PRINTED: 11/05/2021 FORM APPROVED OMB NO. 0938-0391

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED IN COMPLE		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		NSTRUCTION	(X3) DATE SU COMPLE	
BLUEWEST OPPORTUNITIES-PISGAH HOUSE  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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: Based on observations, record reviews, and interviews, the individual support plan (ISP) failed to address identified needs for 1 of 3 sampled clients (#5) relative to assuring client privacy. The finding is:  Morning observations in the group home on 10/26/21 at 7:49 AM revealed client #5 to walk into the bathroom and leave the door half open. Continued observation revealed client #5 to remain in bathroom and stand in front of toilet			34G209	B. WING			10/	26/2021
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revealed client #5 to exit the bathroom and to go to his bedroom. Observations did not reveal staff to prompt client #5 to close the bathroom door for privacy.  Review of records for client #5 on 10/26/21 revealed an individual support plan (ISP) dated 4/26/21 with training objectives to clean glasses, to wear a robe for privacy, to brush all around his mouth, to soap and wash entire body, to eat meals at a safe rate, to exercise, and to complete an education work task.  Interview with the qualified intellectual disabilities professional (QIDP) and clinical director on 10/26/21 verified staff should have prompted client #5 to close the bathroom door for privacy. Continued interview with the QIDP confirmed staff need training to ensure privacy and new guidelines will be implemented.		CFR(s): 483.440(c)(4) The individual programobjectives necessary as identified by the corequired by paragraph This STANDARD is represented by the individual to address identified relients (#5) relative to the finding is:  Morning observations 10/26/21 at 7:49 AM into the bathroom and Continued observations remain in bathroom a using the bathroom. revealed client #5 to be to prompt client #5 to privacy.  Review of records for revealed an individual 4/26/21 with training of to wear a robe for privacy.  Review of records for revealed an individual 4/26/21 with training of the wear a robe for privacy.  Interview with the quaprofessional (QIDP) and 10/26/21 verified staff client #5 to close the Continued interview wheeld training to ensuring uidelines will be imposed.	m plan states the specific to meet the client's needs, omprehensive assessment (c)(3) of this section. The met as evidenced by:  Instance of reviews, and the support plan (ISP) failed the eds for 1 of 3 sampled to assuring client privacy.  In the group home on revealed client #5 to walk the deave the door half open. In revealed client #5 to add stand in front of toilet the privacy of the bathroom and to go the ervations did not reveal staffications the bathroom door for the client #5 on 10/26/21. If support plan (ISP) dated objectives to clean glasses, wacy, to brush all around his wash entire body, to eat to exercise, and to complete sk.  The client #5 on 10/26/21 and the complete sk.  The client with the client wash entire body, to eat to exercise, and to complete sk.  The client with the client wash entire body, to eat the exercise, and to complete sk.  The client with the client wash entire body, to eat the exercise of the complete sk.  The client wash entire body to eat the exercise of the complete sk.		227			

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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		34G209	B. WING		1	0/26/2021	
	ROVIDER OR SUPPLIER  ST OPPORTUNITIES-PIS	GAH HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE  28 PISGAHVIEW AVENUE  ASHEVILLE, NC 28803			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 247	Based on observation interviews, the facility clients residing in the and #6) were provided and self management preparation. The find Observations in the grown 4:30 PM to 6:30 B to get items from the pantry and cabinets. The revealed staff to prephoroccoli, pumpkin pier review revealed staff and juice in all cups. The revealed staff A to fix to place them on the observed to assist with their place settings.  Morning observation 10/26/21 from 6:30 Amember C to get itempantry, and cabinets revealed Staff C to pmandarin oranges, a Continued review revealed staff C to pmandarin oranges, a Continued review revealed staff C to pmandarin oranges, a Continued review revealed Staff C to pmandarin oranges, a Continued review revealed Staff C to pmandarin oranges, a Continued review revealed staff C to pmandarin oranges, a Continued review revealed Staff C to pmandarin oranges, a Cont	am plan must include and choice and anot met as evidenced by: ons, record reviews and a failed to assure 6 of 6 a home (#1, #2, #3, #4, #5 ad opportunities for choice at relative to meal adding is:  group home on 10/25/21  DPM revealed staff member the refrigerator, freezer, Further observation or pare chicken stuffing bake, as for dinner. Continued and to set the table, pour milk subsequent review all clients plates and staff B table. No clients were all chients plates and staff B table. No clients were all the meal preparation or set as in the group home on the stable of the staff	W 24				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G209	B. WING	····	1	0/26/2021
