca processor instead of clients on modified Interview with the fa (PA) on 2/6/20 conf action was taken by administration/man	staff training did occur. f the facility accident/incident incident report for client #1 view of the incident description client #1 was eating breakfast and staff had to "pat" his back Review of the note from the 7/19 indicated that the client strated due to staff prompts to vn and take drinks, and that seem to tolerate what he erbal prompts". The note also v-up would include continued nservice of staff on how to ith non-verbal and verbal g. Review of the QIDP note ent dated 10/23/19 included dietician and "no changes are ". Client #1 died on 10/21/19 cident as described above in tion documentation. f the facility investigation dentified as actions to be ctions to be taken revealed action recommended by the m and management was to or food consistency ncluded chopping Brussel auliflower and okra in a food of using a fork and knife for all diets including chopped. acility program administrator irmed no additional corrective v facility agement except for the	W 15			

Facility ID: 922427

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		AND HUMAN SERVICES			FORM	: 02/13/2020 APPROVED . 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	`´CON	(X3) DATE SURVEY COMPLETED C	
		34G092	B. WING			06/2020	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,			
BLUEWE	EST OPPORTUNITIES	-MARS HILLS RESIDENTIAL SEI	RV	BLUE RIDGE HOMES DRIVE # MARS HILL, NC 28754	50		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		CTION SHOULD BE	(X5) COMPLETION DATE	
W 157 W 217	to assure administr choking incident res #1, included approp corrective action. INDIVIDUAL PROC CFR(s): 483.440(c) The comprehensive include nutritional s). Therefore, the facility failed ative and clinical follow-up to a sulting in the death of client oriate and comprehensive GRAM PLAN I(3)(v) e functional assessment must	W 1 W 2				
	Based on interview failed to re-assess nutritional status ind incidents of choking Review of facility in revealed a death in Further review of th #1 died from a chol during the dinner m investigation summ client started chokin dislodge the food u were unsuccessful summary indicated personnel were also measures and clier Continued review o revealed an intervie staff A. The summ dining room when t Staff A indicated the Brussel sprout piec	/ and record review, the facility 1 of 1 sampled client's (#1) cluding eating skills, after					

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	02/13/2020 APPROVED 0938-0391
STATEMENT OF DEFICIENC AND PLAN OF CORRECTION	IES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		34G092	B. WING			06/2020
NAME OF PROVIDER OR S	SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BLUEWEST OPPORT	UNITIES	-MARS HILLS RESIDENTIAL SEF	21/	BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754		
PREFIX (EACH D	EFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
just prior to statement s chopped th sprouts usi Further rev conclusion whether clip prescribed conclusion inconclusiv portion of th pieces larg inch pieces Review of o revealed ar included do which inclu pieces to p eating. The tended to e not drink w Review of t evaluations last one co evaluation rapid rate o recomment chopped. Review of t	"please choking summary e client's ng a forf iew of th section ent #1's chopped summary e, it was he client #1' n attache ocument ded food revent cl e docum hile eating he facilit on 2/6/2 mpleted indicated of eating on cues e mouth. dation to he facilit aled an (19. The	stop talking, finish chewing", stop talking, finish chewing", review of the interview from staff G indicated he had s food including the Brussel and knife. e facility investigation on 2/6/20 revealed question food was modified to meet the d to 1/2 inch piece diet. The ry indicated that though likely that there remained a 's food which had remained in he prescribed chopped to 1/2 s 3/13/19 ISP on 2/6/20 ed habilitation plan which ation client #1 was on a diet d being chopped into 1/2 inch hoking due to a fast rate of entation indicated the client st, talk with his mouth full and	W 217			

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	-	AND HUMAN SERVICES				FORM	APPROVED
		& MEDICAID SERVICES	T				0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY IPLETED
			The Boiles	···-		(С
		34G092	B. WING _				06/2020
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
BLUEWE	ST OPPORTUNITIES	-MARS HILLS RESIDENTIAL SEI	RV		LUE RIDGE HOMES DRIVE #50 IARS HILL, NC 28754		
		ATEMENT OF DEFICIENCIES	<u>_</u>	141	PROVIDER'S PLAN OF CORRECTIO		(1/5)
(X4) ID PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX		(EACH CORRECTIVE ACTION SHOULD) BE	(X5) COMPLETION DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIALE	DAIL
W 217	• • • • • • • • • • • • • • • • • • •	-	W 21	17			
		of the note from the facility					
		ident dated 5/20/19 revealed rved after the incident and					
		eats at a fast pace and does		1			
	not seem to tolerate	e many staff verbal prompts.		1			
		ated that she consulted with		1			
	"some type of forma	bout the possibility of adding al eating program".					
		ne facility accident/incident		1			
		n incident report for client #1 view of the incident description		1			
	revealed that while	client #1 was eating dinner he					
		The report indicated the		1			
		r and back thrusts were used of pot roast. Review of the					
		cian related to the incident		1			
	dated 7/15/19 indic						
		correct based on the I the staff working with the		1			
		ently trained. A note from the					
	qualified intellectua	l disabilities professional					
		19, also indicated that staff					
		egarding correct food ining would be "reissued" for					
	these staff. Review	v of training records on 2/6/20					
	revealed additional	staff training did occur.		1			
	Continued review o	f the facility accident/incident					
		n incident report for client #1					
		view of the incident description					
		client #1 was eating breakfast , and staff had to "pat" his back					
		Review of the note from the					
		17/19 indicated that the client					
		strated due to staff prompts to					
		wn and take drinks, and that seem to tolerate what he					
		erbal prompts". The note also					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						PRINTED: 02/13/2020 FORM APPROVED DMB NO. 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C		
34G092		B. WING		02/06/2020			
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SEF			RV BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 217	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 indicated that follow-up would include continued monitoring and re-inservice of staff on how to provide the client with non-verbal and verbal prompts while eating. Review of the QIDP note related to this incident dated 10/23/19 included agreement with the dietician and "no changes are needed at this time". Client #1 died on 10/21/19 during a choking incident as described above in the facility investigation documentation. Interview with the program administrator (PM) on 2/6/20 confirmed client #1 had not had a speech language pathology assessment since 2/2/16 even though the client continued to have issues with eating rapidly. Interview with the facility dietician on 2/6/20 revealed that speech language assessments are supposed to be completed annually when a client has new or ongoing eating issues. The dietician indicated she had consulted with the speech language pathologist by phone regarding client #1 on multiple occasions since the last evaluation, but no evidence was available.		W 217				

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