

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

PRINTED: 06/30/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/25/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLUEWEST OPPORTUNITIES-MARS HILLS RESIDENTIAL SERV</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>BLUE RIDGE HOMES DRIVE #50 MARS HILL, NC 28754</b>
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W 000	INITIAL COMMENTS	W 000		
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Person-Centered Plan (PCP) included needed interventions and supports for 1 of 10 audit clients (#11). The finding is:</p> <p>Record review on 6/24/25 revealed monthly fire drill reports for the period of June, 2024 through June, 2025. Continued record review revealed that during 3 fire drills, client #11 refused to exit the building at all, and that during several other drills, client #11 initially refused, then eventually exited with staff prompting. Further review of records revealed a PCP dated 8/28/24 which includes a goal to exit independently in the event of a fire drill. However, behavior data indicate this goal has been in place since 2022 with no significant progress being recorded. Subsequent record review revealed a Behavior Support Plan for client #11 dated 8/11/22 which does not address client #11's refusal to evacuate during drills and, consequently, does not include interventions to be used to evacuate client #11 in the event of an actual emergency.</p> <p>Interview with the home manager (HM) on</p>	W 227		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Paris Tuberville</i>	TITLE <i>BSW/QIOP</i>	(X6) DATE <i>7-10-2025</i>
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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 227	Continued From page 1 6/24/25 revealed that when client #11 refuses to evacuate during a drill, one staff stays in the home with client #11 throughout the drill. Continued interview with the HM revealed that, in the event of an actual emergency, there is no plan to safely evacuate client #11.	W 227		
W 369	<p><b>DRUG ADMINISTRATION</b> 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 ensure that all drugs, including those that are self-administered, were administered without error for 2 of 10 audited clients (#9 and #19). The findings are:</p> <p>A. The facility failed to ensure all medications for client #9 were administered without error at Roan. For example:</p> <p>Observation in the group home on 6/25/25 at 7:41 AM revealed client #9 to enter the medication room for medication administration. Continued observation revealed client #9 to receive the following medications: Loratadine 10mg, Myrbetriq 50mg, Tamulosin.4mg, Amlodipine 2.5mg, Carbamazepine 200mg, Losartan 50mg, Cetirizine 10mg, ACT mouthwash, Fluticasone, Olopatadine, Artificial Tears, and Vapo Rub applied to the toenails. Staff B stated during the med administration that the facility was out of Clobetasol cream.</p> <p>Review of client #9's record on 6/25/25 revealed physician orders (PO) dated 5/22/25 which</p>	W 369		

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W 369	<p>Continued From page 2</p> <p>indicated client #9's morning medications to include those listed above. In addition, the PO includes Clobetasol .05% cream to be applied to the rash on client #9's legs and body, as well as Vapo Rub to be applied to the client's legs and feet at 8:00 AM.</p> <p>Interview with the Director of Nursing (DON) on 6/25/25 verified PO's for client #9 to be current. Continued interview with the DON confirmed that client #9 should have received the Clobetasol cream and had the Vapo Rub applied to his legs and feet as well as his toenails.</p> <p>B. The facility failed to ensure all medications for client #19 were administered without error at Spring Creek. For example:</p> <p>Observations in the Spring Creek home on 6/25/25 at 7:43 AM revealed client #19 to enter the medication administration room and pour a cup of water. Continued observations revealed that staff A washed hands, removed medications from locked cabinet and educated the client on each medication. Further observations revealed that client #19 punched and poured all pills with assistance from staff into a medicine cup and the client took whole with water containing MiraLAX. Subsequent observation revealed that staff A administered prescribed eye drops to the client by placing 2 drops into each eye.</p> <p>Review of records for client #19 on 6/25/25 revealed PO's dated 5/22/25. Review of the PO's revealed medications prescribed at 8:00 AM to be, Fully Active Folate 400, High Absorption CoQ10, Lamotrigine ER 200 MG tab, MiraLAX powder, Carbamaz ER 200 MG, Now Bown Strength, Now Eve Superior Women, Systane</p>	W 369		
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W 369	Continued From page 3 eye drops to place one drop in each eye twice daily for redness and irritation at 8:00 AM and 8:00 PM.  Interview with the DON on 6/25/25 confirmed PO's for client #19. Continued interview with DON revealed that staff did not administer the client's eye drops as prescribed.	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 biologicals were secured appropriately as required for 1 of 10 audited clients (#24). The finding is:  Observations in the group home from 6/24/25-6/25/25 revealed the hallway bathroom shower to contain bath wash, shampoo, and feminine cleanser to be kept in the shower. Continued observations in the bathroom revealed prescribed Head and Shoulders shampoo and Summer's Eve cleansing for client #24 to be kept in the shower.  Interview on 6/25/25 with the Director of Nursing (DON) confirmed client #24's prescribed shampoo and feminine cleanser. Continued interview with DON confirmed that the client's prescribed shampoo and feminine cleanser should not be kept in the shower accessible to other clients.	W 382			
W 463	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4)	W 463			