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(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 247	which indicated the in the microwave at Review of the recordated 1/16/21. The which indicated the kitchen.  Review of the recordated 6/2/21. The which indicated the things independent making his own sar the CFA revealed consure he uses approximate the condition of the recordated 8/19/20. The which indicated clie capabilities but is severbal, gestural and to his anxiety.  Review of the recordated 4/26/21. The which indicated the kitchen but needs the seeking.  Review of the recordated 4/13/21. The which indicated the kitchen.	nctional Assessment (CFA) client enjoys heating up items and making sandwiches.  It for client #2 revealed an ISP e ISP included a current CFA client enjoys helping in the  It for client #3 revealed an ISP ISP included a current CFA client is able to do many ly in the kitchen such as adwiches. Further review of lient #3 needs monitoring to propriate portions.  It for client #4 revealed an ISP e ISP included a current CFA ant #4 to have cooking pmewhat anxious and requires at eyes on support mostly due  It for client #5 revealed an ISP e ISP indicated a current CFA client enjoys helping in the po be monitored to prevent food  It for client #6 revealed an ISP ISP included a current CFA client enjoys helping in the po be monitored to prevent food  It for client #6 revealed an ISP ISP included a current CFA client enjoys helping in the	W 24			
	confirmed all clients	linical director on 10/26/21 s in the home are capable of ll preparation at some thinterview with the clinical				

STATEMENT ( AND PLAN OF			(3) DATE SURVEY COMPLETED			
		34G209	B. WING			10/26/2021
	NAME OF PROVIDER OR SUPPLIER  BLUEWEST OPPORTUNITIES-PISGAH HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 28 PISGAHVIEW AVENUE ASHEVILLE, NC 28803		CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIA	
W 247	continues to follow pr preparation and client and prompted by staf to assist during meals qualified intellectual d confirmed staff should opportunity to set the	ause of COVID the facility of the color relative to meal its should have been offered if to set their place settings is. Further interview with the disability professional (QIDP) if have offered all clients the ir place at the table.		247		
	As soon as the interd formulated a client's i each client must rece treatment program cointerventions and servand frequency to supplied to supplie the control of the contr	isciplinary team has ndividual program plan, ive a continuous active				
	Based on observation interviews, the facility objective contained in (ISP) for 1 of 3 sample implemented as present the facility objective contained in (ISP) for 1 of 3 sample implemented as present the facility of the fac	ribed. The finding is:  in the group home on revealed client #6 to pour ash in a medicine cup while rea. Continued observation client #6 to be in the or open preparing to ervations revealed client #6 room and open client #5's				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		34G209	B. WING _		10/2	6/2021
	ROVIDER OR SUPPLIER	SGAH HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE  28 PISGAHVIEW AVENUE  ASHEVILLE, NC 28803		
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W 249	at 8:08 AM revealed wearing only a t-shir and return to the bat reveal staff to promp close bathroom door Review of records for individual support platraining objectives to skills, for toileting, for for flatware sorting, for for flatware sorting, for the formal for the formal for the formal formal for the formal for the formal formal formal formal formal formal formal formal for flatware sorting, for flatware sorting, for flatware sorting, for flatware sorting, for for flatware sorting, for flatware for flatware for flatware for flatware	n. Subsequent observations client #6 to exit the bathroom thand walk down the hallway throom. Observations did not that client #6 to wear a robe and of for privacy.  In client #6 revealed an an (ISP) dated 4/13/21 with a support independent living or clothing, for oral hygiene, for privacy and for washing eview of objective goals coal implemented 3/18/20 for one gestural prompt and his robe when going to the general prompt the bathroom.  alified intellectual disabilities and clinical director on ff should have prompted obe and close the bathroom intinued interview with QIDP training to ensure privacy	W 2	49		
