PRINTED: 08/21/2024 FORM APPROVED OMB NO. 0938-0391

` /		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	<b>34G089</b> B. WING			08/20/2024			
	NAME OF PROVIDER OR SUPPLIER  BLUEWEST OPPORTUNITIES-SWANNANOA RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP 91 POPLAR CIRCLE SWANNANOA, NC 28778	CODE		
(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 X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
E 037	§441.184(d)(1), §460 §483.73(d)(1), §483.4 §485.68(d)(1), §485. §485.727(d)(1), §485. §485.727(d)(1).  *[For RNCHIs at §403 Hospitals at §482.15, at §484.102, REHs at under §485.727, OPC RHC/FQHCs at §491 (1) Training program the following: (i) Initial training in en policies and procedur staff, individuals proviarrangement, and vol expected roles. (ii) Provide emergence least every 2 years. (iii) Maintain documer preparedness training (iv) Demonstrate staff procedures. (v) If the emergency procedures are signiff must conduct training procedures.  *[For Hospices at §41 hospice must do all of (i) Initial training in en policies and procedures, and procedures are procedures and procedures.	.54(d)(1), §418.113(d)(1), .84(d)(1), §482.15(d)(1), .175(d)(1), §484.102(d)(1), .542(d)(1), §485.625(d)(1), .920(d)(1), §486.360(d)(1), .920(d)(1), §486.360, .920(d)(1), .920(d)(1), .920(d)(1), §486.360(d)(1), .920(d)(1), §486.360(d)(1), .920(d)(1),	EC	)37			

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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		34G089	B. WING	B. WING		08/20/2024	
	ROVIDER OR SUPPLIER  ST OPPORTUNITIES-S	WANNANOA RESIDENTIAL	•	9	TREET ADDRESS, CITY, STATE, ZIP CODE 1 POPLAR CIRCLE WANNANOA, NC 28778		
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E 037	procedures.  (iii) Provide emerge least every 2 years (iv) Periodically rev emergency prepare employees (including special emphasis procedures necess others.  (v) Maintain docum preparedness trainity (vi) If the emergency procedures are signing must conduct training procedures.  *[For PRTFs at §44 program. The PRTI (i) Initial training in policies and procedures arrangement, and vexpected roles.  (ii) After initial training preparedness trainity (iii) Demonstrate standers procedures.  (iv) Maintain docum preparedness trainity (v) If the emergency procedures are signing must conduct trainity procedures.	ency preparedness training at a liew and rehearse its edness plan with hospice and nonemployee staff), with laced on carrying out the arry to protect patients and entation of all emergency and an inficantly updated, the hospice and on the updated policies and an inficantly updated, the hospice and on the updated policies and an inficantly updated, the hospice and on the updated policies and inficantly updated p	E	037			
	organization must o	n.64(d):] (1) The PACE do all of the following: emergency preparedness					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		34G089	B. WING		08/20/2024		
	NAME OF PROVIDER OR SUPPLIER  BLUEWEST OPPORTUNITIES-SWANNANOA RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 91 POPLAR CIRCLE SWANNANOA, NC 28778	<u> </u>		
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E 037	staff, individuals pro arrangement, contra volunteers, consiste (ii) Provide emerger least every 2 years. (iii) Demonstrate sta procedures, includin what to do, where to case of an emergen (iv) Maintain docum (v) If the emergency procedures are sign must conduct trainin procedures.  *[For LTC Facilities and Procedures (ii) Provide emerger least annually. (iii) Maintain docump preparedness trainin (iv) Demonstrate state procedures.  *[For CORFs at §48 CORF must do all of (i) Provide initial trait preparedness policie and existing staff, in	ures to all new and existing viding on-site services under actors, participants, and int with their expected roles. Incomplete of the participants and participants and participants of the participants of th	E 03	7			

