PRINTED: 02/13/2020 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 100	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		34G092	B. WING		1	C
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 02	/06/2020
BLUEWI	EST OPPORTUNITIES	-MARS HILLS RESIDENTIAL SEI	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 CORRECTI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	COMPLETION DATE
W 000	INITIAL COMMENT	-s	w o	00		
W 122	Complaint Intake # CLIENT PROTECT CFR(s): 483.420		W 1	22		
	The facility must ensprotections requiren	sure that specific client nents are met.		DHSR - Mental I		
	The facility failed to written policies and pristreatment, negler and failed to ensure	es not met as evidenced by: ensure implementation of procedures that prohibit ct or abuse of clients (W149) appropriate corrective action o a finding of neglect (W157).		FEB 2 4 2020 Lic. & Cert. Sec		
W 149	resulted in the facility statutorily mandated STAFF TREATMEN CFR(s): 483.420(d)(client protections. T OF CLIENTS 1)	W 14	19		
	policies and procedu	relop and implement written tres that prohibit or abuse of the client.				
	Based on staff intervious document review, the policies and procedu ensuring procedures	not met as evidenced by: view, record review and e facility failed to implement res to prevent neglect by not to assure client safety for 1 #1). The findings are:				
		estigations on 2/6/20 estigation for client #1. investigation revealed client				
ABORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE	0	X6) DATE