W 436	and teach clients to choices about the us hearing and other co and other devices id- interdisciplinary tean This STANDARD is Based on observation interviews, the facility	MENT  2)  hish, maintain in good repair, use and to make informed use of dentures, eyeglasses, mmunications aids, braces,	W 4	36		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G209	B. WING		10/26/2021	
	ROVIDER OR SUPPLIER  ST OPPORTUNITIES-PI	SGAH HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 28 PISGAHVIEW AVENUE ASHEVILLE, NC 28803		
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W 436	(#5). The finding is:  Observations in the from 4:30 PM to 6:3 participate in various and out of the kitches snacks from the participate dishes and participate dishes and place the take the trash to the observation was clie eyeglasses.  Observations on 10/AM revealed client # room for administrat participate in breakfed dishwasher, write the board and to then to observation during swas client #5 prompounds are client #5 prompounds and to the proposed for the following swas client #5 prompounds are client #5 prompounds for the following swas client #5 prompounds for equipment training objective to Continued review of a vision consult date facility nursing note, revealed the client in can remove for near eating.  Interview with the facility prescribed glasses is seen and to the following swas client #5 prompounds for equipment training objective to Continued review of a vision consult date facility nursing note, revealed the client in can remove for near eating.	group home on 10/25/21 0 PM revealed client #5 to a cativities such as walking in an area, attempting to grab atry and refrigerator, wash the in the dinner meal, rinse his arm in the dishwasher, then outside bin. At no time during ant #5 prompt to wear his 26/21 from 6:30 AM to 8:30 5 to enter the medication ion of morning medications, ast meal, put his dishes in the e date and day on the white this room. Additional survey revealed at no time	W 43			

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			(X3) DATE COMP	PLETED	
	34G209	B. WING			10/	26/2021	
ROVIDER OR SUPPLIER ST OPPORTUNITIES-PIS	GGAH HOUSE		28 PIS	GGAHVIEW AVENUE	ON WE		
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFI TAG	×	•		(X5) COMPLETION DATE	
encouraged to wear Interview with the qua	his glasses as prescribed. alified intellectual disabilities	W	136				
a current program to the use and wearing EVACUATION DRILL	address training relative to of his eyeglasses. _S	W	140				
This STANDARD is Based on record rev facility failed to show drills were conducted	not met as evidenced by: riews and interviews, the evidence that quarterly fire d with each shift of personnel						
through 10/21 reveal 12/20, 1/21, 2/21, an fire drill reports reveal conducted on 6/4/21 shift drill completed of facility had no addition	ed missing drills for 11/20, d 3/21. Further review of the aled a first shift drill and 9/24/21 with a second on 5/13/21 and 8/12/21. The onal documentation available						
10/26/21 confirmed fi been conducted qual Continued interview of revealed that they had documents with date client removed the minterview with site su no additional documents	acility fire drills should have reach shift. with the site supervisor ave a client who will remove s on them and possibly that hissing drills. Further pervisor confirmed there was entation to reflect the missing						
	ROVIDER OR SUPPLIER  ST OPPORTUNITIES-PIS  SUMMARY ST (EACH DEFICIENC REGULATORY OR  Continued From pag encouraged to wear Interview with the qu professional (QIDP) a current program to the use and wearing EVACUATION DRILL CFR(s): 483.470(i)(1  at least quarterly for This STANDARD is Based on record rev facility failed to show drills were conducted relative to first/secon  Review of the facility through 10/21 reveal 12/20, 1/21, 2/21, an fire drill reports reveal conducted on 6/4/21 shift drill completed of facility had no addition conducting first/secon review year.  Interview with the facility through 10/26/21 confirmed for been conducted qual Continued interview interview with date client removed the m interview with site su no additional docume	ROVIDER OR SUPPLIER  ST OPPORTUNITIES-PISGAH HOUSE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 6 encouraged to wear his glasses as prescribed. 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