

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: 34G323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/26/2021
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-MONTFORD HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 5 KENMORE STREET 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 189}	<p>STAFF TRAINING PROGRAM 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}	<i>See attached</i>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Dina M Woody, BS, AP* TITLE: *COO* (X6) DATE: *11-1-2021*

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 189}	Continued From page 1 touching, and tantrums. Subsequent review of client #3's BSP revealed with no interventions relative to restricting access to personal possessions. Interview with the clinical director on 6/23/21 verified client #3 had no restrictions relative to access to personal possessions. Continued interview with the clinical director verified client #3's hairbrush should not be kept locked in the medication room of the group home. Interview with the facility qualified intellectual disabilities professional (QIDP) additionally verified staff should not be implementing any restricted access to client #3's hairbrush or any other personal property. 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 trainings related to client rights. Continued review of the internal records revealed no evidence of clinical monitoring, as also indicated in the POC, relative to client rights and current restrictions. Interview with the program administrator on 8/26/21 revealed evidence of in-service trainings and clinical monitoring relative to the POC were not available for review during the follow-up survey. Continued 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 189}	<i>See attached</i>		



DHSR - Mental Health

SEP 15 2021

Lic. & Cert. Section

September 8, 2021

**Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718**

**Re: Follow-up Survey Completed 8/26/21
BlueWest Opportunities– Montford House, 5 Kenmore St. Asheville, NC 28803
Plan of Correction MHL-011-105 FID: 080671**

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 on 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.

Staff training will be provided to all current direct support staff by September 26, 2021. Regular assessments and any follow-up thereby identified will be conducted by members of the clinical and management teams.

Responsible Person(s): QIDP

Mechanism to ensure compliance: Regular Assessment

Frequency of Mechanism: At least monthly

Melanie Moore

Melanie Moore, QIDP

9/18/21

Date



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Responsible Person(s): QIDP

Mechanism to ensure compliance: Regular Assessment

Frequency of Mechanism: At least monthly

Melanie Moore

Melanie Moore, QIDP

9/8/21

Date