

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

PRINTED: 08/09/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G089</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/27/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLUEWEST OPPORTUNITIES-SWANNANOA RESIDENTIAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>91 POPLAR CIRCLE</b> <b>SWANNANOA, NC 28778</b>	
(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 000	INITIAL COMMENTS	W 000	*see attached	9.10.21
W 104	<p>Complaint Intake#: NC00179341, NC00179668</p> <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interviews, the governing body failed to exercise general policy and operating direction over the facility by failing to assure facility furniture was in good repair in Beaucatcher. The finding is:</p> <p>Observation conducted of the group home furniture in the main day room of Beaucatcher on 7/27/21 revealed a recliner to slightly lean to the left side. Continued observation revealed the foot rest of the chair to protrude outward from the chair and staff I to attempt to recline the chair. Upon staff I's attempt to recline the chair, the wooden leg came out from under the chair and the foot rest was observed to be broken. Staff I, then placed the chair back into an unreclined position. Further observation revealed from 9:10 AM to 9:30 AM for client #11 to sit in the recliner with the recliner leaning to the left side.</p> <p>Interview with client #19 revealed she enjoys sitting in the recliner and had not done so for a while as the recliner was broken and had been broke for a while. Further interview confirmed client #6 also enjoys sitting in the recliner. Interview with staff I on 7/27/21 revealed she had previously requested repairs for the recliner and</p>	W 104		

DHSR - Mental Health

AUG 23 2021

Lic. & Cert. Section

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

TITLE

(X6) DATE

*[Signature]* Derek Briscoe, Residential Program Administrator 8.16.21

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.

BlueWest Opportunities – Swannanoa

Plan of Correction

Survey 7/25/2021 to 7/26/2021

#### **W 104 Governing body**

*The governing body failed to exercise general policy and operating direction over the facility by failing to assure facility furniture was in good repair in Beaucatcher.*

The chair noted to be broken during the survey has been removed from the group home. A replacement chair has been ordered.

Staff will receive training regarding the facility's work order process, which will include training in identifying environmental safety issues.

Assessments will be conducted at least monthly in each group home, and any followup identified will be corrected immediately. These will be reviewed at least quarterly by the Quality Assurance Manager, and any followup thereby identified will be conducted, in order to ensure continued compliance with the expectation that the governing body must exercise general policy, budget, and operating direction over the facility.

**Responsible persons:** Site Director

**Mechanism to ensure compliance:** Regular assessment

**Frequency of mechanism:** At least monthly in each group home

#### **W 122 Client Protections**

*The facility failed to assure its policies and procedures that prohibit abuse and neglect were implemented to prevent peer to peer abuse.*

BlueWest Opportunities will revise its internal incident review process to include a cross-site review component of allegations or inquiries into possible abuse or neglect. The review team will consist of supervisory personnel NOT involved in the operations of the site in question nor the care of the clients in question, and NOT in the same department.

Facility staff responsible for investigations into allegations of abuse or neglect will participate in training from an outside agency relative to conducting investigations.

BlueWest Opportunities critical incident review committee will continue to meet weekly and review any allegations and related inquiries/investigations for thoroughness, and any follow-up thereby identified will be conducted by appropriate agency members in order to ensure continued compliance with the

expectation that the facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.

**Responsible persons:** Residential Program Administrator, Quality Assurance Manager, CEO

**Mechanism to ensure compliance:** Critical incident reviews

**Frequency of mechanism:** Weekly

#### **W 154 Staff treatment of clients**

*The facility failed to provide evidence an allegation of abuse was thoroughly investigated.*

BlueWest Opportunities will revise its internal incident review process to include a cross-site review component of allegations or inquiries into possible abuse or neglect. The review team will consist of supervisory personnel NOT involved in the operations of the site in question nor the care of the clients in question, and NOT in the same department.

Facility staff responsible for investigations into allegations of abuse or neglect will participate in training from an outside agency relative to conducting investigations.

BlueWest Opportunities critical incident review committee will continue to meet weekly and review any allegations and related inquiries/investigations for thoroughness, and any follow-up thereby identified will be conducted by appropriate agency members in order to ensure continued compliance with the expectation that the facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.

