STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G031	A. BUILDING ______ B. WING ______	06/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-ORA HOUSE	**95 ORA STREET ASHEVILLE, NC 28801**

(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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: The facility failed to assure the individual program plan (IPP) for 1 of 4 sampled clients (#5) included objective training to meet the client's leisure skill needs as evidenced by observation, interview and record verification. The finding is: Afternoon observations in the group home on 6/1/21 from 4:05 PM until 5:55 PM, substantiated by interview with staff, revealed client #5 to be in his bedroom taking a nap. Interview with the qualified intellectual disability professional (QIDP) revealed the client has been spending more time in his room and sleeping in the afternoons during the past several weeks. Review of client #5's IPP dated 4/26/21 revealed the team identified client #5's need for leisure skills and discussed adding a leisure skills program at his IPP meeting. Further interview with the QIDP revealed this may help client #5 with motivation in the afternoons and compete with the client's inactivity and lack of active treatment. However, continued interview with the QIDP and review of the client's IPP, revealed as of the 6/1-2/21 survey, the team failed develop and implement the client's leisure program.	W 227		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)	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	Continued From page 1 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 opportunities for client choice and self-management were provided and encouraged for 6 of 6 clients in the home (#1, #2, #3, #4, #5 and #6) relative to meal preparation as evidenced by observation, interview and record verification. The finding is: Afternoon observations in the home on 6/1/21 revealed staff to complete almost all aspects of preparing supper. Staff was observed to gather needed food items from the pantry, cook rice, beans and mixed vegetables. Staff was further observed to cut vegetables, stir food and mix items into a casserole dish before placing it into the oven. Staff was also observed putting the food in serving dishes and carry them to the table and then wash all pots, pans and dishes used in the preparation of supper. The only meal preparation completed by the clients in the home was client #6 opening black bean cans, making a fruit punch drink and setting place settings on the bar for each client to place on the table. Morning observations in the group home on 6/2/21 at 6:30 AM revealed no clients to be awake in the home but third shift staff to have already made breakfast for the client's consisting of cream of wheat, scrambled eggs and toast with jelly. Interview with the 3rd shift staff revealed third shift staff routinely make breakfast before the clients get up to make the morning routine go easier for 1st shift staff and all that needs to get done. Further observations revealed the clients to eat a staggered breakfast depending on when the got up and were ready to eat. Each client was	W 247		

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W 247	Continued From page 2 observed to sit at the table while staff brought the bowls of food to them to scoop onto their plates. No client participation in breakfast preparation was observed. Review of client individual program plans (IPPs), substantiated by interview with the qualified intellectual disabilities professional (QIDP), revealed the clients should be encouraged to participate in meal preparation whenever possible. Further review of the IPPs and interview with the QIDP revealed clients #3 and #4 to even have objective training in meal preparation. For example: A. Review of client #3's IPP dated 12/15/20 revealed a new objective for the client to complete one or more tasks related to meal preparation with a verbal prompt 90% of trials. Further review of the goal revealed that the client enjoys being with staff in the kitchen and is a good opportunity for client #3 to learn kitchen skills and have a focused activity with staff. Continued review of the program revealed the client should be encouraged at all meal times to help with at least one task such as gathering food items, washing fruits/vegetables, stirring or pouring. B. Review of client #4's IPP dated 4/27/21 revealed a complete daily chores objective. Review of this objective revealed one of the chores listed includes "helping out in the kitchen" which was not observed to be implemented during the 6/1-2/21 survey. Continued interview with the QIDP revealed the facility had limited the amount of client participation over the past year due to the	W 247		

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

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W 247	Continued From page 3 COVID-19 pandemic and guidelines released on how to keep clients safe in the group home around meals. The facility has eased off of those limitations concerning client dining and participation in meal preparation as conditions have improved. However, the facility failed to promote client independence and self-management in meal preparation even though the clients are more fully able to participate.	W 247		