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W 463	<p>Continued From page 4</p> <p>The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 5 of 10 audited clients (#2, #3, #13, #19, and #21) received their specially prescribed diet as ordered by the interdisciplinary team. The findings are:</p> <p>A. The facility failed to ensure client #13's specially prescribed diet at Snowbird. For example:</p> <p>Morning observations on 6/25/25 at 7:11 AM revealed client #13 to participate in the breakfast meal. Continued observations revealed the breakfast meal to include scrambled eggs, oatmeal, strawberries, coffee, water and apple juice. Further observations revealed client #13 to receive 1:1 support per his safe eating guidelines. Additional observations revealed client #13 to not receive prune juice with his breakfast.</p> <p>Review of client #13's record on 6/25/25 revealed a nutritional evaluation dated 1/15/25. Review of the evaluation indicated client #13's diet order to be "Regular, Bite size w/2 svgs of side items; Fruit for dessert; 4oz prune juice @B; Limit high K foods. Snacks: Half sandwich (pimento cheese or PBJ) QID @ 9AM, 2PM, 4PM, 8PM."</p> <p>Interview with the director of nursing (DON) on 6/25/25 verified client #13's diet order is current, including 4oz of prune juice at breakfast. Continued interview with the DON confirmed staff are responsible for ensuring client's receive their diet orders as prescribed.</p>	W 463		
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W 463	<p>Continued From page 5</p> <p>B. The facility failed to ensure client #2's specially prescribed diet at Big Laurel. For example:</p> <p>Morning observations on 6/25/25 at 7:12 AM revealed client #2 to participate in the breakfast meal. Continued observations revealed the breakfast meal to include scrambled eggs, oatmeal, fruit, coffee, water and apple juice. Further observations revealed client #2 to receive close monitoring to prevent choking, following "eating safely" guidelines. Additional observations revealed client #2 to not receive prune juice with his breakfast.</p> <p>Review of client #2's record on 6/25/25 revealed a nutritional evaluation dated 10/14/24. Review of the evaluation indicated client #2's diet order to be "Regular, finely chopped, seconds of all meats, as desired, prune juice BID, and close monitoring to prevent choking, following "eat safely" guidelines."</p> <p>Interview with the DON on 6/25/25 verified client #2's diet order is current, including client #2 to have 4 oz of prune juice BID. Continued interview with the DON confirmed staff are responsible for ensuring that clients receive their diet orders as prescribed.</p> <p>C. The facility failed to ensure client #3's specially prescribed diet at Big Laurel. For example:</p> <p>Morning observations on 6/25/25 at 7:12 AM revealed client #3 to participate in the breakfast meal. Continued observations revealed the breakfast meal to include scrambled eggs, oatmeal, fruit, coffee, water and apple juice. Further observations revealed client #3 not to receive prune juice with his breakfast.</p>	W 463			

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W 463	<p>Continued From page 6</p> <p>Review of client #3's record on 6/25/25 revealed a nutritional evaluation dated 11/21/24. Review of the evaluation indicated client #3's diet order to be "High calorie bite size with chopped meats (seconds of all meats), CA OJ/Lactaid milk, allow 2 Tbs. appropriate condiment per food item; 8 oz prune juice daily."</p> <p>Interview with the DON on 6/25/25 verified client #3's diet order is current, including client #3 to have 8 oz prune juice daily. Continued interview with the DON confirmed staff are responsible for ensuring that clients receive their diet orders as prescribed.</p> <p>D. The facility failed to ensure client #19 specially prescribed diet at Spring Creek. For example:</p> <p>Evening observations on 6/24/25 at 5:45 PM revealed client #19 to participate in the dinner meal. Continued observations revealed the dinner meal to include mashed potatoes, beef and cheddar, mixed vegetables, crushed pineapples, toast, milk, cranberry juice, and water. At no time during observations was staff observed to provide client #19 with a banana and ½ teaspoon of cinnamon as prescribed.</p> <p>Morning observations on 6/25/25 at 7:20 AM revealed client #19 to participate in the breakfast meal. Continued observations revealed the breakfast meal included oatmeal, yogurt, strawberries, coffee, and milk. At no time during observations was staff observed to provide client #19 with prune juice, ½ teaspoon cinnamon, and 1 tablespoon ground flaxseed.</p>	W 463		
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W 463	<p>Continued From page 7</p> <p>Review of records for client #19 on 6/25/25 revealed physician's orders (PO) dated 5/22/25. Review of PO's for the client revealed a prescribed diet to be 1200 calorie no orange juice, no fresh tomatoes, no biscuits and/or biscuits and gravy: prune juice, yogurt, ½ teaspoon cinnamon and 1 tablespoon ground flaxseed at breakfast: banana, diet cranberry juice, and ½ teaspoon of cinnamon at dinner. Avoid yellow dye #5, red dye #40, and limit acidic foods.</p> <p>Interview on 6/25/25 with the DON confirmed PO's for client #19 are current. Continued interview with the DON confirmed that staff should have provided the client with her prescribed diet.</p> <p>E. The facility failed to ensure client #21 specially prescribed diet at Spring Creek. For example:</p> <p>Morning observations on 6/25/25 at 7:21 AM revealed client #21 to participate in the breakfast meal. Continued observations revealed the breakfast meal included oatmeal, yogurt, strawberries, and milk. At no time during the observations was staff observed to provide the client with prune juice.</p> <p>Review of records for client #21 on 6/25/25 revealed PO's dated 5/22/25. Review of PO's for the client revealed a prescribed diet to be limited regular diet pureed, no plain sausage (okay if pureed with other items), prune juice twice daily.</p> <p>Interview on 6/25/25 with the DON confirmed PO's for client #21 are current. Continued interview with the DON confirmed that staff should have provided the client with her</p>	W 463		

