STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G323	A. BUILDING _____ B. WING _____	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-MONTFORD HOUSE	5 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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure staff were sufficiently trained relative to personal possession access for 1 of 3 sampled clients (client #3). The finding is: Observation in the group home on 6/23/21 at 8:10 AM revealed client #3 to ask staff A for his hairbrush after his shower. Continued observation revealed client #3 to wait for an available staff to retrieve his hairbrush from the medication room as the medication closet was occupied with staff B and another client for medication administration. Subsequent observation revealed staff A to knock on the door of the medication room and request the hairbrush from staff B for the client. Review of records for client #3 indicated an individual support plan (ISP) dated 7/6/20. Continued review of client #3's ISP revealed training objectives relative to: safe eating, brushing teeth, handwashing, and to return belongings to his room when prompted. A review of client #3's behavior support plan (BSP) dated 9/11/20 revealed target behaviors of inappropriate sexual stimulation, lying, stealing, invading privacy, noncompliance, verbal/physical aggression, AWOL, property destruction, self-injurious behavior, PICA, inappropriate	W 189		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G323	A. BUILDING _____ B. WING _____	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-MONTFORD HOUSE	5 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 189	Continued From page 1 touching, and tantrums. Subsequent review of client #3's BSP revealed with no interventions relative to restricting access to personal possessions. Interview with the clinical director on 6/23/21 verified client #3 had no restrictions relative to access to personal possessions. Continued interview with the clinical director verified client #3's hairbrush should not be kept locked in the medication room of the group home. Interview with the facility qualified intellectual disabilities professional (QIDP) additionally verified staff should not be implementing any restricted access to client #3's hairbrush or any other personal property.	W 189		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide teaching relative to eyeglasses for 1 of 3 sampled clients (#2). The finding is: Observation in the group home throughout the 6/22-23/21 survey revealed client #2 to participate in various activities to include:sitting outside on the group home porch, leisure activities at the	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G323	A. BUILDING _____ B. WING _____	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-MONTFORD HOUSE	5 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 436	Continued From page 2	W 436		

dining table, setting the table for the dinner meal, meal participation, household chores and medication administration. Continued observations throughout the 6/22-23/21 survey revealed client #2 to participate in activities without the use of eyeglasses. Subsequent observation throughout survey observations revealed no prompts or direction from staff for client #2 to wear eyeglasses.

Review of records for client #2 on 6/22/21 revealed an individual support plan (ISP) dated 1/19/21 with training objectives relative to use of a schedule, increasing temporal processing, chores, leisure activity planning, oral hygiene, rate of eating and completing a daily routine. Continued review of records for client #2 on 6/23/21 revealed a training objective for wearing eyeglasses implemented 6/22/21. Review of the 6/22/21 eyeglass objective revealed the objective to indicate client #2 will wear his eyeglasses with a verbal prompt for 20 minutes in 90% of trials for 3 consecutive months.

Subsequent review of records for client #2 revealed a behavior support plan dated 2/15/21 for target behaviors of failure to cooperate, theft, inappropriate touch/sexual behavior, inappropriate verbal behavior, physical aggression, property misuse/destruction. Additional review of records for client #2 revealed a vision consult dated 6/3/20. Review of the current vision consult revealed the consult to note a slight change in prescription with the need for follow-up in one year.

Interview with client #2 on 6/23/21 revealed his glasses were broken and he did not like to wear them. Interview with the facility clinical director

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G323	A. BUILDING _____ B. WING _____	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-MONTFORD HOUSE	5 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 436	Continued From page 3 revealed client #2 has eyeglasses on order and has a history of improper care of his eyeglasses. Interview with the facility qualified intellectual disabilities professional (QIDP) and clinical director verified client #2 would benefit from training to address proper care of his eyeglasses to address a history of improper care.	W 436		