

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
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NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-KENMORE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 KENMORE STREET ASHEVILLE, NC 28803
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(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
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W 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation was completed along with the recertification survey. No deficiencies were cited regarding intake NC00172777 or NC00166296.</p>	W 000		
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: 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:</p> <p>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.</p> <p>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</p>	W 247	<p>DHSR - Mental Health</p> <p>FEB 11 2021</p> <p>Lic. & Cert. Section</p>	<p>3/13/21</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Derek Briscoe TITLE
Program Administrator (X6) DATE
2/13/21

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.

Melanie Moore, QIDP - Kenmore

BlueWest Opportunities

43 College Place Suite 306

Asheville, NC 28801

2/3/2021

To the DHHS survey team:

On behalf of all the clients and the support team at BlueWest Opportunities – Kenmore Group Home, thank you for the time and energy you spent with us last week helping us to improve our services. Following, you will find our plan to correct the issues cited during the survey. We look forward to the improved outcomes you have helped us to identify.

Thank you again.

Sincerely,

Mel Moore, QIDP

**Plan of Correction
Kenmore Group Home
Annual Recertification Survey
January 12 – 13, 2021**

W247-Individual Program Plan. The individual program plan must include opportunities for client choice and self-management.

A Client Meal Preparation Assessment tool (see attached) has been created by the CDM/ Dietary Manager to establish safe and appropriate meal preparation guidelines for each individual client during the pandemic. These guidelines will be used to ensure individuals are provided with opportunities for choice and self-management during meal preparation. Additionally, the QIDP will implement new formal programming based on the outcome of this assessment and the identified needs of each individual.

The Dietary Manager and QIDP will provide staff training upon development of new guidelines and formal programs. Initial staff training will be followed by ongoing observations and training by the QIDP and management team.

New programs and guidelines will be implemented and trained by 2/19/21, followed by ongoing observations and additional training by QIDP a minimum of once per week.