AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED  34G344 B. WING 02/07/202 NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-NEW STOCK HOUSE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X8) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED							
AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING       COMPLETED         34G344       B. WING       02/07/202         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       122 WOODLAND HILLS ROAD         BLUEWEST OPPORTUNITIES-NEW STOCK HOUSE       STREET ADDRESS, CITY, STATE, ZIP CODE       122 WOODLAND HILLS ROAD         MARE OF PROVIDER OR SUPPLIER       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROVIDER'S PLAN OF CORRECTION         V(X4) ID       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROVIDER'S PLAN OF CORRECTION SHOULD BE       COMPLITING INFORMATION)         PREFIX       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID       PREFIX TAG       CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY       COMPLITING         W 000       INITIAL COMMENTS       W 000       INITIAL COMMENTS       W 000         This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400       W 000       W 000       INITIAL COMMENT 42 CFR 483.480	CENTER	RS FOR MEDICARE	E & MEDICAID SERVICES		C	-	-	
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         BLUEWEST OPPORTUNITIES-NEW STOCK HOUSE       122 WOODLAND HILLS ROAD ASHEVILLE, NC 28804         (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 DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY AUST BE PRECEDED BY FULL CONSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPLI COMPLIANT (CONDUCTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         W 000       INITIAL COMMENTS       W 000         This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480						(X3) DATE SURVEY COMPLETED		
BLUEWEST OPPORTUNITIES-NEW STOCK HOUSE       122 WOODLAND HILLS ROAD ASHEVILLE, NC 28804         (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)       COMPLI COMPLIC CONSTRUCTION SHOULD BE DEFICIENCY)         W 000       INITIAL COMMENTS       W 000         This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480       W 000			34G344	B. WING		02/07/2023		
BLUEWEST OPPORTUNITIES-NEW STOCK HOUSE       ASHEVILLE, NC 28804         (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 SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPUL DATE         W 000       INITIAL COMMENTS       W 000       W 000       W 000       W 000         This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480       W 000	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
ASHEVILLE, NC 28804         (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)       (X4) COMPLICATION SHOULD BE COMPLICATION SHOULD BE DEFICIENCY)         W 000       INITIAL COMMENTS       W 000       W 000       W 000       W 000         This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480       W 000					122 WOODLAND HILLS ROAD			
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPLI- DATE         W 000       INITIAL COMMENTS       W 000       W 000       W 000       W 000       INITIAL COMMENTS       W 000         This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480       W 000       Image: Compliance with the CONDITIONS of PARTICIPATION for CONDITIONS FOR CONDUCTIONS FOR CONDUCTIO	becewest of row on the stress house				ASHEVILLE, NC 28804			
This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			( (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE		
CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480	W 000	INITIAL COMMEN	TS	W 00	00			
		CONDITIONS OF Intermediate Care Intellectual Disabilit THROUGH 483.46	PARTICIPATION for Facilities for Individuals with ties found at 42 CFR 483.400 60 AND 42 CFR 483.480					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATI		Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	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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