PRINTED: 06/19/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G092	B. WING _	B. WING		6/18/2024
	ROVIDER OR SUPPLIER	RS HILLS RESIDENTIAL SERV		STREET ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	§460.84(d)(2), §482.1 §483.475(d)(2), §484 §485.542(d)(2), §485 §485.920(d)(2), §491 *[For ASCs at §416.5 at §485.542, OPO, "C §485.727, CMHCs at §491.12, and ESRD F (2) Testing. The [facilit to test the emergency must do all of the following of the emergency	al (13(d)(2), §441.184(d)(2), (5(d)(2), §483.73(d)(2), (102(d)(2), §485.68(d)(2), (625(d)(2), §485.727(d)(2), (12(d)(2), §494.62(d)(2). 4, CORFs at §485.68, REHs organizations" under §485.920, RHCs/FQHCs at Facilities at §494.62]: ty] must conduct exercises or plan annually. The [facility] owing: -scale exercise that is ery 2 years; or ity-based exercise is not facility-based functional s; or experiences an actual emergency that requires gency plan, the [facility] is go in its next required individual, facility-based llowing the onset of the onal exercise at least every 2 ear the full-scale or inder paragraph (d)(2)(i) of ted, that may include, but is wing: e exercise that is individual, facility-based	EO	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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E 039	a narrated, clinically-rscenario, and a set of directed messages, or designed to challenge (iii) Analyze the [facilit maintain documentatic exercises, and emergifacility's] emergency *[For Hospices at 418 (2) Testing for hospic patient's home. The exercises to test the exanually. The hospic (i) Participate in a full community based every (A) When a community accessible, conduct a functional exercise expended emergency plan, the emergency plan the emergency plan, the emergency plan the exercise expensive plan the emergency plan the e	des a group discussion using elevant emergency for problem statements, or prepared questions an emergency plan. The state of the plan, as needed. 3.113(d):] The state of the plan at least emergency plan at least emergency plan at least emergency plan at least emust do the following: It scale exercise that is exery 2 years; or the plan at least empty plan at least empty plan at least emust do the following: It scale exercise that is exery 2 years; or the plan at least empty plan	EC	039			

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	ROVIDER OR SUPPLIER	MARS HILLS RESIDENTIAL SERV	•	BLUE RI	ADDRESS, CITY, STATE, ZIP CODE IDGE HOMES DRIVE #50 HILL, NC 28754	·		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
E 039	scenario, and a se directed messages designed to challe (3) Testing for hos care directly. The exercises to test the year. The hospice (i) Participate in a is community-based (A) When a commaccessible, conduct facility-based function (B) If the hospice of man-made emergency platengaging in its new based or facility-based (ii) Conduct an admay include, but its (A) A second full-scommunity-based exercise; or (B) A mock disast (C) A tabletop exercise; or (B) A mock disast (C) A tabletop exercise (iii) Analyze the homaintain document exercises, and emercises, and emercises, and emercises.	ly-relevant emergency t of problem statements, s, or prepared questions inge an emergency plan. pices that provide inpatient hospice must conduct he emergency plan twice per must do the following: he annual full-scale exercise that ed; or unity-based exercise is not ect an annual individual tional exercise; or experiences a natural or ency that requires activation of in, the hospice is exempt from ext required full-scale community ased functional exercise t of the emergency event. ditional annual exercise that is not limited to the following: scale exercise that is or a facility based functional er drill; or excise or workshop led by a des a group discussion using a erelevant emergency scenario, em statements, directed hared questions designed to	E	039				

