STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G344	A. BUILDING ______ B. WING ______	03/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-NEW STOCK HOUSE	**122 WOODLAND HILLS ROAD ASHEVILLE, NC 28804**

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure privacy was maintained for 1 of 3 sampled clients (#1) and 2 non-sampled clients (#2 and #5). The findings are: Observations in the group home on 3/3/20 at 7:22 AM revealed client #1 to enter the medication administration area, located in an office adjacent to the kitchen and a hallway. Staff B was observed to begin medication administration without closing the door to the medication administration area/office. The medication administration included asking the client to describe what some of the medications were used for, and also telling the client what was being administered and why. Further observations while in the medication administration area revealed client #2 could be seen and heard talking in a normal tone while standing in the kitchen. Continued observations at 7:55 AM revealed client #5 to enter the medication administration area, and again the door to the medication administration area/office was not closed during medication administration. Observations from the kitchen at that time revealed staff B could be overheard asking the client to describe what some of the medications were for. Client #2 and a client who was a non-resident and visiting the home, were in the kitchen area and/or the hallway	W 130		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G344	A. BUILDING ______ B. WING ______	03/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-NEW STOCK HOUSE	**122 WOODLAND HILLS ROAD** **ASHEVILLE, NC 28804**

(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 130	Continued From page 1 during part of the medication administration for client #5 which lasted until 8:05 AM. Further observations at 8:11 AM revealed client #2 to enter the medication administration area, and again the door to the medication administration area/office was not closed during medication administration. At 8:12 AM, client #3 was observed beginning to enter the medication administration area and staff B was overheard re-directing the client to not enter the room because client #2 was receiving medications. Interview with the facility nurse and the qualified intellectual disabilities professional on 3/3/20 confirmed the door to medication administration area should have been closed during medication administration to assure client rights to privacy.	W 130		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the individual service plan (ISP) for 1 of 3 sampled clients (#1) included training in personal skills related to privacy. The finding is:	W 242		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G344	A. BUILDING ______ B. WING ______	03/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-NEW STOCK HOUSE	122 WOODLAND HILLS ROAD ASHEVILLE, NC 28804

(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 242	Continued From page 2 Observations in the group home on 3/2/20 at 6:06 PM revealed client #1 to open the bathroom door located close to the laundry room, without knocking. Client #2 was located in the bathroom at that time. Staff A immediately redirected the client to another bathroom. Further observations on 3/3/20 at 6:51 AM and 7:35 AM revealed client #1 to open the bathroom door close to the dining area, without knocking. No client's were in the bathroom and no staff witnessed. Review of the record for client #1 on 3/3/20 revealed an ISP dated 12/14/19. Further review of the ISP revealed training objectives for exercising, completing chores, eating safely, brushing teeth and washing hands. The ISP did not contain any programing or guidelines related to privacy. Continued review of the ISP revealed habilitation evaluation dated 10/7/19 which indicated the client did have privacy training needs related to knocking on doors. Interview with the qualified intellectual disabilities professional on 3/3/20 confirmed client #1 does not have any programming related to privacy and indicated the client did have guidelines for privacy while living at a sister facility, prior to moving to current facility in January 2020, and these guidelines were not continued.	W 242		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.	W 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G344	A. BUILDING ______ B. WING ______	03/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-NEW STOCK HOUSE	**122 WOODLAND HILLS ROAD** **ASHEVILLE, NC 28804**

(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 369	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 sampled clients (#1). The finding is: Observations in the group home on 3/3/20 at 7:22 AM revealed client #1 entering the medication administration area to assist with morning medication administration. Client #1 received medications including: aspirin 81mg, 1 tab; calcium plus D 600mg, 1 tab; benztropine 1mg, 1 tab; potassium chloride 10meq, 2 tabs; divalproex 250mg, 1 tab: Risperdal 2mg, 1 tab; Senekot-S 1 tab; levothyroxine 50mcg, 1 tab; citalopram 20mg, 1 tab and lactulose 10gm/15ml solution, 15ml. Review of the medication label for the lactulose 10gm/15ml solution indicated the client was supposed to receive 30ml twice a day. Review of the medication administration record (MAR) also indicated client #1 was to receive 30ml twice daily. Interview with the staff person (B) administering the medications immediately following medication administration for client #1, confirmed 15ml of lactulose 10gm/15ml solution had been administered. Further observations at 7:55 AM revealed staff B prompting client #1 into the medication room again, and then administered an additional 15ml of lactulose 10gm/15ml solution. Interview with staff B at that time revealed she had discussed the lactulose medication dosing as written on the MAR with a facility nursing office staff member (C), who had entered the home earlier for an unrelated reason. After the discussion, staff B prompted the client to return to the medication room for the additional dose.	W 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G344	A. BUILDING ______ B. WING ______	03/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-NEW STOCK HOUSE	**122 WOODLAND HILLS ROAD** **ASHEVILLE, NC 28804**

(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 369	Continued From page 4 Review of the client #1's record on 3/3/20 revealed current quarterly physician orders for the period of 3/1/20 through 5/31/20. The physician orders included an order for lactulose 10gm/15ml solution, take 30ml at 8AM and 8PM for constipation. Interview with the facility nurse on 3/3/20 revealed staff B and staff C had contacted her after administering the additional dose of lactulose 10gm/15ml solution. The nurse confirmed the lactulose order was current and indicated staff B would not have given the correct complete dose if the surveyor had not inquired about the dosage following administration of the first 15ml of the medication.	W 369		