

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

PRINTED: 12/20/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-PISGAH HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 28 PISGAHVIEW AVENUE ASHEVILLE, NC 28803		
(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 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that clients and staff have been adequately trained in health and hygiene methods relative to handwashing before medication pass, meal preparation and all meals for 5 of 5 clients (#1, #2, #3, #4 and #5). The finding is:</p> <p>Observation in the group home on 12/18/24 revealed 3 of 5 clients (#1, #2 and #5) to participate in the medication administration without a prompt to wash their hands with soap and water or use a alcohol based hand sanitizer (ABHS) before beginning the medication administration pass from the medication technician or direct care professional. Continued observation in the group home during the dinner meal on 12/17/24 revealed 4 of 5 clients (#1, #3, #4 and #5) to participate in the dinner without a prompt to wash their hands with soap and water or a ABHS. Further observation in the group home during the breakfast meal revealed 3 out of 3 clients (#1, #2 and #3) to participate in the breakfast meal without a prompt from staff to wash their hands with soap or water or a ABHS.</p> <p>Interview with the facility nurse and qualified intellectual disabilities professional (QIDP) on 12/18/24 revealed staff have been training in hand washing hygiene. Continued interview with</p>	W 340			

RECEIVED

IAN 06 2025

DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Melanie Moore

TITLE

QIDP

(X6) DATE

1/2/25

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 340	Continued From page 1 both the facility nurse and QIDP revealed the clients have had specific goals relative to hand washing and use of ABHS before medication pass, meal prep and eating any meals. Further interview with the facility nurse and QIDP verified staff have been trained on hand hygiene and its importance. Subsequent interview with the facility nurse and QIDP confirmed staff will be retrained in hand hygiene and overall meal prep cleanliness.	W 340			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) 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 ensure all drugs were administered without error for 1 of 5 clients (#1) observed during medication administration. The finding is: Observation in the group home on 12/18/24 at 7:27 AM revealed staff and client #1 to prepare for medication administration in the medication room. Continued observation revealed staff to remove client #1's medication basket from the cabinet and place it on the desk. Further observations revealed staff to crush medications and place crushed and non-crushing medications into a medicine cup. Subsequent observations revealed staff administered the morning medications to client #1 with a cup of water. Review of records for client #1 on 12/18/24 revealed physician orders (P.O.) dated 12/1/24. Review of the 12/1/24 P.O. revealed medications	W 369			

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W 369	Continued From page 2 to administer at 6:30 AM to be Pantoprazole 40MG and at 8:00 AM to be Calcium Citrate Vitamin D3, Fluoxetine 20MG, Fluoxetine 40MG, Levothyroxine 75MCG, Losartan K 50MG, Potassium CL ER 20 MEQ K-DUR 20MEQ, Risperidone 1 MG, Vitamin D3 2000 IU, Senna Plus, Tramadol 50 MG, Dipyridamole 75MG, and Vitamin B-12 500MCG. Staff were not observed to administer Vitamin B-12 500MCG prescribed 1 tablet by mouth every day to client #1. Staff was observed to administer client #1 Pantoprazole 40MG and Potassium CL ER 20 MEQ K-DUR 20 MEQ crushed with water and the P.O. states "Do Not Crush" for both medications. Interview with the facility nurse on 12/18/24 confirmed the 12/1/24 P.O.'s for client #1 to be current. Continued interview with the facility nurse revealed that staff should administer medications as prescribed.	W 369			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 of 6 clients (#3). The finding is: Observation in the group home during recertification survey 12/17/24-12/18/24 revealed client #3 to participate in the dinner meal, leisure	W 436			

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W 436	Continued From page 3 activity including watching television and a puzzle. Continued observations revealed the client to participate in hygiene care, cigarette break, and breakfast meal. At no point during the survey observations was client #3 observed to be provided his prescribed eyeglasses. Review of records for client #3 on 12/18/24 revealed a person-centered plan (PCP) dated 7/22/24. Continued review of PCP revealed an Ophthalmology appointment for client #3 on 7/21/24 and for the client to be prescribed new eyeglasses. Interview with the facility nurse and qualified intellectual disabilities professional (QIDP) on 12/18/24 confirmed client #3 has prescribed eyeglasses. Continued interview with the facility nurse confirmed that client #3's eyeglasses are missing, and a new pair will be purchased.	W 436			
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure an active treatment program for the prevention and control of infection and communicable diseases was present in the group home specific to ensuring toilets are free of feces and urine odor as well as a bedroom for 5 of 5 residents (#1, #2, #3, #4 and #5). The finding is: Observations in the group home during survey 12/17-18/2024 revealed the two upper bathrooms	W 455			