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E 039	conduct exercises to twice per year. The do the following: (i) Participate in an a is community-based (A) When a commun accessible, conduct facility-based functio (B) If the [PRTF, Hos actual natural or mar requires activation or [facility] is exempt for required full-scale cof facility-based function onset of the emerger (ii) Conduct an and that may include following: (A) A second full-scale community-based or functional exercise; (B) A mock (C) A tabletop eled by a facilitator and discussion, using a remergency scenario statements, directed questions designed in plan. (iii) Analyze the maintain documenta	184(d), Hospitals at §485.625(d):] IF, Hospital, CAH] must test the emergency plan [PRTF, Hospital, CAH] must annual full-scale exercise that or ity-based exercise is not an annual individual, nal exercise; or spital, CAH] experiences an an-made emergency that ithe emergency plan, the omengaging in its next annunity based or individual, nal exercise following the ney event. [additional] annual exercise or a but is not limited to the late exercise that is individual, a facility-based or disaster drill; or exercise or workshop that is d includes a group exercise or workshop that is d includes a group exercise or problem messages, or prepared o challenge an emergency [facility's] response to and tion of all drills, tabletop gency events and revise the plan, as needed.	E 03				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER ST OPPORTUNITIES-MA	ARS HILLS RESIDENTIAL SERV		STREET ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
E 039	(2) Testing. The PAC exercises to test the annually. The PACE following: (i) Participate in an is community-based (A) When a communaccessible, conduct facility-based function (B) If the PACE expension of the emergency plantengaging in its next based or individual, exercise following the event. (ii) Conduct an ayears opposite the years opposite the yexercise under parais conducted that mathe following: (A) A second full-secommunity-based or functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator and inclusing a narrated, clinscenario, and a set of directed messages, designed to challeng (iii) Analyze the PAC maintain documentate exercises, and emer PACE's emergency *[For LTC Facilities as a service of the page of the	CE organization must conduct emergency plan at least organization must do the annual full-scale exercise that; or nity-based exercise is not an annual individual, anal exercise; or eriences an actual natural or cy that requires activation of the PACE is exempt from required full-scale community facility-based functional e onset of the emergency additional exercise every 2 ear the full-scale or functional graph (d)(2)(i) of this section ay include, but is not limited to alle exercise that is individual, a facility based for drill; or cise or workshop that is led by ides a group discussion, nically-relevant emergency of problem statements, or prepared questions ge an emergency plan. CE's response to and tion of all drills, tabletop gency events and revise the plan, as needed.	E 039			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		34G092	B. WING _		06	/18/2024
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E 039	including unannoun emergency procedu ICF/IID] must do the (i) Participate in an is community-based (A) When a community-based function (B) If the [LTC facility-based function actual natural or marequires activation of LTC facility is exemined a full-scale individual, facility-based following the onset (ii) Conduct an additional exercise; (B) A mock disasted (C) A tabletop exeria facilitator includes narrated, clinically-rand a set of problem	plan at least twice per year, ced staff drills using the ares. The [LTC facility, end following: annual full-scale exercise that at; or nity-based exercise is not at an annual individual, conal exercise. Ity] facility experiences an an-made emergency that for the emergency plan, the pt from engaging its next encommunity-based or ased functional exercise of the emergency event. Ititional annual exercise that not limited to the following: cale exercise that is or an individual, facility based or redirection or drill; or cise or workshop that is led by a group discussion, using a relevant emergency scenario, in statements, directed	EO	39		
	challenge an emerging (iii) Analyze the [LT] and maintain docume xercises, and emerging [LTC facility] facility *[For ICF/IIDs at §4 (2) Testing. The ICF to test the emergen The ICF/IID must do	C facility] facility's response to nentation of all drills, tabletop rgency events, and revise the 's emergency plan, as needed. 83.475(d)]: F/IID must conduct exercises cy plan at least twice per year.				

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E 039	accessible, conduct facility-based function (B) If the ICF/IID expranded emerger the emergency plan engaging in its next community-based of functional exercise from the emergency event. (ii) Conduct an additional exercise from the emergency event. (ii) Conduct an additional exercise from the emergency event. (iii) Conduct an additional include, but is reported in the emergency event. (ii) A second full-scar community-based of functional exercise; (B) A mock disaster (C) A tabletop exercial facilitator and including a narrated, clining a narrated, clining a narrated, clining and a set of directed messages, designed to challent (iii) Analyze the ICF, maintain documental exercises, and emerical exercises and emerical exercises. *[For HHAs at §484. (d)(2) Testing. The Foot test the emergency exercises annually. The least annually. The least annually. The least annually and community-based; of (A) When a conducted in the exercises and emerical exercises.	rity-based exercise is not an annual individual, onal exercise; or. periences an actual natural or acy that requires activation of the ICF/IID is exempt from required full-scale rindividual, facility-based ollowing the onset of the disconal annual exercise that not limited to the following: ale exercise that is ran individual, facility-based or drill; or ise or workshop that is led by udes a group discussion, nically-relevant emergency of problem statements, or prepared questions ge an emergency plan. [IID's response to and attion of all drills, tabletop regency events, and revise the plan, as needed. 102] HAA must conduct exercises by plan at HHA must do the following: II-scale exercise that is	E 03	39		

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E 039	or man-made emergo of the emergency placengaging in its next community-based or functional exercise from the emergency event. (ii) Conduct an addition opposite the year the exercise under parais conducted, the limited to the following (A) A second functional exercise; (B) A mock disa (C) A tabletop elled by a facilitator and discussion, using a remergency scenario statements, directed questions designed plan. (iii) Analyze the HHA documentation of all emergency events, a emergency plan, as *[For OPOs at §486. (d)(2) Testing. The Oto test the emergency of the emergency events are led by a facilitator and iscussion, using a remergency scenario emergency scenario emergency scenario	experiences an actual natural ency that requires activation an, the HHA is exempt from required full-scale individual, facility based ollowing the onset of the ional exercise every 2 years, e full-scale or functional graph (d)(2)(i) of this section at may include, but is not ag: Il-scale exercise that is an individual, facility-based or ster drill; or exercise or workshop that is an includes a group pararated, clinically-relevant, and a set of problem messages, or prepared to challenge an emergency A's response to and maintain drills, tabletop exercises, and and revise the HHA's needed. 360] DPO must conduct exercises by plan. The OPO must do the chased, tabletop exercise is	E 03			

