STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G092	A. BUILDING ______ B. WING ______	06/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SERV	**BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754**

(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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: The facility failed to assure the individual program plans (IPPs) for 2 of 7 sampled clients (#12 and #20) included objective training to meet the clients' behavior and eating needs as evidenced by observations, interview and record verification. The findings are: A. The facility failed to assure client #12's behavior support plan (BSP) adequately addressed his behavioral needs to ensure the continued safety of other clients in Roan. For example: Review of client #12's IPP dated 9/29/21 revealed a BSP dated 4/6/21 to address the disruptive target behaviors of failure to cooperate, verbal/gestural disruption, physical aggression, property destruction, AWOL, untrue statements, inappropriate toileting, self-injurious behavior and inappropriate physical contact. Further review of the BSP revealed inappropriate physical contact is defined as "touching other people in private areas of the body; leading other consumers about by the hand or using physical guidance in an attempt to encourage another person to go to a private location with him." Review of facility incident reports, substantiated by interview with the facility administrator, revealed client #12 has had incidents in the past including on 12/1/21 and 5/21/21 where the client initiated sexual advances and sexual aggression	W 227	DHSR - Mental Health JUL 27 2022 Lic. & Cert. Section	8-30-22

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

TITLE: QIDP

(X6) DATE: 15 July 2022

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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towards other clients in Roan. In both of these cases, the facility either moved the other client to another home or placed the other client with a 1 to 1 staff person. Client #12 was also required to have line of sight supervision during all waking hours. Interview with the qualified intellectual disabilities professional (QIDP) also noted that staff are retrained periodically on the client's BSP.

Continued review of the incident reports and interview with administrative staff revealed client #12's "inappropriate physical contact" to this point happens infrequently, but due to client #12's ability to take advantage of situations and look for opportunities to take advantage of his peers in Roan it is important to assure the client's behavior is properly monitored and identified. Incidents including the ones on 12/1/21 and 5/21/21 were more than "inappropriate physical contact" and should be identified in the BSP as such to assure staff are fully aware to monitor client #12 at all times.

B. The facility failed to assure the IPP included interventions relative to support during mealtimes for client #20 in Snowbird facility. For example:

Observations in the group home on 6/29/22 at 6:15 PM revealed client #20 to participate in the dinner meal. The meal consisted of pizza cut in bite size pieces, green beans, tossed salad, cut up strawberries, jello, milk and sugar free beverage. Continued observations revealed client #20 used a divider plate, cup with lid, and weighted utensils (spoon, fork, knife) to eat his dinner with tremors throughout the meal. Further observations revealed client #20 to have spillage relative to the hand tremors. Observations at

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6:25 PM revealed client #20 to eat ½ of the dinner meal and take his plate to the kitchen.

Morning observations on 6/30/22 at 6:50 AM revealed client #20 to participate in the breakfast meal. The meal consisted of chopped pears, cold cereal, cheese toast, skim milk and decaf coffee. Continued observations revealed client #20 to use a divider plate, bowl, cup with lid, weighted spoon and fork during the breakfast meal. Further observations revealed client #20 to have spillage relative to hand tremors during the breakfast meal and to eat his meal sporadically. Observations revealed client #20 to cough and choke three times during the breakfast meal. Additional observations at 7:25 AM revealed client #20 to refuse assistance from staff. Observations at 7:30 AM revealed client #20 to take his plate to the kitchen only consuming ¼ of the breakfast meal.

Review of the record for client #20 on 6/30/22 revealed an IPP dated 12/8/21 which indicated client #20 has the following diagnosis: I/DD, severe; autism spectrum disorder, dysphagia and epilepsy. Continued review of the IPP revealed the following program goals: eat safely, toothbrush goal, toileting routine, exercise goal, choose a beverage, snack and/or leisure items and take cup to the sink. Further review of the IPP for client #20 revealed the following modified diet: regular diet, chopped with finely chopped meats. Review of the nutritional evaluation for client #20 revealed staff should promote independence in dining through the use of adaptive utensils and to prevent aspiration. Review of a dietary note dated 6/29/22 indicated client #20 has regular finely chopped food items and acknowledges concerns with food intake. An

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W 227	Continued From page 3 OT assessment was not available during the survey to verify adaptive equipment and interventions relative to hand tremors and aspirations. Interview with the QIDP on 6/30/22 revealed an OT assessment was requested for client #20 and is forthcoming. Continued interview with the QIDP revealed the treatment team has discussed the need to implement weighted utensils for client #20 during mealtimes to reduce tremors. Further interview with the QIDP revealed the treatment team has not created and implemented formal interventions relative to hand tremors, food intake and aspirations for client #20 during mealtimes.	W 227		8-30-22
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to furnish prescribed eyeglasses for 3 of 7 sampled clients (#2, #3 and #8). The findings are: A. The facility failed to furnish prescribed eyeglasses for client #2. For example: Observation in the group home throughout the 6/29-6/30/22 survey revealed client #2 to participate in various activities, puzzles, watching television, setting the table, eating dinner and breakfast meal and medication administration.	W 436		8-30-22