02-21-2020 Any deficiency statement ending with an asterist (1) 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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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		34G092	B. WING			2/06/2020	
	PROVIDER OR SUPPLIER EST OPPORTUNITIES	S-MARS HILLS RESIDENTIAL SE	RV	STREET ADDRESS, CITY, S' BLUE RIDGE HOMES DR MARS HILL, NC 28754	IVE #50		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE	
W 149	#1 died from a choduring the dinner rinvestigation summore client started choked dislodge the food were unsuccessful summary indicated personnel were all measures and clied. Continued review revealed an intervistaff A. The summore client #1 was talking room when Staff A indicated the Brussel sprout pieclient #1 was talking was told to "pleasing just prior to choking statement summare chopped the client sprouts using a form of the conclusion section question whether meet the prescrib diet. The conclusion the conclusion remained a portion remained in pieces chopped to 1/2 in Review of client #1 revealed an attacting included document diet which included inch pieces to present the prescrib diet which included inch pieces to present the prescrib diet which included inch pieces to present the prescrib diet which included inch pieces to present the prescrib diet which included inch pieces to present the prescribe diet which included inch pieces to present the prescribe diet which included inch pieces to present the prescribe diet which included inch pieces to present the prescribe diet which included inch pieces to present the prescribe diet which included inch pieces to present the prescribe diet.	oking incident which occurred meal on 10/21/19. The mary indicated that when the ing, facility staff attempted to using abdominal thrusts, and I and 911 was called. The demergency services so unsuccessful with life saving ent #1 died at the facility. of the facility investigation iew statement summary from mary indicated staff A was in the the choking incident began. The client likely choked on a sece or pieces and indicated may with food in his mouth, and the stop talking, finish chewing", and. Review of the interview may from staff G indicated he had the facility investigation on 2/6/20 revealed the client #1's food was modified to the client #1's food was modified to ed chopped to 1/2 inch piece ion summary indicated that we, it was likely that there of the client's food which had as larger than the prescribed		149			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	N 750	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		34G092	B. WING	3	C	
	PROVIDER OR SUPPLIER	-MARS HILLS RESIDENTIAL SEF		STREET ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754	02/0	6/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		DBE	(X5) COMPLETION DATE
W 149	tended to eat too fa not drink while eatin Review of the facility evaluations on 2/6/2 last one completed evaluation indicated rapid rate of eating re-direction on cuest clearing the mouth. recommendation to chopped. Review of the facility 2/6/20 revealed an idead 5/10/19. The when the client had coughing. Review of dietician for this incident the client was observed indicated the client enot seem to tolerate The note also indicated the "Q assistant" about "some type of formal Further review of the reports revealed and dated 7/12/19. Revieweled that while of started coughing. The Heimlich maneuver at the distormant of dislodge a piece of note from the dieticial dated 7/15/19 indicated consistency was incorprescribed diet and to client had been received.	st, talk with his mouth full and ag. y speech language pathology 20 for client #1 revealed the was on 2/2/16. The lit was completed due to a and non-compliance with to slow the rate of eating and This evaluation included the change the client's diet to y accident/incident reports on incident report for client #1 incident report indicated that finished a meal, he started of the note from the facility dent dated 5/20/19 revealed wed after the incident and eats at a fast pace and does many staff verbal prompts. Ited that she consulted with but the possibility of adding I eating program". Ite facility accident/incident incident report for client #1 ew of the incident description the report indicated the and back thrusts were used of pot roast. Review of the an related to the incident ted the roast beef	W 1	149		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	*	2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		34G092	B. WING			C /06/2020	
	PROVIDER OR SUPPLIER	S-MARS HILLS RESIDENTIAL SE	₹V	STREET ADDRESS, CITY, STATE, ZIP CO BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 149	(QIDP) dated 7/22/had been trained reconsistency but trained reconsistency but trained revealed additional Continued review of reports revealed additional dated 10/6/19. Resevealed that while he began to choke to clear his air way dietician dated 10/appeared to be frust upright, slow do the client "does no views as multiple vindicated that follor monitoring and reprovide the client prompts while eating related to this incitive agreement with the needed at this time during a choking in the facility dietician from revealed (2) meal 12/11/2019. Interest had conducted (1) time on 12/1/2019. Interest had conducted (1) time on 12/1/2019. Addition verified client #1 hon 5/10/19, 7/12/1 death from choking interview with the	age 3 /19, also indicated that staff egarding correct food ining would be "reissued" for w of training records on 2/6/20 I staff training did occur. of the facility accident/incident incident report for client #1 eview of the incident description eclient #1 was eating breakfast example and staff had to "pat" his back of Review of the note from the 17/19 indicated that the client estrated due to staff prompts to ever and take drinks, and that it seem to tolerate what he everbal prompts". The note also woup would include continued example included entities and "no changes are elected and "no changes are elected and "no changes are elected and example in ation documentation. Assessments on 2/6/20 by the example in the dietician verified dan on-site meal assessment on 9, since client #1's death on all interview with the dietician indicated had no eased monitoring of client #1	W 1	49			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION DING		ATE SURVEY OMPLETED
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111115.05	5501//555 65 61/651/55	34G092	B. WING			2/06/2020
	PROVIDER OR SUPPLIER EST OPPORTUNITIES	-MARS HILLS RESIDENTIAL SEF	₹V	STREET ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754	Ä	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
	after 5/10/19. Continued review of revealed a section is taken. Review of as the only corrective a interdisciplinary tear change protocols for modification. This is sprouts, broccoli, caprocessor instead of clients on modified of clients and pureed dieserved modified diet were well monitored direct care staff merinterviewed at that tied to the new protocols sprouts, broccoli, castaff confirmed they Review of the facility revealed a training for occurred on 10/29/1 processing protocol. Review of the facility exploitation policies revealed the definition statement "Any situation carry out duties or reaffect the health, saffresident".	If the facility investigation dentified as actions to be ctions to be taken revealed action recommended by the mand management was to refood consistency included chopping Brussel audiflower and okra in a food for using a fork and knife for all diets including chopped. If acility (Big Laurel Building) of Morevealed eight client's and served modified diets. Cluded clients with chopped its. All clients observed were is as prescribed and all clients during the meal. Three inbers (A,B,C) were me regarding training related for processing Brussel uliflower and okra. All three had received training. It training records on 2/6/20 or all facility staff which is related to the new food	W 1	149		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G092	B. WING		02/0	06/2020
	PROVIDER OR SUPPLIER	S-MARS HILLS RESIDENTIAL SEF		STREET ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 149	(PA) on 2/6/20 indifollow up with incidifacility protocol, incomplete which occurred on the PA also confirmed the part of the rapist should have occurred at lead ditionally confirmed the part of the rapist should have a confirmed the part of the rapist should have a confirmed the part of the rapist should have a confirmed the part of the rapist should have a confirmed the part of the rapist should have a confirmed the part of the rapist should have a confirmed the part of the rapist should have a confirmed the part of the rapist should be represented in the rapist should be represented as the rapist should be represented by the rapist	cated the QIDP had failed to lents within three days as per cluding the choking incident 10/17/19 as described above. med the dietician monitoring 1/1/19 and 12/11/19, and should east monthly. The PA ned the speech language ave evaluated client #1 on at sis. Further interview with the client did not have a program of eating/dining and this lack of occurred since 2017. Ility failed to prevent neglect for to assure protocols and ollowed and/or monitored to safety. INT OF CLIENTS d)(4)	W 14			

