

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

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FORM APPROVED  
OMB NO. 0938-0391

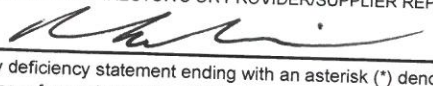
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLUEWEST OPPORTUNITIES-MONTFORD HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 KENMORE STREET ASHEVILLE, NC 28803</b>
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(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
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W 189	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>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</p>	W 189	*see attached	8.21.21
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DHSR - Mental Health  
JUL 26 2021  
Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Derek Briscoe, Program Administrator** (X6) DATE **7.20.21**

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.

**Plan of Correction  
Montford Group Home  
Annual Recertification Survey  
June 22 – June 23, 2021**

**W 189 Staff Training Program.** 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.

The staff will be trained by QIDP regarding the client's right to access personal possessions. QIDP will also review and train staff on all restrictions currently in place for the individuals they support, as stated in each individual support plan with proper consent.

Initial training will be provided to all current direct support staff by August 1, 2021, followed by training for new staff as part of new employee training. After initial training, there will be one or more observations in the home each week conducted by either the QIDP, site director, or manager to ensure clients have proper access to personal possessions.

**W 436 Space and Equipment.** The facility must furnish, maintain in good repair, and teach clients to use and make informed choices about the use of dentures, eyeglasses, hearing, and other communication devices identified by the interdisciplinary team as needed by the client.

The agency will ensure client (#2) always has one set of eyeglasses available to him by obtaining a second set for backup due to this client's history of breakage. These will be ordered by August 13, 2021.

Client (#2) will be supported with a formal training goal related to proper eyeglasses care. This program will be implemented by the QIDP by August 1, 2021.

Training will be provided to all current direct support staff upon implementation of client #2's training program, and ongoing for new staff as part of their initial training. Progress on client #2's training program will be monitored by the QIDP or designee monthly, and modified as needed, and noted in the client record.