

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/30/2022
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-ORA HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 95 ORA STREET ASHEVILLE, NC 28801		
(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 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: The facility failed to assure techniques to manage inappropriate client behavior were not used as a substitute for an active treatment program for 3 of 6 clients (#1, #2, and #5) as evidenced by observations, record review and interviews. The findings are:</p> <p>Observation in the group home on 8/29/22 from 4:45 PM to 6:25 PM revealed staff to give client #1, #2, and #5 candy rewards of starburst, tootsie roll and mints for completion of preferred activities. Continued observation on 8/30/22 at 8:31 AM revealed the qualified intellectual disabilities professional to give client #2 a mint candy after successfully completing a prompt sequence to load a dish in the dishwasher.</p> <p>Interview with a staff D in the group home on 8/30/22 revealed no knowledge of the use of a candy rewards system for completion of tasks. Continued interview with staff D revealed they use the homes schedule, person centered plan and behavior support plans to keep the clients oriented and on task. Staff D further revealed knowing the clients well and keeping the routines consistent helps minimize behaviors.</p> <p>A. Review of records for client #1 on 8/30/22 revealed a person-centered plan (PCP) dated 4/19/22. Review of the PCP for client #1 revealed a diagnosis of moderate IDD, autism disorder, attention deficit disorder, hyperactivity disorder,</p>	W 288			

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 288	<p>Continued From page 1</p> <p>obsessive compulsive disorder, generalized anxiety disorder, and PICA. Further review of client #1's PCP revealed training objectives of relative to personal goals, brush teeth, chores (photo schedule), participate in vocational/educational activity, meal prep, toileting, and communication. Continue review of records revealed a behavior support plan (BSP) dated 4/18/20 with target behaviors of agitation, disruptive vocalizations, property destruction and SIB.</p> <p>B. Review of records for client #2 on 8/30/22 revealed PCP dated 2/08/22. Review of the PCP for client #2 revealed a diagnosis of moderate IDD, autism disorder, attention deficit disorder, hyperactivity disorder, and obsessive compulsive disorder. Further review of client #2's PCP revealed training objectives relative to personal goals to identify a household chore, touch photo prior to completing chore, imitate manual sign, oral care, fold towels, laundry, unload dishwasher, meal prep, and handwashing. Continue review of records revealed a BSP dated 2/05/22 with target behaviors of agitation, failure to cooperate, aggression, property misuse, and SIB.</p> <p>C. Review of records for client #5 on 8/30/22 revealed a PCP dated 4/19/22. Review of the PCP dated for client #5 revealed a diagnosis of autism disorder, obsessive compulsive disorder, severe IDD, and seizure disorder. Continue review of records revealed a BSP dated 4/16/22 with target behaviors of disruptive and harmful behaviors when trying to acquire fluids.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) revealed "staff</p>	W 288			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 288	Continued From page 2 occasionally will use a candy to reward compliance but the staff on duty on 8/29/22 seemed to get carried away which was unusual for such a seasoned staff." Continued interview with the QIDP revealed the use of candy had been used in the past at other facilities, however, and this would be addressed with staff. Additionally, the QIDP agreed that the use of candy as a reward for compliance could lead to negative consequences for the clients and staff.	W 288			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 sampled clients (#6). The finding is: Observation in the group on 8/30/22 at 7:35 AM revealed client #6 to receive the following medications: debrox drops in the left ear, hydroxyzine 25mg, metformin 500mg, nac 600mg, vitamin B-12, vitamin D3, polyethylene glycol, and vitamin C. Continued observation revealed staff D to state to client #6 she is to receive buspirone 15mg this morning, however the medication is unavailable. Further observations revealed client #6 to take medications then exit the medication room. Interview with staff D revealed client #6's buspirone is not available and he needs to document on the electronic MAR that the medication was missed and the reason is	W 369			

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W 369	Continued From page 3 because it's unavailable. Continued interview with staff D revealed that the nurse would check the MAR at some point today and make recommendations on what happens next. Further interview revealed client #6 receives this medication in the AM and PM. The PM blister pack was available however, the AM blister pack was not. Review of record for client #6 on 8/30/22 revealed a physician order to include the following 8 AM medications: hydroxyzine 25mg, metformin 500mg, nac 600 mg, vitamin b-12, vitamin D3, polyethylene glycol, buspirone 15mg and vitamin C. Continued review revealed debrox drops in both ears for the first seven days of every month. Interview with the facility nurse on 8/30/22 revealed she was not made aware that client #6 did not receive her buspirone 8AM medication. Continued interview with the nurse revealed staff should have contacted her immediately by phone to obtain further guidance on what needs to happen. Further interview confirmed client #6 buspirone and debrox drops medications were not administered as prescribed.	W 369			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure diets were	W 460			

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W 460	<p>Continued From page 4 followed as prescribed for 3 out of 6 clients (#1, #3, and #4) for 1 of 2 meals. The findings are:</p> <p>A. Observation in the group home on 8/9/22 at 6:45 PM revealed client #1 to sit at the dining room table and to participate in a dinner meal. Continued observation revealed the meal to consist of carrots, brussels sprouts, pears and a squash casserole that contained uncut cauliflower, water, milk and punch.</p> <p>Review of records for client #1 on 8/30/22 revealed a nutritional assessment dated 4/01/22. Review of the nutritional assessment dated 4/01/22 revealed client #1 has a regular chopped diet, requires verbal prompts to slow rate of eating, encourage at least 8oz of appropriate beverage per day including milk for calcium and vitamin D, 1/4-1/2 pieces and sandwiches into ninths.</p> <p>B. Observation in the group home on 8/29/22 at 6:45 PM revealed client #4 to sit at the dining room table and to participate in a dinner meal. Continued observation revealed the meal to consist of carrots, brussels sprouts, pears and a squash casserole that contained uncut cauliflower, water, milk and punch.</p> <p>Review of records for client #4 on 8/30/22 revealed a nutritional assessment dated 4/1/22. Review of the nutritional assessment revealed client #4 has a regular diet with 4 oz of prune juice, cutting food into bite size pieces, feeds self, requires infrequent prompts (verbal) to slow rate of eating except when he seeks and finds. Continue attempts to replace nutrients in missing meals. Encourage 71-83 oz appropriate fluids a day. Encourage physical activity at least 30</p>	W 460			

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W 460	<p>Continued From page 5 minutes per client #4's abilities and preferences.</p> <p>C. Continued observation in the group home on 8/29/22 at 6:50 PM revealed client #3 to request permission from staff to sit at the picnic table on the patio to have his dinner meal. Further observation revealed the meal to consist of carrots, brussels sprouts, pears and a squash casserole that contained uncut cauliflower, water and punch.</p> <p>Review of records for client #3 on 8/30/22 revealed mealtime guidelines dated 4/18/10. Review of the mealtime guidelines revealed client #3 can choose a seat for meals, serve his food and can demonstrate appropriate eating skills . Continue review of records revealed a nutritional assessment dated 1/24/22. Further review of the nutritional assessment revealed recommendations 1. to continue regular, bite size diet, encouraging 61 fluid oz during the day, 2. continue Equate as breakfast replacement, 3. replace Equate with afternoon snack to chocolate milk or decrease to 4 oz to maintain weight, 4 monitor weight monthly, 5. evaluate nutrition status yearly.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 8/30/22 verified client #1, #3, and #5's diet orders are current and should have been followed. Further interview with the QIDP verified each client's diet order is in the home on the dining room table at the place where each client sits for their meal for staff to verify the diet orders.</p>	W 460			