

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

PRINTED: 08/18/2022  
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>08/10/2022</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 263	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: The specially constituted committee, designated as the human rights committee (HRC) failed to assure written consent was obtained from 4 of 5 client guardians (#1, #2, #4 and #5) regarding the use of intrusive bathroom door alarms in the home as evidenced by observations, interview and record verification. The finding is:</p> <p>Observations in the group home during the 8/9-10/22 survey revealed each of the bathroom doors in the group home to be alarmed and sound any time any client or staff would enter or exit the bathrooms. The sound of the most frequented bathroom was noted to be louder and more intense than the other alarms in the home. Further observations revealed some of the clients to complain about the noise including client #1 saying "That's noisy!" and client #3 noting that "I hate that thing! It gets on your nerves at night."</p> <p>Interview with the qualified intellectual disabilities professional (QIDP), substantiated by review of client #3's person centered plan (PCP) dated 6/16/22, revealed the clients use of door alarms as part of his behavior programming came with him when he moved into the group home from a sister facility. Further review of the PCP revealed the client's behavior support plan (BSP) dated 7/14/20 addresses several target behaviors and also includes the use of bathroom alarms to alert staff of the client's whereabouts.</p>	W 263	<p style="text-align: center;"><b>RECEIVED</b> <b>AUG 29 2022</b> <b>DHSR-MH Licensure Sect</b></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melanie Moore</i>	TITLE <i>QIDP</i>	(X6) DATE <i>8/26/22</i>
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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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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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W 263	Continued From page 1 Review of client #1, #2, #4 and #5's PCPs dated 1/19/22, 1/6/22, 9/9/21 and 6/19/22, respectively revealed no consents were obtained from the clients' guardians to assure informed consent was provided for the loud intrusive bathroom door alarms being used in the home for the monitoring of one client.	W 263		
W 287	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: The facility failed to assure techniques to manage inappropriate client behavior were not used for the convenience of staff for 1 of 5 sampled clients (#3) as evidenced by observations, interviews and record verification. The finding is:  Observations in the group home during the 8/9-10/22 survey revealed each of the bathroom doors in the group home to be alarmed and sound any time any client or staff would enter or exit the bathrooms. The sound of the most frequented bathroom was noted to be louder and more intense than the other alarms in the home. Further observations revealed some of the clients to complain about the noise including client #1 saying "That's noisy!" and client #3 noting that "I hate that thing! It gets on your nerves at night."  Interview with the qualified intellectual disabilities professional (QIDP), substantiated by review of client #3's person centered plan (PCP) dated 6/16/22, revealed the client's use of door alarms	W 287		

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W 287	<p>Continued From page 2</p> <p>as part of his behavior programming came with him when he moved into the group home from a sister facility. Further review of the PCP revealed the client's behavior support plan (BSP) dated 7/14/20 which addresses the target behaviors of inappropriate sexual stimulation, lying, inappropriate verbal statements, invading privacy, stealing, non-compliance, inappropriate physical/sexual contact, verbal aggression, property destruction, physical aggression, AWOL, SIB, Tantrums and PICA. Further review of the BSP, substantiated by further interview with the QIDP, revealed the BSP with these target behaviors also came with the client when he moved into the facility and the client's behaviors in this group home have been greatly reduced from his previous group home.</p> <p>Continued interview with the QIDP revealed the alarms are to notify staff of the whereabouts of client #3 even though these alarms affect everyone in the home. Subsequent interviews with the QIDP revealed no issues have been noted with client #3 and using the bathroom inappropriately. It is further noted that the alarms were implemented when the client moved in and have remained in place without staff determining the continued need for the intrusive alarms.</p>	W 287		
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</p>	W 288		

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W 288	<p>Continued From page 3</p> <p>used as a substitute for an active treatment program for 4 of 5 clients in the group home (#2, #3, #4 and #5) as evidenced by observations, interviews and record verification. The finding is:</p> <p>Afternoon observations in the group home on 8/9/22 at 4:05 PM revealed staff getting a container of snack items from the office and offering it to the clients for snack. Further observations of a note on the office door noted that "4 PM and 8 PM snacks are locked in the office. They no longer go in the pantry." Interview with the facility qualified intellectual disabilities professional (QIDP) revealed this procedure had been going on for several months and was due to clients stealing food from the snack box when it was in the pantry. Further interview revealed wrappers of various types had been found in the clients' rooms and it was a concern that some of the clients might injure themselves trying to climb on the shelves in the pantry to get to the snacks.</p> <p>Continued interview with the QIDP, substantiated by review of clients #2, #3, #4 and #5's person centered plans (PCPs) dated 1/6/22, 6/16/22, 9/9/21 and 6/19/22 respectively, revealed none of the clients have objective training to teach them how to access food appropriately. Further review of their PCPs revealed while some of the clients may have a need to lose or maintain their current weight, none of the clients have food restrictions due to texture or consistency issues. The facility failed to teach and train the clients to access their food appropriately instead of simply removing their food and locking it in the office.</p>	W 288		

**BlueWest Opportunities – Montford Home  
Plan of Correction  
Re: Survey Completed August 9-10, 2022**

Please find below our facility's plan of correction in response to your visit on August 9-10, 2022. Our plan of correction addresses the W263, W287, and W288 citations.

**W 263 PROGRAM MONITORING & CHANGE.** The committee should ensure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.

QIDP will acquire consent from guardians and Human Rights Committee for all clients in the home for existing alarms on bathroom doors.

**Responsible Person(s):** QIDP

**Mechanism to ensure compliance:** Proper consents acquired.

**Frequency of Mechanism:** If the need continues, consents will be renewed in accordance with regulations.

**W 287 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR.** Techniques to manage inappropriate client behavior must never be used for the convenience of staff.

QIDP and Licensed Clinical Psychologist will meet with the team to re-evaluate the need of bathroom alarms in client #3's Behavior Support Plan. Additionally, staff training will occur to ensure a clear understanding of the supervision needs of client #3.

**Responsible Person(s):** QIDP, Licensed Clinical Psychologist

**Mechanism to ensure compliance:** Regular assessment and review; staff training.

**Frequency of Mechanism:** At least monthly.

**W 288 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR.** Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.

Snacks will be stored in the kitchen pantry and accessible to the clients. Each client with an identified need in healthy choice-making will have formal programs to address this need. Additionally, there will be visual reminders posted in the kitchen/pantry area for teaching purposes.

**Responsible Person(s):** QIDP

**Mechanism to ensure compliance:** Regular Assessment and review.

**Frequency of Mechanism:** At least monthly.