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W 436	Continued From page 4 Continued observation revealed at no time throughout the survey was staff observed to prompt client #2 to wear prescribed eyeglasses. Review of records for client #2 revealed an individual support plan (ISP) dated 8/18/21. Continued review of record for client #2 revealed a vision consult dated 12/7/20 with a diagnosis of mild myopia. Further review of the vision consult revealed client #3 to be prescribed eyeglasses for his mild myopia. Interview on 6/30/22 with the qualified intellectual disabilities professional (QIDP) confirmed that client #2 should be wearing prescribed eyeglasses. Continue interview with the QIDP revealed that client #2 should have his prescribed eyeglasses in his possession. B. The facility failed to furnish prescribed eyeglasses for client #3. For example: Observation in the group home throughout the 6/29-6/30/22 survey revealed client #3 to participate in various activities such as looking at magazines, puzzle activities, eating dinner and breakfast meal and medication administration. Continued observation revealed at no time throughout the survey was staff observed to prompt client #3 to wear prescribed eyeglasses. Review of records for client #3 revealed an ISP dated 3/30/22. Continued review of record for client #3 revealed a vision consult dated 5/17/21 with a diagnosis of very small immature cataracts in both eyes. Further review of the vision consult revealed client #3 to be prescribed eyeglasses. Interview on 6/30/22 with the QIDP confirmed that	W 436		8-30-22

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W 436	Continued From page 5 client #3 should be wearing prescribed eyeglasses. Continue interview with the QIDP revealed that client #3 should have his eyeglasses and that the client does not have a goal to tolerate wearing his eyeglasses. C. The facility failed to furnish prescribed eyeglasses to client #8. For example: Observation in the group home throughout the 6/29-6/30/22 survey revealed client #8 to participate in the dinner and breakfast meal, to participate in medication administration and to sit on patio smoking his cigarettes. Continued observation revealed at no time throughout the survey was staff observed to prompt client #8 to wear prescribed eyeglasses. Review of records for client #8 revealed an ISP dated 2/9/22. Continued review of record for client #8 revealed a vision consult dated 2/16/22 that noted the client to have moderate posterior capsule haze secondary to past cataract surgery. Further review of the vision consult revealed client #8 to be prescribed eyeglasses. Interview on 6/30/22 with the QIDP confirmed that client #8 should be wearing prescribed eyeglasses. Continue interview with the QIDP revealed that client #8's prescribed eyeglasses were in his bedroom dresser drawer.	W 436		8-30-22

Blue West Opportunities – Mars Hill

Plan of Corrections

July 15th, 2022

W 227 Individual Program Plan

A. The facility failed to assure client's (#12) Behavior Support Plan adequately addressed his behavioral needs to ensure the continued safety of other clients in Roan.

   The LPA will update client's (#12) Behavior Support Plan to expound upon "inappropriate physical conduct", providing explicit mention of how said behavior has presented in past episodes, and offer preventative and interventive measures. Staff training will include discussion of the importance and expectation of consistent, adequate monitoring to ensure clients' safety.

   Routine monitoring, routine training, and any follow-ups thereby identified, will be conducted by the responsible persons to ensure the client (#12) receives sufficient supports consisting of needed interventions and services that address the maladaptive behaviors indicated in their Behavior Support Plan.

   Responsible Person(s): QIDP, LPA, Behavior Support Assistant

   Mechanism to ensure compliance: Regular Training

   Frequency of Mechanism: No less than quarterly.

B. The facility failed to assure the IPP included interventions relative to support during mealtimes for client (#20) in Snowbird home.

   The PT/OT Assistant will seek OT evaluation and or other relative assessment to determine supports and MAE necessary to optimize independence, safety, and dignity of the client (#20) during meals.

   Routine mealtime assessment, intake chart reviews, and any follow-up thereby identified by the responsible persons, will be conducted to ensure that appropriate mealtime adaptive equipment and other supports are available and address the needs of the client (#20).

   Responsible Person(s): QIDP, QIDP Assistant, PT/OT Assistant

   Mechanism to ensure compliance: Regular assessment.

   Frequency of Mechanism: At least monthly.

W 436 Space and Equipment

A. The facility failed to furnish prescribed eyeglasses for client (#2).

The QIDP/QIDP Assistant will devise eyeglasses training that may include toleration, duration, maintenance, location, etc. as deemed appropriate to the individual. The QIDP Assistant will conduct training with staff on the importance of consistent program implementation and adequate documentation of the client's (#2) individual support plan.
Regular Assessments, chart reviews, and any follow-up thereby identified will be conducted by the QIDP to ensure the client (#2) receives 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 Person(s): QIDP, QIDP Assistant

Mechanism to ensure compliance: Regular assessment.

Frequency of Mechanism: At least monthly.

B. The facility failed to furnish prescribed eyeglasses for client (#3).

The QIDP/QIDP Assistant will devise eyeglasses training that may include toleration, duration, maintenance, location, etc. as deemed appropriate to the individual. The QIDP Assistant will conduct training with staff on the importance of consistent program implementation and adequate documentation of the client's (#3) individual support plan.

Regular Assessments, chart reviews, and any follow-up thereby identified will be conducted by the QIDP to ensure the client (#3) receives 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 Person(s): QIDP, QIDP Assistant

Mechanism to ensure compliance: Regular assessment.

Frequency of Mechanism: At least monthly.

C. The facility failed to furnish prescribed eyeglasses for client (#8).

The QIDP/QIDP Assistant will devise eyeglasses training that may include toleration, duration, maintenance, location, etc. as deemed appropriate to the individual. The QIDP Assistant will conduct training with staff on the importance of consistent program implementation and adequate documentation of the client's (#8) individual support plan.

Regular Assessments, chart reviews, and any follow-up thereby identified will be conducted by the QIDP to ensure the client (#8) receives 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 Person(s): QIDP, QIDP Assistant

Mechanism to ensure compliance: Regular assessment.

Frequency of Mechanism: At least monthly.