Facility ID: 922427

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Same Parameter	TIPLE CONSTRUCTION ING	(X:		SURVEY
		34G092	B. WING			02/0	6/2020
	PROVIDER OR SUPPLIER EST OPPORTUNITIES	-MARS HILLS RESIDENTIAL SE	RV	STREET ADDRESS, CITY, STATE, ZIP CO BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
W 157	were unsuccessful a 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 pieces client #1 was talking was told to "please signst prior to choking statement summary chopped the client's sprouts using a fork. Further review of the conclusion section of question whether climet the prescribed diet. The conclusion though inconclusive remained a portion of remained in pieces I chopped to 1/2 inch. Review of client #1's revealed an attached included documental which included food pieces to prevent cheating. The document tended to eat too fas not drink while eating.	sing abdominal thrusts, and and 911 was called. The emergency services of unsuccessful with life saving to the facility investigation which statement summary from any indicated staff A was in the ne choking incident began. It is client likely choked on a set or pieces and indicated the with food in his mouth, and stop talking, finish chewing, and stop talking, finish chewing, and food including the Brussel and knife. The facility investigation on 2/6/20 revealed the ent #1's food was modified to chopped to 1/2 inch piece of the client's food which had larger than the prescribed pieces. The facility investigation on 2/6/20 described that there of the client's food which had larger than the prescribed pieces. The facility investigation of the client's food which had larger than the prescribed pieces.	W 1	57			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	COM	(X3) DATE SURVEY COMPLETED	
		34G092	B. WING			C /06/2020	
	PROVIDER OR SUPPLIER	S-MARS HILLS RESIDENTIAL SEI	RV	STREET ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE	
W 157	evaluations on 2/6 last one completed evaluation indicated rapid rate of eating re-direction on cue clearing the mouth recommendation to chopped. Review of the faci 2/6/20 revealed and dated 5/10/19. The when the client had coughing. Review dietician for this in the client was obsindicated the client of the "Q assistant" a "some type of form Further review of reports revealed added 7/12/19. Revealed that while started coughing. Heimlich maneuw to dislodge a piece note from the diet dated 7/15/19 indiconsistency was in prescribed diet and client had been requalified intellecture (QIDP) dated 7/22 had been trained consistency but the started consistency but the consistency but t	age 7 2/20 for client #1 revealed the d was on 2/2/16. The ed it was completed due to a g and non-compliance with es to slow the rate of eating and n. This evaluation included the co-change the client's diet to entire the incident report for client #1 incident report indicated that ad finished a meal, he started or of the note from the facility cident dated 5/20/19 revealed erved after the incident and it eats at a fast pace and does atte many staff verbal prompts. Cated that she consulted with about the possibility of adding mal eating program". The facility accident/incident an incident report for client #1 eview of the incident description in the report indicated the er and back thrusts were used in the facility accident the incident report for client #1 eview of the incident description in the report indicated the er and back thrusts were used in the facility accident the incident report for client #1 eview of the incident description in the report indicated the roast beef incorrect based on the incident for the incident description. A note from the incident disabilities professional end disabilities end disa	W 1	57			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G092	B. WING			C 02/06/2020	
	PROVIDER OR SUPPLIER	-MARS HILLS RESIDENTIAL SEF	RV	STREET ADDRESS, CITY, STATE, ZIP COD BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754	E	02/00/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE		
W 157	Continued review or reports revealed and dated 10/6/19. Reviewed that while he began to choke, to clear his air way. dietician dated 10/1 appeared to be frus sit upright, slow down the client "does not views as multiple verindicated that follow monitoring and re-inprovide the client wiprompts while eating related to this incide agreement with the needed at this time during a choking incompaniem of the facility investigated. Continued review of revealed a section is taken. Review of action was reported to the only corrective and interdisciplinary tear change protocols for modification. This in sprouts, broccoli, caprocessor instead of clients on modified of the continued with the faction was taken by administration/management and the continued review of the only corrective and interview with the faction was taken by administration/management with the faction was taken by administration/management with the faction was taken by administration/management of the continued review o	staff training did occur. If the facility accident/incident incident report for client #1 riew 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 trated due to staff prompts to what and take drinks, and that seem to tolerate what he erbal prompts". The note also rup would include continued aservice of staff on how to the non-verbal and verbal g. Review of the QIDP note and dated 10/23/19 included dietician and "no changes are client #1 died on 10/21/19 rident as described above in the facility investigation dentified as actions to be taken revealed action recommended by the mand management was to recode consistency included chopping Brussel culiflower and okra in a food fusing a fork and knife for all diets including chopped.	W 1	57			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G092	B. WING				06/2020
