

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/26/2021
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-PISGAH HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 28 PISGAHVIEW AVENUE 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 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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:</p> <p>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 using the bathroom. Further observation 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.</p> <p>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.</p> <p>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.</p>	W 227			

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	<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: Based on observations, record reviews and interviews, the facility failed to assure 6 of 6 clients residing in the home (#1, #2, #3, #4, #5 and #6) were provided opportunities for choice and self management relative to meal preparation. The finding is:</p> <p>Observations in the group home on 10/25/21 from 4:30 PM to 6:30 PM revealed staff member B to get items from the refrigerator, freezer, pantry and cabinets. Further observation revealed staff to prepare chicken stuffing bake, broccoli, pumpkin pie for dinner. Continued review revealed staff A to set the table, pour milk and juice in all cups. Subsequent review revealed staff A to fix all clients plates and staff B to place them on the table. No clients were observed to assist with meal preparation or set their place settings.</p> <p>Morning observations in the group home on 10/26/21 from 6:30 AM to 8:30 AM revealed staff member C to get items from the refrigerator, pantry, and cabinets. Further observations revealed Staff C to prepare waffle, sausages, mandarin oranges, and coffee for breakfast. Continued review revealed staff C to fix all clients plates and place them on the table. No clients were observed assisting with meal preparation.</p> <p>Review of the record for client #1 on 10/26/21 revealed an individual support plan (ISP) dated 11/21/20. The ISP included a current</p>	W 247			

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W 247	<p>Continued From page 2</p> <p>Comprehensive Functional Assessment (CFA) which indicated the client enjoys heating up items in the microwave and making sandwiches.</p> <p>Review of the record for client #2 revealed an ISP dated 1/16/21. The ISP included a current CFA which indicated the client enjoys helping in the kitchen.</p> <p>Review of the record for client #3 revealed an ISP dated 6/2/21. The ISP included a current CFA which indicated the client is able to do many things independently in the kitchen such as making his own sandwiches. Further review of the CFA revealed client #3 needs monitoring to ensure he uses appropriate portions.</p> <p>Review of the record for client #4 revealed an ISP dated 8/19/20. The ISP included a current CFA which indicated client #4 to have cooking capabilities but is somewhat anxious and requires verbal, gestural and eyes on support mostly due to his anxiety.</p> <p>Review of the record for client #5 revealed an ISP dated 4/26/21. The ISP indicated a current CFA which indicated the client enjoys helping in the kitchen but needs to be monitored to prevent food seeking.</p> <p>Review of the record for client #6 revealed an ISP dated 4/13/21. The ISP included a current CFA which indicated the client enjoys helping in the kitchen.</p> <p>Interview with the clinical director on 10/26/21 confirmed all clients in the home are capable of participating in meal preparation at some capacity. Continued interview with the clinical</p>	W 247			

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W 247	Continued From page 3 director revealed because of COVID the facility continues to follow protocols relative to meal preparation and clients should have been offered and prompted by staff to set their place settings to assist during meals. Further interview with the qualified intellectual disability professional (QIDP) confirmed staff should have offered all clients the opportunity to set their place at the table.	W 247			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the privacy objective contained in the individual support plan (ISP) for 1 of 3 sampled clients (#6) was implemented as prescribed. The finding is: Morning observations in the group home on 10/26/21 at 7:41 AM revealed client #6 to pour shampoo and body wash in a medicine cup while in the laundry room area. Continued observation at 7:45 AM revealed client #6 to be in the bathroom with the door open preparing to shower. Further observations revealed client #6 to walk from the bathroom and open client #5's bedroom door and close the bedroom door	W 249			

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W 249	Continued From page 4 returning to bathroom. Subsequent observations at 8:08 AM revealed client #6 to exit the bathroom wearing only a t-shirt and walk down the hallway and return to the bathroom. Observations did not reveal staff to prompt client #6 to wear a robe and close bathroom door for privacy. Review of records for client #6 revealed an individual support plan (ISP) dated 4/13/21 with training objectives to support independent living skills, for toileting, for clothing, for oral hygiene, for flatware sorting, for privacy and for washing hands. Continued review of objective goals revealed a privacy goal implemented 3/18/20 for client #6 to be given one gestural prompt and his cue card to wear his robe when going to the bathroom and leaving the bathroom. Interview with the qualified intellectual disabilities professional (QIDP) and clinical director on 10/26/21 verified staff should have prompted client #6 to wear a robe and close the bathroom door for privacy. Continued interview with QIDP confirmed staff need training to ensure privacy and new guidelines will be implemented.	W 249			
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 observations, record review and interviews, the facility failed to provide training relative to eyeglasses for 1 of 3 sampled clients	W 436			

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W 436	<p>Continued From page 5 (#5). The finding is:</p> <p>Observations in the group home on 10/25/21 from 4:30 PM to 6:30 PM revealed client #5 to participate in various activities such as walking in and out of the kitchen area, attempting to grab snacks from the pantry and refrigerator, wash hands and participate in the dinner meal, rinse his dishes and place them in the dishwasher, then take the trash to the outside bin. At no time during observation was client #5 prompt to wear his eyeglasses.</p> <p>Observations on 10/26/21 from 6:30 AM to 8:30 AM revealed client #5 to enter the medication room for administration of morning medications, participate in breakfast meal, put his dishes in the dishwasher, write the date and day on the white board and to then to his room. Additional observation during survey revealed at no time was client #5 prompt to wear glasses.</p> <p>Review of records for client #5 on 10/26/21 revealed an individual support plan (ISP) dated 4/26/21. Review of the ISP for client #5 revealed adaptive equipment to include glasses and a training objective to keep his glasses clean. Continued review of records for client #5 revealed a vision consult dated 7/29/20. Review of the facility nursing note, verified by interview, revealed the client must wear his eye glasses and can remove for near work activities or while eating.</p> <p>Interview with the facility nurse and clinical director on 10/26/21 verified client #5 has prescribed glasses kept in his bedroom and does not like to wear them. Continued interview with the facility nurse verified client #5 should be</p>	W 436			

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W 436	Continued From page 6 encouraged to wear his glasses as prescribed. Interview with the qualified intellectual disabilities professional (QIDP) verified client #5 did not have a current program to address training relative to the use and wearing of his eyeglasses.	W 436			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to show evidence that quarterly fire drills were conducted with each shift of personnel relative to first/second shifts. The finding is: Review of the facility fire drill reports from 11/20 through 10/21 revealed missing drills for 11/20, 12/20, 1/21, 2/21, and 3/21. Further review of the fire drill reports revealed a first shift drill conducted on 6/4/21 and 9/24/21 with a second shift drill completed on 5/13/21 and 8/12/21. The facility had no additional documentation available conducting first/second shift drills during the review year. Interview with the facility site supervisor on 10/26/21 confirmed facility fire drills should have been conducted quarterly for each shift. Continued interview with the site supervisor revealed that they have a client who will remove documents with dates on them and possibly that client removed the missing drills. Further interview with site supervisor confirmed there was no additional documentation to reflect the missing drills were conducted during the review year.	W 440			