

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

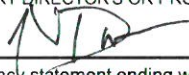
PRINTED: 05/06/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/27/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SERV</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754</b>	
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 2 sampled clients (#20) in Snowbird received a continuous active treatment program consisting of needed interventions as identified in the individual support plan (ISP). The finding is:</p> <p>Observation throughout the 4/26-27/21 survey revealed client #20 in snowbird to stand up at various times, pulled down his pants, then pulled his pants back up. Continued observations revealed client #20 at times pulled his pants back up with verbal direction from staff and other times with no direction as staff were observed to just look at the client until he pulled up his pants. Observation of staff redirection revealed at various times when client #20 pulled his pants down for staff to touch the clients leg at which time the client pulled his pants up. Observation of staff supervision of client #20 revealed staff at times to monitor the client closely with physical and verbal engagement while at other times client #20 would sit unengaged and visually monitored. At no time during observations when staff prompted client #20 to pull his pants up was it</p>	W 249	06/27/21

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

TITLE

(X6) DATE



QIDP

05/10/21

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.

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W 249	Continued From page 1 observed for staff to offer client #20 an activity choice.  Observation of client #20 on 4/26/21 at 4:15 PM revealed the client to sit in a chair outside in the group home driveway with no shirt. Continued observation revealed staff to assist the client with putting on a shirt and to go for a walk. Further observation revealed client #20 to remain outside engaged in intermittent engagement by staff while sitting in a chair in the driveway of the group home. Observation at 6:10 PM revealed client #20 to go inside the group home with verbal direction from staff to participate in the dinner meal. At no time during observations was it observed for staff to use any object cue or communication board to support a transition.  Observation of client #20 on 4/27/21 at 6:45 AM revealed the client to sit in the dining room and to stand up at various times to pull his pants down. Client #20 was further observed to pull his pants up with verbal redirection from various staff and at times with no redirection. Observation of activity engagement revealed client #20 to sit in the dining room from 6:45 AM until 7:28 AM and to use a peg board until verbally prompted to fix his plate for breakfast in the kitchen. After completing the breakfast meal client #20 was further observed to sit in the dining room, to take off his socks, pull down his pants, then pull his pants back up until verbally directed by staff to brush his teeth at which time the client left the dining area. At no time during this observation period was it observed for staff to use any object cue or communication board to support a transition.  Review of records for client #20 on 4/22/21	W 249			

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W 249	<p>Continued From page 2</p> <p>revealed a diagnosis history of profound intellectual disability with autistic features, deaf and blindness. Continued review of records revealed an ISP dated 3/27/21. Review of the 3/2021 ISP revealed training objectives relative to communication, handwashing, toilet paper use, hygiene, privacy, stay clothed in public places, rinse plate and activity participation. Continued review of the ISP for client #20 revealed a behavior support plan (BSP) dated 7/26/19. Review of the 7/2019 BSP revealed target behavior of clothing removal, physical aggression, property destruction, self injurious behavior and sleep disturbance.</p> <p>Review of client #20's training objective to address communication revealed the client is deaf and blind requiring cues to transition to activities. Continued review of the communication objective revealed the use of manual signs with transitions: when given an environmental cue by touching an object symbol, the client will cooperate with the staff by touching the targeted object and making the corresponding manual sign with physical prompts.</p> <p>Review of client #20's training objective to address activity participation revealed the client will participate in an activity for 10 minutes; staff are to offer participation in an activity (game, arts/crafts, dancing, outing in the community or activity on the lesson plan) and encourage participation.</p> <p>Review of client #20's training objective to address disrobing behavior revealed the client will stay clothed in public areas. Continued review revealed a reinforcement method of: when in public areas, staff will approach at frequent</p>	W 249		



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W 249	<p>Continued From page 3</p> <p>intervals and pat the client's upper leg gently when pants are up. Immediately after provide a reinforcer of an appropriate sensory object the client prefers.</p> <p>Review of client #20's BSP revealed the client demonstrates a short attention span for most tasks, keep duration for constructive involvement short. Continued review revealed a staff person should be assigned to monitor active engagement. The BSP for client #20 identified preferred activities of the client to include: sitting in a rocking chair, playing with preferred fuzzy toys and playing with water toys (or water activities).</p> <p>Further review of the BSP revealed the need to offer activity choices to the client and continue to assist until the client becomes constructively engaged. Subsequent review revealed the need to continue communication attempts using object symbols and manual signs to let the client know what will be happening next. Additional review of the BSP for client #20 revealed when the client does pull down his pants, staff will immediately assist him in pulling them back up and re-direct to appropriate leisure activity to provide a more prosocial form of stimulation.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) verified client #20 has a mobile communication board with objects that should be used with client #20 to support activity transitions and engagement. Continued interview with the QIDP verified client #20 should have been offered participation in various preferred activities about every 15 minutes to support active engagement. Subsequent interview with the QIDP verified when client #20</p>	W 249		