	PROVIDER OR SUPPLIER	S-MARS HILLS RESIDENTIAL SER		ST	TREET ADDRESS, CITY, STATE, ZIP CODE LUE RIDGE HOMES DRIVE #50 ARS HILL, NC 28754	UZI	1012020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 157	to assure administr choking incident re- #1, included approp corrective action. INDIVIDUAL PROC	c). Therefore, the facility failed rative and clinical follow-up to a sulting in the death of client priate and comprehensive	W 1				
	CFR(s): 483.440(c) The comprehensive include nutritional s	e functional assessment must					
	Based on interview failed to re-assess	is not met as evidenced by: v and record review, the facility 1 of 1 sampled client's (#1) cluding eating skills, after g. The finding is:					
	revealed a death in Further review of the #1 died from a choduring the dinner minvestigation summore client started chokid islodge the food uwere unsuccessful summary indicated personnel were als	envestigations on 2/6/20 envestigation for client #1. The investigation revealed client king incident which occurred heal on 10/21/19. The hary indicated that when the high facility staff attempted to using abdominal thrusts, and and 911 was called. The demergency services to unsuccessful with life saving high #1 died at the facility.					
	revealed an intervie staff A. The summ dining room when the Staff A indicated the Brussel sprout piece	of the facility investigation ew statement summary from lary indicated staff A was in the the choking incident began. e client likely choked on a ce or pieces and indicated ag with food in his mouth, and					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED	
		34G092	B. WING		02	C / 06/2020
	PROVIDER OR SUPPLIER	-MARS HILLS RESIDENTIAL SEF	RV	STREET ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754		00/1020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 217	just prior to choking statement summary chopped the client's sprouts using a fork. Further review of the conclusion section of whether client #1's if prescribed chopped conclusion summar inconclusive, it was portion of the client' pieces larger than the included documents which included documents which included food pieces to prevent cheating. The document tended to eat too fast not drink while eating. Review of the facility evaluations on 2/6/2 last one completed evaluation indicated rapid rate of eating a re-direction on cues clearing the mouth. recommendation to chopped.	stop talking, finish chewing", Review of the interview from staff G indicated he had food including the Brussel and knife. e facility investigation on 2/6/20 revealed question food was modified to meet the to 1/2 inch piece diet. The y indicated that though likely that there remained a s food which had remained in the prescribed chopped to 1/2 s 3/13/19 ISP on 2/6/20 d habilitation plan which ation client #1 was on a diet being chopped into 1/2 inch toking due to a fast rate of tentation indicated the client st, talk with his mouth full and g. y speech language pathology to for client #1 revealed the	W 2	17		
	dated 5/10/19. The	incident report indicated that finished a meal, he started				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		346092	D. WINO		02/	06/2020
	PROVIDER OR SUPPLIER	-MARS HILLS RESIDENTIAL SEF	₹V	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 217	coughing. Review dietician for this incomplete client was obset indicated the client not seem to tolerate. The note also indicated the "Q assistant" al "some type of form. Further review of the reports revealed and dated 7/12/19. Review aled that while started coughing. Heimlich maneuver to dislodge a piece note from the dietic dated 7/15/19 indic consistency was imprescribed diet and client had been recqualified intellectual (QIDP) dated 7/22/had been trained reconsistency but trathese staff. Review revealed additional. Continued review or reports revealed ard additional. Continued review or revealed ard tolefolgen to choke to clear his air way, dietician dated 10/2 appeared to be frus sit upright, slow dot the client "does not th	of the note from the facility ident dated 5/20/19 revealed rived after the incident and eats at a fast pace and does a many staff verbal prompts. ated that she consulted with cout the possibility of adding all eating program". The facility accident/incident incident report for client #1 view of the incident description client #1 was eating dinner he incident the report indicated the rand back thrusts were used of pot roast. Review of the client related to the incident	W 2	17		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		34G092	B. WING		02/	06/2020
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SER			₹V	STREET ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		D BE COMPLETION	
W 217	indicated that follow monitoring and re-ir provide the client wiprompts while eating related to this incide agreement with the needed at this time! during a choking incide the facility investigate. Interview with the properties of the provided in the pro	rup would include continued inservice of staff on how to stift non-verbal and verbal g. Review of the QIDP note ent dated 10/23/19 included dietician and "no changes are collected dietician and local dietic	W 2	2.17		

W 122 Client Protections

The facility must ensure that specific client protections requirements are met.