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W 463	Continued From page 8 prescribed diet.	W 463			

**W 227 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)**

The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.

This STANDARD is not met as evidenced by:

Based on record review and interview, the facility failed to ensure the Person-Centered Plan (PCP) included needed interventions and supports for 1 of 10 audit clients (#11).

The Psychologist will update the client's (#11) Behavior Support Plan to include the need for additional support to encourage cooperation during routine fire drills, as identified in the PCP and addressed in the existing ISP Program. The BSP will include Procedures and Interventions for routine fire drills and an actual event, as well as establishing criteria for successful completion. Staff will be trained in these procedures and interventions as part of the standard behavior support instruction to ensure the client's safety and optimize support.

Standard training, routine monitoring, and any follow-ups thereby identified, will be conducted by the person responsible to ensure the client (#11) receives sufficient supports consisting of needed procedures, interventions, and services that address the maladaptive behaviors indicated in their Behavior Support Plan and Person-Centered Plan.

**Responsible Person(s):** QIDP, QIDP Assistant, Psychologist, Behavior Support Specialist.

**Mechanism to ensure compliance:** Standard training.

**Frequency of Mechanism:** As needed.

**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 that all drugs, including those that are self-administered, were administered without error for 2 of 10 audited clients (#9 and #19).

The BWO Nursing Dept. will conduct training with all certified medication technicians to ensure all medications are administered safely. The training will emphasize the completion of three checks prior to administering all medications to all persons. This includes comparing the MAR

and the medication label three full times to ensure the correct resident is receiving the correct dose of the correct medication at the correct time/date via the correct route. In addition, ensure the proper documentation is completed after each administration.

Routine chart (MAR) reviews and any follow-up thereby identified will be conducted by the RN, LPN, MT-2, and or MT (certified) to ensure that drug administration occurs without error. House Managers conduct one observation-based medication administration assessment monthly.

**Responsible Person(s):** RN, LPN, MT-2, MT (certified), HM – SB, RN, BL, SC.

**Mechanism to ensure compliance:** Routine chart reviews and medication administration assessments.

**Frequency of Mechanism:** As often as needed on a case-to-case basis, one Medication Administration Assessment each month.

## **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 biologicals were secured appropriately as required for 1 of 10 audited clients (#24).

The BWO Nursing Dept. will conduct training with all certified medication technicians to ensure all medications, specifically hygiene products with pharmacy labels, are safely secured in an appropriate location.

Any follow-up thereby identified will be conducted by the RN, LPN, and other qualified supervisory figures, to ensure the standard practice is adhered to.

**Responsible Person(s):** RN, LPN, MT-2, MT (certified), HM – SB, RN, BL, SC.

**Mechanism to ensure compliance:** Visual monitoring.

**Frequency of Mechanism:** As often as needed on a case-to-case basis.

**W 463 FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4)**

The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets.

This STANDARD is not met as evidenced by:

Based on observations, record reviews and interviews, the facility failed to ensure 5 of 10 audited clients (#2, #3, #13, #19, and #21) received their specially prescribed diet as ordered by the interdisciplinary team.

The Dietary Manager/Clinical Support Specialist will conduct training with staff about the importance of adhering to a client's prescribed diet, nutritional needs, and where individual dietary information is located within the group home.

Routine in-home monitoring and observations are made by the House Managers. In addition, the Dietary Manager/Clinical Support Specialist and Site Director delegates responsibility to the Mars Hill House Managers to conduct two observation-based Mealtimes Assessments each month.

**Responsible Person(s):** Dietary Manager/Clinical Support Specialist, Site Director, HM – SB, RN, BL, SC.

**Mechanism to ensure compliance:** Visual monitoring, corrections as needed, Mealtimes Assessments.

**Frequency of Mechanism:** As often as needed on a case-to-case basis, two Mealtimes Assessments each month.