

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

PRINTED: 09/07/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/06/2023
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-SWANNANOA RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 91 POPLAR CIRCLE SWANNANOA, NC 28778		
(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 000	INITIAL COMMENTS	W 000			
W 252	<p>A recertification survey and complaint survey for Intake #NC00205227 was completed on 9/6/23. The complaint was unsubstantiated and no deficiencies were cited. However, deficiencies were cited for the recertification survey.</p> <p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure data relative to accomplishment of the criteria specified in the individual support plan (ISP) objectives for 1 of 1 sampled client (#15) at Pisgah was documented in measurable terms. The finding is:</p> <p>Review of records for client #15 on 9/6/23 revealed an ISP dated 1/10/23. Review of the ISP indicated client #15's habilitation goals to include completing a personal appearance checklist, completing one chore after dinner, assist with making one side dish for dinner, correctly identifying items needed when making choices, and participation in walking exercise and medication administration. Continued review of client #15's record revealed no data to be collected on their progress for the month of September 2023. Further review revealed large gaps in data collection from June 2023 to August 2023.</p>	W 252			

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 252	Continued From page 1	W 252			
W 369	<p>Review of facility records on 9/6/23 revealed an administrative assessment dated 8/30/23 which indicated "insufficient" data collection at Pisgah.</p> <p>Interview with the Qualified Intellectual Disability Professional on 9/6/23 revealed staff should be recording data daily for each client.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 8 clients (#23) observed during medication administration at Beaucatcher. The finding is:</p> <p>Observation in the group home on 9/6/23 at 7:57 AM revealed staff A to remove medications from cart, obtain apple sauce, sanitize hands, and to educate client on medications. Continued observation revealed staff A to assist client #23 with punching prescribed medications Furosemide 40 MG tab and Potassium ER 10 MEQ tab into a medicine cup. Further observation revealed staff A to place the medicine cup containing client #23's medications into a crusher and crush the tablets. Subsequent observations revealed staff to pour the medications into apple sauce and pour water into a cup. Additionally, client #23 ate the apple sauce containing the medications and drank the cup of water.</p>	W 369			

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W 369	Continued From page 2 Review of records for client #23 on 9/6/23 revealed physician orders dated 9/1/23. Review of the 6/1/23 physician orders revealed medications to administer at 8:00 AM to be Furosemide 40 MG tab, Metronidazole Topical 1%, Voltaren 1% Gel, and Potassium ER 10 MEQ* tab - take 1 tablet by mouth every day *DO NOT CRUSH*. During survey observation staff A was observed to administer client #23's Potassium ER 10 MEQ* tab by crushing the tablet and pouring it into apple sauce. Interview with the facility nurse on 9/6/23 confirmed the 9/1/23 physician orders for client #23 to be current. Continued interview with the facility nurse revealed that staff should administer medications as prescribed, and staff should contact nursing if instructions for administering medications conflict with the client's medication face sheet and physician orders.	W 369			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs and biologicals were kept locked except when being prepared for administration for 5 of 7 clients (#10, #11, #12, #13, and #15) at Pisgah. The finding is: Observations in the group home during the 9/5-6/23 survey revealed prescription medications to be accessible in toiletry totes in the bathrooms of clients #10, #11, #12, #13, and #15 for both survey days.	W 382			

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W 382	Continued From page 3 Interview with the facility nurse and nurse supervisor on 9/6/23 confirmed staff are responsible for ensuring all prescription medications are kept locked except when being prepared for administration.	W 382			