The facility failed to ensure implementation of written policies and procedures that prohibit mistreatment, neglect or abuse of clients (W149) and failed to ensure appropriate corrective action was taken relative to a finding of neglect (W157).

Cross reference corrections W149, W157.

DHSR - Mental Health

FEB 2 4 2020

W 149 Staff Treatment of Clients

Lic. & Cert. Section

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.

The facility failed to implement policies and procedures to prevent neglect by not ensuring procedures to assure client safety for 1 of 1 sampled client.

The agency created and filled 2 new positions in the fall of 2019: Quality Assurance Specialist, and Social Services Coordinator. These positions were not developed in response to the specific incident which is the subject of this complaint investigation and evidence of the agency's failure to meet the condition of client protections; however, the positions were developed to meet the need identified by agency executive management for implementation of quality assurance and improvement systems, such as would serve to protect clients from neglect as experienced by the client sampled here.

The following are from the job descriptions for these 2 positions:

Quality Assurance Specialist – Position Summary: The Quality Assurance Specialist serves as a part of the Operations Team to assist in ensuring overall compliance with all applicable governing and accreditation standards. The QAS serves as the primary catalyst for change and improvement in performance and quality of the organization. The QAS is responsible for conducting internal audits and collecting data for performance measurement goals. The QAS works closely with all Executive Team members and Program Directors/Administrators to gather information, to provide feedback on quality measures, and to support an overall organizational culture that embraces continual learning, development and improvement.

Some of the responsibilities of the QAS which pertain to the corrections for this citation include:

- 1. Perform random, routine and targeted audits of records of persons served to assure adherence to regulatory requirements.
- 2. Identify recommendations as needed to address areas of deficiency as identified in internal audits.
- 3. Conduct random, routine and targeted on-site monitoring of Individual Support Plan implementation.

- Identify recommendations as needed to address areas of deficiency as identified in on-site assessments.
- 5. Assign as needed and maintain record of on-site assessment by clinical and management team members.

Social Services Coordinator – Position Summary: The Social Services Coordinator is a part time, professional position responsible for serving as a resource to the interdisciplinary team for assuring that the IDT processes work to meet the needs of persons supported.

Some of the responsibilities of the SSC which pertain to the corrections for this citation include:

- Review resident records on a rotating basis as assigned to ensure appropriate documentation of active treatment and health care services. Make recommendations to the Program Administrator for out of compliance issues.
- 2. Serve as participant on the quality assurance committee and complete assigned duties.

Ongoing, these responsibilities will be carried out by the QAS and CSS, and will serve to aid the IDT in preventing neglect. The internal audits they conduct will include cross referencing of recommendations from licensed clinical team members with Individual Program Plans, as well as checking that relevant evaluations are performed by clinicians as needed. If program objectives or procedures recommended by clinicians are identified as missing from a client's ISP, the Program Administrator will be notified immediately, and be responsible for addressing the identified need. Followup implemented by the Program Administrator or designee will be reported to the QAS.

As noted in the deficiency report, the agency terminated the employment of the QIDP responsible for coordinating, implementing and monitoring the sampled client's ISP. A new QIDP has been hired and has and will continue to receive training and support regarding monitoring of incidents which could precipitate critical safety issues for clients. Training will be conducted primarily by the Program Administrator, and administrative support will be provided by the QAS and CSS, as noted above. Documentation of said training will be kept by the agency's human resources department.

Responsible Persons: Program Administrator, Quality Assurance Specialist, Social Services Coordinator

Mechanism to ensure compliance: On-site assessments and review of records

Frequency of Mechanism: Assessments least monthly in each group home, at least annually for record reviews

Corrections complete by: 3/22/20

W 157 Staff Treatment of Clients

If the alleged violation is verified, appropriate corrective action must be taken.

The facility failed to show evidence of appropriate corrective action for 1 of 1 sampled client who died after a choking incident.

The agency created and filled 2 new positions in the fall of 2019: Quality Assurance Specialist, and Social Services Coordinator. These positions were not developed in response to the specific incident which is

the subject of this complaint investigation and evidence of the agency's failure to meet the condition of client protections; however, the positions were developed to meet the need identified by agency executive management for implementation of quality assurance and improvement systems, such as would serve to protect clients from neglect as experienced by the client sampled here.

