

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

PRINTED: 03/17/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G267</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLUEWEST OPPORTUNITIES-KENMORE HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 KENMORE STREET</b> <b>ASHEVILLE, NC 28803</b>	
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W 000	INITIAL COMMENTS	W 000		
W 476	<p>MEAL SERVICES CFR(s): 483.480(b)(3)</p> <p>Food served to clients individually and uneaten must be discarded. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the health and safety of 2 of 2 clients (#1 and #2) by not ensuring milk that was consumed by clients was not discarded prior to the expiration date. The finding is:</p> <p>Observation in the home on 3/13/23 at 6:15 PM revealed client #1 and client #2 to participate in a dinner meal consisting of the following: rosemary pork chops, brussels sprouts, sweet potatoes, tropical fruit, milk, and juice. Continued observation of the dinner meal revealed staff A to participate in the dinner meal with client #1 and client #2 with the same food items and a cup of milk.</p> <p>Observation in the home on 3/14/23 at 6:32 AM revealed client #1 and client #2 to participate in the breakfast meal consisting of the following: a bowl of cereal with milk, a cup of fruit, and a cup of milk. Continued observation of the kitchen refrigerator in the group home revealed the gallon milk container to be 75% used with an expiration date of 03/06/23. Subsequent observation of the kitchen refrigerator revealed several unopened gallons of milk dated 3/15/23 that poses the risk of client #1 and client #2 to receive an expired milk again. Subsequently, it was revealed that</p>	W 476		

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 476	Continued From page 1 client #1 and client #2 had consumed expired milk at the dinner meal on 3/13/23 and during the breakfast meal on 3/14/23.  Interview with the qualified intellectually disabilities professional (QIDP) on 3/14/23 alerted management and staff of the need to be diligent in providing the clients nourishing, healthy, and unexpired beverages. Continued interview with the QIDP ensured the expired milk was discarded and measures taken to ensure the unopened milk will not be served past its expiration date.	W 476			
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x)  § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or	W 508			

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W 508	Continued From page 2 other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section;	W 508			

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W 508	Continued From page 3 (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and	W 508			

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W 508	<p>Continued From page 4</p> <p>considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication:</p> <p>(ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to ensure an active program for prevention and control of infection and communicable disease was present in the group home. The finding is:</p> <p>Observation in the home on 3/13/23 throughout the meal prep and cooking of the dinner meal revealed staff A to wear his mask below his nose and chin from 5:35 PM up until 6:15 PM at which time he sat down with client #1 and client #2 for the dinner meal. Continued observation revealed staff A to interact with client #1 and client #2 with mask pulled below his nose and mouth while assisting their engagement in the meal prep and in leisure activities. Staff A failed to be compliant with face mask wear to limit the potential spread of COVID-19 virus as required at this time by the Centers of Medicare and Medicaid Services (CMS).</p>	W 508			

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W 508	Continued From page 5  Review of facility records on 3/13/23 revealed staff A provided no evidence of his vaccination status upon his hire date. Continued review of records revealed staff A has been in his current position for more than 3 weeks of employment.  Interview with the qualified intellectual disabilities professional (QIDP) on 3/14/23 confirmed staff A has not provided proof of vaccination status. Continued interview with the QIDP revealed staff A is currently working in the facility now going on 4 weeks. Subsequent interview with the QIDP revealed they have instructed staff A to contact a data base that can track the status of his vaccination and provide copies of his vaccination records upon his request.	W 508			