

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

PRINTED: 11/22/2021  
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>11/10/2021</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 attachment		1.9.21
W 331	<p>Intake # NC00183002, NC00183341</p> <p><b>NURSING SERVICES</b> CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide nursing services in accordance with the needs of 1 of 1 sampled clients (#1) with not ensuring appropriate monitoring and staff training after a medication change and a change in client health status. The finding is:</p> <p>Review of internal documents on 11/10/21 revealed an IRIS report completed 10/25/21. Review of the IRIS report revealed client #1 had developed bruising, discoloration and swelling of the scrotum area due to a fall. Continued review of the IRIS report revealed client #1 to have a diagnosis history of profound intellectual disability with unspecified behaviors and emotional disorders with onset in childhood.</p> <p>Interview with the facility administrator on 11/10/21 revealed client #1 was currently in a nursing facility due to the need for a higher level of care after a recent hospitalization. Continued interview with the administrator revealed client #1 was recently released from the hospital, after a change in health status, with a permanent catheter and currently required restraints to keep the client from pulling the catheter out. Further interview with the facility administrator revealed due to the need for a permanent catheter and client #1's need for restraints to prevent pulling the catheter out the team had made the decision</p>	W 331	<p><b>DHSR - Mental Health</b></p> <p><b>DEC 21 2021</b></p> <p><b>Lic. &amp; Cert. Section</b></p>		

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

TITLE

(X6) DATE

 **Derek Briscoe, Residential Program Administrator** 12.3.21

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.

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

PRINTED: 11/22/2021  
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>11/10/2021</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 331	<p>Continued From page 1</p> <p>the clients' needs could not be met internally and client #1 would need a different level of care upon hospital discharge.</p> <p>A review of incident reports for client #1 from 10/22 through 10/25/21 revealed the following:</p> <p>On 10/22/21 Client #1 experienced a fall without injury. Continued review of the 10/22/21 incident report revealed nursing assessed the client on 10/22/21 regarding the fall.</p> <p>On 10/23/21 (5:00 PM) client #1 was sitting on the floor and staff assisted the client back to his feet and client #1 continued to walk around. Continued review of the 10/23/21 incident report revealed client #1 continued to fall several times over the next 30 to 40 minutes. Further review revealed staff tried to put shoes on client #1 thinking the client was having a traction issue and the client continued to fall. Subsequent review revealed staff was able to get client #1 to a recliner where the client sat waiting for his dinner meal. Additional review of the 10/23/21 incident report revealed staff contacted a supervisor at 5:30 PM although no notification of nursing was documented.</p> <p>On 10/24/21 (5:30 AM) While changing client #1 in bed, the client would not stand and it was noticed his scrotum was purplish in color. Continued review of the 10/24/21 incident report revealed nursing was contacted and client #1 was sent out to the local emergency room. Further review revealed client #1 returned to the facility around 2:45 PM after going out for medical evaluation and had no new orders or diagnosis.</p> <p>On 10/25/21 client #1 awoke at 2:05 AM and felt</p>	W 331			

BlueWest Opportunities – Swannanoa

Plan of Correction

Complaint Survey 11/10/2021

### **W 331 Nursing Services**

*The facility must provide clients with nursing services in accordance with their needs.*

The Residential Program Administrator will conduct training with interdisciplinary team members responsible for reviewing and responding to incidents. The training will detail agency protocols for incident review and response, including timely training of staff regarding changes in client plans of care.

As well, BlueWest Opportunities nursing department will include in its procedures the notification to staff of any medication changes and associated changes in support needs.

BlueWest Opportunities critical incident review committee will continue to meet weekly and review any allegations and related inquiries/investigations for thoroughness, and, as well, incident reports will be reviewed at least weekly by the Quality Assurance Manager; any followup thereby identified will be conducted immediately by appropriate agency members in order to ensure continued compliance with the expectation that the facility provides clients with nursing services in accordance with their needs.

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

**Mechanism to ensure compliance:** Regular review of incident reports

**Frequency of mechanism:** At least weekly

### **W 340 Nursing Services**

*Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.*

The Residential Program Administrator will conduct training with management team members responsible for responding to incidents. The training will detail agency protocols for incident response, including timely reporting of changes in client condition to appropriate clinical team members.

BlueWest Opportunities critical incident review committee will continue to meet weekly and review any allegations and related inquiries/investigations for thoroughness, and, as well, incident reports will be reviewed at least weekly by the Quality Assurance Manager; any followup thereby identified will be conducted immediately by appropriate agency members in order to ensure continued compliance with the expectation that nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.

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

**Mechanism to ensure compliance:** Regular review of incident reports

**Frequency of mechanism:** At least weekly



Derek Briscoe, Program Administrator

BlueWest Opportunities

43 College Place Suite 306

Asheville, NC 28803

12/3/2021

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 November 11, 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 January 9, 2022 to review corrections for both deficiencies cited.

Thank you again.

Sincerely,

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

Derek Briscoe