

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

PRINTED: 08/08/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLUEWEST OPPORTUNITIES-MONTFORD HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 KENMORE STREET</b> <b>ASHEVILLE, NC 28803</b>		
(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	
E 015	<p>Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1)</p> <p>§403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1)</p> <p>[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:</p> <p>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(i) Food, water, medical and pharmaceutical supplies</p> <p>(ii) Alternate sources of energy to maintain the following:</p> <p>(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(B) Emergency lighting.</p> <p>(C) Fire detection, extinguishing, and alarm systems.</p> <p>(D) Sewage and waste disposal.</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.</p> <p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:</p> <p>(iii) The provision of subsistence needs for</p>	E 015			

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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E 015	<p>Continued From page 1</p> <p>hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(A) Food, water, medical, and pharmaceutical supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p> <p>(C) Sewage and waste disposal.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation, documentation review, and interviews, the facility failed to implement the emergency preparedness policy relative to the provision of subsistence food supply needs for all clients (#1, #2, #3, #4) and staff as required in the facility's emergency operations plan (EOP). The finding is:</p> <p>Observations during the 8/4/25-8/5/25 recertification survey revealed a closet in the facility laundry room where the emergency food supply was stored. Further observations revealed several food items to be expired ranging from 1/15/24-6/15/25.</p> <p>Interview with staff A on 8/4/25 revealed there is a designated person who does the shopping for the emergency food supply. Further interview with staff A verified that emergency food is usually rotated every month.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/5/25 verified that the emergency food supply should be fully stocked</p>	E 015			

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E 015	Continued From page 2	E 015			
W 000	and rotated regularly to ensure the food does not expire. INITIAL COMMENTS	W 000			
W 130	A recertification and complaint survey was completed on 8/5/25 for intake #NC00232820. The complaint was substantiated and no deficiencies were cited. However, deficiencies were cited for the recertification survey. PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)  The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure privacy for 1 of 4 audited clients (#2) during personal care. The finding is:  Observations in the group home on 8/4/25 at 6:17 PM revealed client #2 to walk from his bedroom to the bathroom fully unclothed while staff B walked behind him. Further observation at 6:45 PM revealed client #2 to exit the bathroom and enter his bedroom with no clothes on while staff B walked behind him. Observations did not reveal staff B to prompt client #2 to put on a robe or cover up while exiting or entering his bedroom and bathroom.  Review of records for client #2 on 8/5/25 revealed a person-centered plan (PCP) dated 7/28/25. Continued review of the PCP revealed the following training objectives: participate in an activity, chores, cut food, fold clothes, brush teeth, wash his hair, communication, and	W 130			

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W 130	Continued From page 3 behaviors.  Interview with the qualified intellectual disabilities professional (QIDP) on 8/5/25 confirmed that all clients should be given privacy during personal care. Further interview with the QIDP revealed staff should have prompted client #2 to cover up before exiting and entering his bedroom and bathroom.	W 130			