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W 455	<p>Continued From page 4</p> <p>on the left and right side of the hallway to have a strong urine odor. Continued observations during both days of survey revealed the bathroom on the left side of the hallway to have feces on the toilet seat. Further observation during both days of observation revealed neither bathrooms to be cleaned or sanitized by the clients or facility staff during any shift of duty.</p> <p>Observations in the group home during survey 12/17-18/2024 revealed client #5's bedroom to have a strong odor of urine. Continued observation during 12/17/24 revealed client #5 to track urine out of his bedroom throughout the home on his socks into the Livingroom and dining room areas of the home. Further observation in the group home on 12/17/2024 revealed staff to mop up the wet tracked areas made by the urine soaked socks on client #5's feet. Subsequent observations on 12/17/24 revealed staff to assist client #5 to obtain clean laundered socks to change into from the soaked urine socks.</p> <p>Interview with the facility nurse and qualified intellectual disabilities professional (QIDP) on 12/18/24 revealed client #5 had a recent medication change that may have caused a stronger odor to his urine. Continued interview with the facility nurse & QIDP revealed client #5 to have goals relative to toileting, room cleaning and laundering that are focused on the reduction of client #5's urge/need to urinate in his laundry basket/room and bathroom floor. Further interview with the facility nurse and QIDP revealed client #5 has had a recent decline in progress in the recent months relative to his toilet and room cleaning goals.</p>	W 455			

BlueWest Opportunities – Pisgah View Home
Plan of Correction
Re: Survey Completed December 17-18, 2024

Please find below our facility's plan of correction in response to your visit on December 17-18, 2024. Our plan of correction addresses the W340, W369, W436, and W455 citations.

W 340 NURSING SERVICES. Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.

All Pisgah View staff will be inserviced on proper handwashing protocol for staff and clients, followed by routine observations and monitoring. Additionally, QIDP will assess and identify those clients in need of handwashing goals and will implement training goals accordingly.

Responsible Person(s): Nursing, QIDP, Site Director

Mechanism to ensure compliance: Written goals by QIDP; face-to-face training, followed by routine assessment and review.

Frequency of Mechanism: At least monthly

W 369 DRUG ADMINISTRATION. The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.

The staff member involved in the specific incident referred to in this citation will receive disciplinary action to address the concerns identified. All staff will be inserviced on the protocol and expectations for administering medications. Routine observations will subsequently occur to ensure medications are properly administered.

Responsible Person(s): Site Director, Nursing, QIDP

Mechanism to ensure compliance: Face-to-face staff training, followed by routine assessment and review.

Frequency of Mechanism: At least monthly

W 436 SPACE AND EQUIPMENT. The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.

Nursing will immediately furnish eyeglasses for the client referred to in this citation. Staff will receive training and specific instructions regarding their use. QIDP will assess the need for a training goal for this client. Routine observations will occur to ensure availability and proper usage.

Responsible Person(s): Nursing, QIDP

Mechanism to ensure compliance: Face to face training, client assessment, and follow up observations.

Frequency of Mechanism: At least monthly

W 455 INFECTION CONTROL. There must be an active program for the prevention, control, and investigation of infection and communicable diseases.

QIDP will implement new training goals for the client referred to in this citation to address cleaning his bedroom and laundering soiled articles of clothing; his current goal for cleaning the bathroom will continue. Staff will be inserviced on these goals. Staff will also be inserviced on the required cleaning and sanitation tasks necessary to prevent infection and communicable diseases. Routine assessment and observations will occur to ensure staff are running training goals and completing required cleaning tasks.

Responsible Person(s): QIDP, Site Director

Mechanism to ensure compliance: Face-to-face staff training and follow up observations.

Frequency of Mechanism: At least monthly