**Responsible persons:** Residential Program Administrator, Quality Assurance Manager, CEO

**Mechanism to ensure compliance:** Critical incident reviews

**Frequency of mechanism:** Weekly

#### **W 186 Direct care staff**

*The facility failed to provide sufficient direct care staff to manage and supervise clients appropriately.*

Staff working in Swannanoa will receive training on effective monitoring of clients in group homes using a zone system, which will include how protocols change when optimal staff ratios are not available. The training will provide solutions to common issues that arise with monitoring, giving staff the tools they need to ensure that routine monitoring is continuous in all group homes. The training will include information about client-specific monitoring needs as well.

An assessment has been developed which includes determining whether monitoring has been continuous for the duration of the observation.

Assessments will be conducted at least monthly in each group home, and any followup identified will be corrected immediately. These will be reviewed at least quarterly by the Quality Assurance Manager, and

any followup thereby identified will be conducted, in order to ensure continued compliance with the expectation that the facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.

**Responsible Persons:** Residential Program Administrator, Quality Assurance Manager

**Mechanism to ensure compliance:** Regular assessment

**Frequency of Mechanism:** At least monthly in each group home

#### **W 249 Program implementation**

*The facility failed to ensure objectives and guidelines listed in the person centered plans were implemented as prescribed*

The IDT will revise client #16's behavior support plan, and staff will receive training upon implementation of the revised plan. The revision will include prevention strategies and interventions for uncooperative behavior, and will continue the provision of line-of-sight supervision to prevent inappropriate interpersonal interactions.

Staff will receive training on routine handwashing. The training will consist of information about the importance of handwashing, about systems for ensuring handwashing is completed prior to meals in the group homes, and about methods to increase client participation/training in handwashing.

Assessments will be conducted at least monthly in each group home, and any followup identified will be corrected immediately. These will be reviewed at least quarterly by the Quality Assurance Manager, and any followup thereby identified will be conducted, in order to ensure continued compliance with the expectation that 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.

**Responsible Persons:** QIDP, QIDP Assistant

**Mechanism to ensure compliance:** Regular interaction and mealtime assessments

**Frequency of Mechanism:** At least monthly in each group home

#### **W 436 Space and equipment**

*The facility failed to ensure adaptive devices were kept clean.*

Staff will receive training regarding the cleaning of adaptive equipment. The training will include information about the importance of the cleanliness of the equipment, as well as on systems for ensuring the cleanliness of the equipment is maintained. The staff will be provided with an updated instruction guide for maintaining client-specific adaptive equipment in each group home.

An assessment has been developed which includes determining whether adaptive equipment is clean and in good repair.

Assessments will be conducted at least monthly in each group home, and any followup identified will be corrected immediately. These will be reviewed at least quarterly by the Quality Assurance Manager, and any followup thereby identified will be conducted, in order to ensure continued compliance with the expectation that 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.

**Responsible Persons:** PT/OT Assistant, Site Director

**Mechanism to ensure compliance:** Regular assessment

**Frequency of Mechanism:** At least monthly in each group home

#### **W 473 Meal services**

*The facility failed to ensure food was served at the appropriate temperature.*

Staff will receive training regarding serving food at the appropriate temperatures.

Assessments will be conducted at least monthly in each group home, and any followup identified will be corrected immediately. These will be reviewed at least quarterly by the Quality Assurance Manager, and any followup thereby identified will be conducted, in order to ensure continued compliance with the expectation that the facility must serve food at the appropriate temperature

**Responsible Person:** Dietary Manager

**Mechanism to ensure compliance:** Regular assessment

**Frequency of Mechanism:** At least monthly

Derek Briscoe, Program Administrator

BlueWest Opportunities

43 College Place Suite 306

Asheville, NC 28803

8/16/2021

To the DHHS survey team:

On behalf of all the clients and the entire support team at BlueWest Opportunities, thank you for the time and energy you spent with us on July 25<sup>th</sup>-26<sup>th</sup> 2021 helping us to improve our services. Following, you will find our plan to correct the issues cited during the survey. We look forward to the improved outcomes you have helped us to identify.

We invite you back to our agency on September 10<sup>th</sup> 2021 to review corrections for all deficiencies cited, both conditional and standard level.

Thank you again.

Sincerely,

A handwritten signature in black ink, appearing to read 'Derek Briscoe', with a stylized flourish at the end.

Derek Briscoe