The following are from the job descriptions for these 2 positions:

Quality Assurance Specialist – Position Summary: The Quality Assurance Specialist serves as a part of the Operations Team to assist in ensuring overall compliance with all applicable governing and accreditation standards. The QAS serves as the primary catalyst for change and improvement in performance and quality of the organization. The QAS is responsible for conducting internal audits and collecting data for performance measurement goals. The QAS works closely with all Executive Team members and Program Directors/Administrators to gather information, to provide feedback on quality measures, and to support an overall organizational culture that embraces continual learning, development and improvement.

Some of the responsibilities of the QAS which pertain to the corrections for this citation include:

- 1. Perform random, routine and targeted audits of records of persons served to assure adherence to regulatory requirements.
- 2. Identify recommendations as needed to address areas of deficiency as identified in internal audits.
- 3. Conduct random, routine and targeted on-site monitoring of Individual Support Plan implementation.
- 4. Identify recommendations as needed to address areas of deficiency as identified in on-site assessments.
- 5. Assign as needed and maintain record of on-site assessment by clinical and management team members.

Social Services Coordinator – Position Summary: The Social Services Coordinator is a part time, professional position responsible for serving as a resource to the interdisciplinary team for assuring that the IDT processes work to meet the needs of persons supported.

Some of the responsibilities of the SSC which pertain to the corrections for this citation include:

- Review resident records on a rotating basis as assigned to ensure appropriate documentation of active treatment and health care services. Make recommendations to the Program Administrator for out of compliance issues.
- 2. Serve as participant on the quality assurance committee and complete assigned duties.

Ongoing, these responsibilities will be carried out by the QAS and CSS and will serve to aid the IDT in preventing neglect. The internal audits they conduct will include cross referencing of recommendations from licensed clinical team members with Individual Program Plans, as well as checking that relevant evaluations are performed by clinicians as needed. If program objectives or procedures recommended by clinicians are identified as missing from a client's ISP, the Program Administrator will be notified immediately, and be responsible for addressing the identified need. Follow-up implemented by the Program Administrator or designee will be reported to the QAS.

As noted in the deficiency report, the agency terminated the employment of the QIDP responsible for coordinating, implementing and monitoring the sampled client's ISP. A new QIDP has been hired and has and will continue to receive training and support regarding monitoring of incidents which could precipitate critical safety issues for clients. Training will be conducted primarily by the Program Administrator, and administrative support will be provided by the QAS and CSS, as noted above. Documentation of said training will be kept by the agency's human resources department.

Responsible Persons: Program Administrator, Quality Assurance Specialist, Social Services Coordinator

Mechanism to ensure compliance: On-site assessments and review of records

Frequency of Mechanism: Assessments least monthly in each group home, at least annually for record reviews

Corrections complete by: 3/22/20

W 217 Individual Program Plan

The comprehensive functional assessment must include nutritional status.

The facility failed to re-assess 1 of 1 sampled client's nutritional status including eating skills, after incidents of choking.

The corrections noted above for W149 and W157 will serve to correct this deficient practice as well. In addition to the routine audits, which will serve to ensure that formal evaluation and recommendations for intervention by the agency's SLP are sought appropriately, the agency's Dietary Manager will receive training regarding accurate documentation of informal recommendations from the agency's SLP. This training will be conducted by the Program Administrator.

Responsible Person: Program Administrator, Quality Assurance Specialist, Social Services Coordinator

Mechanism to ensure compliance: Review of records

Frequency of Mechanism: Annual record reviews and as needed

Corrections complete by: 4/6/20



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February 20, 2020

Mental Health Licensure and Certification Section NC Division of Health Services Regulation 952 Old US Hwy 70 Black Mountain, NC 28711

Re: Complaint Investigation Survey 02/06/2020 BlueWest Opportunities – Mars Hill Residential Provider Number 34G209 MHL # 057-003 **DHSR** - Mental Health

FEB 2 4 2020

Lic. & Cert. Section

Enclosed please find the Plan of Correction for BlueWest Opportunities – Mars Hill Residential for deficiencies cited during the complaint survey conducted February 6, 2020. Please plan to visit our facility on March 22, 2020 to review corrections made to facilitate compliance in these areas of deficiency.

If you have any questions related to this plan, please contact me at 828-251-2824.

Kind Regards,

Derek Briscoe, Program Administrator