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E 037	least every 2 years. (iii) Maintain docume (iv) Demonstrate staft procedures. All new pand assigned specific the CORF's emerger their first workday. The control in alarm systems and sequipment. (v) If the emergency procedures are significant to conduct training procedures.  *[For CAHs at §485.6] The CAH must do all (i) Initial training in erpolicies and procedure porting and extinguand where necessary personnel, and guest cooperation with firef authorities, to all new individuals providing and volunteers, constroles. (ii) Provide emergency least every 2 years. (iii) Maintain docume (iv) Demonstrate staft procedures. (v) If the emergency procedures are significant extensions and procedures are significant extensions.	ntation of the training. If knowledge of emergency personnel must be oriented by responsibilities regarding and program must the location and use of signals and firefighting  If preparedness policies and preparedness press, including prompt proparedness press, including prompt preparedness press, including prompt preparedness press, including prompt preparedness press, including prompt preparedness preparedness press, including prompt preparedness prepared	E	037					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ANNANOA RESIDENTIAL		STREET ADDRESS, CITY, STATE, ZIP 0 91 POPLAR CIRCLE SWANNANOA, NC 28778	CODE		
(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 AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
E 037	CMHC must provide preparedness policie and existing staff, incunder arrangement, with their expected rodocumentation of the demonstrate staff knoprocedures. Thereaf emergency prepared years.  This STANDARD is Based on record revialled to ensure direct the facility's emergen at least biennially. The Review on 8/19/24 on one evidence of initial EPP.  Interview on 8/20/24 disabilities profession was no evidence available biennial trainings for PROGRAM IMPLEM CFR(s): 483.440(d)(d).  As soon as the interconformulated a client's each client must receive treatment program conformed interventions and ser and frequency to supobjectives identified in the conformed intervention in the conformed intervention is and ser and frequency to supobjectives identified in the conformed intervention is and ser and frequency to supobjectives identified in the conformed intervention is and ser and frequency to supobjectives identified in the conformed intervention is and ser and frequency to supobjectives identified in the conformed intervention is and ser and frequency to supobjectives identified in the conformed intervention is and ser and frequency to supobjectives identified in the conformed intervention is and ser and frequency to supobjectives identified in the conformed intervention is an accordance in the conformed intervention in the conformed intervention is an accordance in the conformed intervention in the conformed intervention is an accordance in the conformed intervention in the conformed in the conformed in the conformed in the conformed in the con	5.920(d):] (1) Training. The initial training in emergency s and procedures to all new dividuals providing services and volunteers, consistent oles, and maintain a training. The CMHC must owledge of emergency ofter, the CMHC must provide ness training at least every 2 mot met as evidenced by: riew and interview, the facility of care staff were trained on acy preparedness plan (EPP) are finding is:  If the facility's EPP revealed or biennial training on the with the qualified intellectual and (QIDP) verified that there willable to document initial and current staff.  ENTATION  I) disciplinary team has individual program plan, eve a continuous active	W 2				
	formulated a client's each client must rece treatment program conterventions and ser and frequency to sup	individual program plan, eive a continuous active onsisting of needed vices in sufficient number oport the achievement of the					

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W 249	Based on observation interview, the facility in Hawksbill (#3) received treatment program or interventions relative equipment. The finding observations through revealed client #3 to and dinner meal indevelopment observations revealed following adaptive equipment of the finding adaptive equipment of the finding of the fi	not met as evidenced by: ons, record review and failed to ensure 1 of 8 clients eived a continuous active onsisting of needed to mealtime adaptive ng is: out the 8/19-20/24 survey participate in the breakfast pendently. Continued d client #3 to utilize the uipment for both meals: sh, shirt protector, sip cup, record on 8/20/24 revealed apy (OT) evaluation dated the OT evaluation indicated of client #3's mealtime of include a high-sided of tector, sip cup, non-skid	W 2	249				
W 436	utilized due to client # has not been formally	#3 not tolerating it, however it / discontinued. Further taff should offer and support quipment. MENT	W 4	36				

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W 436	Continued From pa	ige 6	W 4	36				
	and teach clients to choices about the choices about the chearing and other of and other devices in interdisciplinary tea. This STANDARD is Based on observation interview, the facility prescribed adaptive for 1 of 7 clients at its:  Observation in the recertification surver client #1 to maneur area in a wheelcha assistance. Continuclient #1's wheelch the right arm rest arm rest. Further of to sit slightly slump. Review of records revealed an individ 6/25/24. Continued physical therapy (Folient #1. Further revealed that on 5/new wheelchair/seapositioner.	am as needed by the client. It is not met as evidenced by: tions, record review and by failed to ensure that the equipment was maintained. Beaucatcher (#1). The finding agroup home during the early on 8/19-20/24 revealed are around the dining room in independently and with staff are dobservations revealed air to have exposed foam on and a piece of cloth tied to the abservations revealed client #1 and in her wheelchair.  For client #1 on 8/20/24 and support plan (ISP) dated a review of ISP revealed a around the PT evaluation 2024 client #1 was provided a pating with the wrong thigh						
	professional (QIDP #1's PT evaluation interview with the C was scheduled to h	pualified intellectual disabilities ) on 8/20/24 confirmed client was current. Continued QIDP revealed that client #1 have a new wheelchair in by 2024; however, the facility						

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W 436	could not get the func the QIDP revealed th arm rest and hip abdu were ordered and sho	ling. Further interview with at client #1's right broken uction pillow modifications buld be replaced; however, o evidence of the order.	W 4	36		