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W 249	Continued From page 4 pulled his pants down staff should have offered a preferred object to the client to encourage appropriate activity engagement.	W 249	
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on review of records and interview, the team failed to ensure data for a behavior management program listed in the individual support plan (ISP) for 1 of 2 clients (#20) in Snowbird was collected as prescribed. The finding is:  Observation throughout the 4/26-27/21 survey revealed client #20 in Snowbird to stand up at various times, to pull down his pants then to pull his pants back up. Continued observations revealed client #20 at times pulled his pants back up with verbal direction from staff and other times with no direction as staff were observed to just look at the client until he pulled up his pants. Observation of staff redirection revealed at various times when client #20 pulled his pants down for staff to touch the clients leg at which time the client pulled his pants up. Observation of staff supervision of client #20 revealed staff at times to monitor the client closely with physical and verbal engagement while at other times client #20 would sit unengaged and visually monitored.	W 252	06/27/21

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W 252	<p>Continued From page 5</p> <p>Review of records for client #20 on 4/27/21 revealed an ISP dated 3/27/21. Review of the ISP for client #20 revealed a behavior support plan (BSP) dated 7/26/19. Review of the 7/2019 BSP revealed target behavior of clothing removal, physical aggression, property destruction, self-injurious behavior and sleep disturbance. Continued review of the current BSP for client #20 revealed clothing removal to be defined as: removing or starting to remove clothing in a public location. Further review of the BSP revealed the frequency of data collection for target behaviors to be as the target behavior occurs.</p> <p>A review of internal documentation related to client #20's behavior of pulling his pants down during survey observations on 4/26/21 and 4/27/21 revealed no documented occurrence of the behavior.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 4/27/21 verified the target behaviors of client #20 should be documented as the behavior occurs. The QIDP further verified data reflecting the frequency of client #20's behavior of removing clothing during survey observations was not documented by staff. Continued interview with the QIDP revealed client #20's behavior of clothing removal is not always documented as prescribed due to the ongoing frequency of the client's behavior.</p>	W 252			

DHSR - Mental Health

MAY 17 2021

Lic. & Cert. Section



Blue West Opportunities – Mars Hill

Plan of Corrections

May 10, 2021

#### **W 249 Program Implementation**

The facility failed to ensure that the client (#20) in Snowbird received a continuous active treatment program consisting of needed interventions as identified in the individual support plan.

The QIDP Assistant will conduct training with staff on the implementation of the client's (#20) individual support plan. The training will include discussion of the importance of consistent program implementation and adequate documentation.

Regular assessments, chart reviews, and any follow-up thereby identified, will be conducted by the QIDP, to ensure the client (#20) receives a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

**Responsible Person(s):** QIDP, QIDP Assistant

**Mechanism to ensure compliance:** Regular Assessment

**Frequency of Mechanism:** At least monthly

#### **W 252 Program Documentation**

The team failed to ensure data for a behavior management program listed in the individual support plan for the client (#20) in Snowbird was collected as prescribed.

The Behavior Specialist will conduct training with staff to discuss documenting occurrences of clothing removal to reflect the frequency of the behavior more accurately.

Regular interaction assessments, chart reviews, and any follow-up thereby identified, will be conducted to ensure that data relative to accomplishment of the criteria specified in client individual program plan objectives are documented in measurable terms.

**Responsible Person(s):** QIDP, Behavior Specialist

**Mechanism to ensure compliance:** Regular Assessment

**Frequency of Mechanism:** At least monthly

May 10, 2021

Nich Daunis, QIDP  
BlueWest Opportunities  
43 College Place, Suite 306  
Asheville, NC 28803

To the DHHS Survey Team:

On behalf of all the residents and support team at BlueWest Opportunities – Mars Hill, thank you for visiting us last week. We appreciate your time and careful observation that will provide us direction in improving our services. Accompanying, you will find our plan to correct the issues cited during the survey.

Again, we thank you.

Sincerely,

A handwritten signature in black ink, appearing to be 'ND' with a flourish extending to the right.

Nich Daunis, QIDP