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	ROVIDER OR SUPPLIER	ARS HILLS RESIDENTIAL SERV		STREET ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754		, 33.15.222	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
E 039	plan. If the OPO expman-made emergen the emergency plan, engaging in its next following the onset of (ii) Analyze the OPO documentation of all emergency events, a OPO's] emergency particles at §403.7 (d)(2) Testing. The Fexercises to test the must do the following (i) Conduct a paperleast annually. A tab discussion led by a folinically-relevant en of problem statemer prepared questions emergency plan. (ii) Analyze the RNH maintain documental and emergency ever emergency plan, as This STANDARD is Based on record refailed to conduct bie Emergency Prepare finding is: Review of the facility Snowbird, and Sprin no evidence of a full facility-based exercise.	to challenge an emergency periences an actual natural or cy that requires activation of a the OPO is exempt from required testing exercise of the emergency event. It's response to and maintain tabletop exercises, and and revise the [RNHCl's and Indianal or evise the Indianal or emergency plan. The RNHCl Indianal or emergency plan. The RNHCl Indianal or exercise is a group facilitator, using a narrated, intergency scenario, and a set atts, directed messages, or designed to challenge an and Indianal or evise the RNHCl's needed. Inot met as evidenced by: Indianal testing of the facility's diness Plan (EPP). The or exercise of the Indianal or exercise o	E 03	9			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
E 039	Continued From page full-scale community exercise.	and/or facility-based)39				
W 340	other members of the appropriate protective measures that include training clients and st health and hygiene measures that include training clients and st health and hygiene members are absolutely trained to and hygiene methods	t include implementing with interdisciplinary team, and preventive health e, but are not limited to aff as needed in appropriate ethods.	W	340				
W 369	5:08 PM to 5:11 PM r sunscreen to client #6 arms and legs, and c while wearing a single time during the obser to change her vinyl gl Interview on 6/18/24 (DON) verified that st and clean hands whill and during individual interview with DON c proper procedures with DRUG ADMINISTRACER(s): 483.460(k)(2)	with the Director of Nursing aff should change gloves e performing different tasks client care. Continued onfirmed staff did not follow th glove use. FION)	W3	369				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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W 369	This STANDARD is Based on observation interviews, the facility drugs, including those were administered w (#3). The finding is: Observation in the gray AM revealed client # room with staff B for Continued observation receive the following mg - 1 tablet, Myrbe Carbamazepine 200 - 1 tablet, Tamsulosis Losartan K 50 mg - Artificial Tears eye dispray. Review of client #3's physician orders significant #3's morning in Loratadine 10 mg - 1 tablet, Carbamaze Senna 8.6 mg	re administered without error. not met as evidenced by: on, record review and y failed to ensure that all se that are self-administered, vithout error for 1 of 6 clients roup home on 6/18/24 at 7:42 roup home on 6/18/24 roup ro	W 36	59			

l' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION IG	(X3	(X3) DATE SURVEY COMPLETED	
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W 474 W 474	developmental level This STANDARD is Based on observation interviews, the facilit form consistent with sampled client (#4) a prescribed diet. The Observations in the 6:27 PM revealed th mash potatoes, colla gravy, apple sauce, Continued observati #4's meatloaf to be consistency with perinch in size inside the observation at 6:38 Is served apple sauce during the dinner me provide client #4's me consistency. Observations in the 7:09 AM revealed the waffles with syrup, siguice. Continued observations observat	d in a form consistent with the of the client. not met as evidenced by: ons, record review, and y failed to serve food in a the developmental level of 1 at Spring Creek relative to finding is: group home on 6/17/24 at e dinner meal to include ard greens, meatloaf with milk, juice, and coffee. on at 6:33 PM revealed client consumed in a chopped opers and onions that were an e meatloaf. Further PM revealed client #4 to be in a scoop bowl. At no point eal were staff observed to	W 4				
	meal in a chopped cobservations reveals entire breakfast meadinner meal were start's sausage as pre	onsistency. Further ed client #4 consumed the il. At no point during the aff observed to provide client					

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NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SERV				STREET ADDRESS, CITY, STATE, ZIP CODE 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	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 474	#4's diet to be limited pureed meats, prune rate of eating and choreview of records revedated 5/16/24 for cliel limited regular diet, cho sausage, and prur Interview with the Dire 6/18/24 confirmed clief Further interview with	regular diet, chopped with juice twice a day, monitoring oking episodes. Continued ealed a physician's orders at 44 to be prescribed a hopped food, pureed meats,	W 2				