

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

PRINTED: 08/23/2023
FORM APPROVED
OMB NO. 0938-0391

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 08/22/2023
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NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-ORA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 95 ORA STREET ASHEVILLE, NC 28801
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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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive 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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to assure the individual service plan was provided to support the achievement of objectives identified in the person-centered plan (PCP) for 1 sampled client and 1 non-sample client (#1 and #4). The findings are:</p> <p>A. The facility failed to follow client #1's training objective relative to wash hands and after meal clean up as prescribed. For example:</p> <p>Evening observations in the group home on 8/21/22 at 6:11 PM revealed client #1 to enter the dining room from outside. Continued observation revealed client #1 to take a seat at the table and begin serving himself a dinner meal which consisted of a baked zita casserole, carrots, collard greens, toast cut into bite size pieces, poured a cup of 2% milk and a cup of water. Further observation revealed Client #1 to eat 100% of his meal and exit the dining room table without completing his training objective, "after meal clean up".</p>	W 249		
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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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NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-ORA HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 95 ORA STREET ASHEVILLE, NC 28801		
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W 249	<p>Continued From page 1</p> <p>Review of records for client #1 on 8/22/23 revealed a PCP dated 4/11/23. Continue review of the PCP for client #1 revealed training objectives to include oral care, chores, attention to task, meal prep, handwashing before meals and after toileting, and after meal clean up. Further observation revealed staff to provide no prompts to client #1 to wash hands before engaging in serving himself the dinner meal.</p> <p>Interview with the qualified intellectual disability professional (QIDP) verified on 8/22/23 that client #1's training programs are current. Continued interview with the QIDP confirmed staff should have provided a prompt for client #1 to wash hands upon entry to the dining room from outside or when client #1 sat down at the dining room table to begin the dinner meal.</p> <p>B. The facility failed to follow client #4's training objectives relative to wash hands as prescribed. For example:</p> <p>Evening observations in the group home on 8/21/23 at 6:08 PM revealed client #4 to enter the dining room from outside. Continued observation revealed client #4 to take a seat at the table and begin serving himself a dinner meal which consisted of a baked ziti casserole, carrots, collard greens, toast cut into bite size pieces, poured a cup of 2% milk and a cup of water. Further observation revealed staff to provide no prompts to Client #4 to wash hands before engaging in serving himself the dinner meal.</p> <p>Review of records for client #4 on 8/22/23 revealed a person-centered plan (PCP) dated 4/10/23. Continue review of the PCP for client #4 revealed training objectives to include dry off after</p>	W 249			

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W 249	Continued From page 2 shower, meal prep, wash hands before meals with no more than one verbal prompt, oral care, toileting, leisure item, and sanitize surfaces at least once per shift. Further observation revealed staff to provide no prompts to Client #4 to wash hands before engaging in serving himself the dinner meal. Interview with the QIDP verified on 8/22/23 that client #4's training programs are current. Continued interview with the QIDP confirmed staff should have provided a prompt for client #4 to wash hands upon entry to the dining room from outside or when client #4 sat down at the dining room table to begin the dinner meal.	W 249			