

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

PRINTED: 01/19/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2021
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-KENMORE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 KENMORE STREET ASHEVILLE, NC 28803	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS A complaint investigation was completed along with the recertification survey. No deficiencies were cited regarding intake NC00172777 or NC00166296.	W 000		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: The facility failed to assure the individual support plans (ISPs) for 3 of 3 sampled clients (#1, #2 and #3) included opportunities for choice and self-management regarding meal preparation and dining as evidenced by observation, interview and record verification. The finding is: Afternoon observations in the group home on 1/12/21 revealed staff beginning supper preparation at 5:00 PM. Staff were observed to complete all aspects of supper preparation without any client assistance. Besides cooking all of the meal, staff was noted to set out the clients' plates, cups and utensils on the kitchen bar at 6:05 PM, pour all drinks and serve up the clients' plates at 6:10 PM. Staff were also noted to pour additional drinks when clients requested it. Morning observations of breakfast on 1/13/21 revealed staff to again complete all cooking and breakfast preparation without client participation. The clients' grits were noted to be finishing on the	W 247		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 247	<p>Continued From page 1</p> <p>stove before the clients were awake and staff made scrambled eggs and plated them with the grits when client #2 and #3 ate at 8:20 AM. Staff were also observed at 8:25 AM buttering and putting jelly on their toast before handing it to the clients.</p> <p>Further observations after both meals revealed the only participation by the clients was to put their plates, cups and utensils in the dishwasher and wipe their place at the table.</p> <p>Interview with staff and the qualified intellectual disabilities professional (QIDP) revealed the clients used to participate with parts of the meal preparation. However, due to the COVID-19 pandemic all participation and training in this area stopped to minimize any spread of the virus. Review of client #1, client #2, and client #3's ISPs dated 1/21/20, 7/21/20 and 8/31/20, respectively revealed each client to have skills to be able to participate in meal participation but no objective training in this area. Further interview with the QIDP revealed the facility did not assess the clients' needs individually regarding choice and self-management so the clients could continue parts of meal preparation that were safe or of minimal risk to allow them to continue participation.</p>	W 247			