

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

PRINTED: 08/26/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/26/2021
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-ORA HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 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:</p> <p>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.</p> <p>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.</p> <p>A follow-up visit was conducted on 8/26/21. Review of internal records on 8/26/21 relative to the facility's Plan of Correction (POC) revealed no evidence of in-service training related to meal participation. Continued review of the internal records revealed no evidence of new program</p>	{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 goals for any client to address meal participation were implemented as indicated in the POC. Further review of the internal records revealed no evidence of clinical monitoring, as also indicated in the POC, relevant to meal participation. Interview with the program administrator on 8/26/21 revealed evidence of in-service trainings, new training objectives, and clinical monitoring relative to the POC were not available for review during the follow-up survey. Continued interview with the program administrator revealed he was unsure why new goals relative to the POC could not be reviewed in the internal electronic system. Further interview with the program administrator revealed the qualified intellectual disabilities professional (QIDP) had evidence of in-service training and clinical monitoring, however, the QIDP was not available for the follow-up survey.	{W 247}			