

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

PRINTED: 08/21/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G031		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2025	
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-ORA HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 95 ORA STREET ASHEVILLE, NC 28801			
(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 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 4 audited clients (#5) received their specially prescribed diet as ordered by the interdisciplinary team. The finding is:</p> <p>Observation in the group home on 8/19/25 revealed the dinner meal to include baked ziti, turnip greens, canned carrots, strawberries, milk and water. Continued observation revealed client #5 to participate independently in the dinner meal without being offered prune juice.</p> <p>Observation in the group home on 8/20/25 revealed the breakfast meal to include maple brown sugar oatmeal, scrambled eggs, chopped pears, milk, coffee and water. Continued observation revealed client #5 to participate independently in the breakfast meal without being offered prune juice.</p> <p>Review of client #5's record on 8/20/25 revealed a nutritional evaluation dated 3/24/25 which indicated their diet to be regular, seconds on non-starchy vegetables, 4 oz prune juice with breakfast and supper.</p> <p>Interview with qualified intellectual disabilities professional (QIDP) on 8/20/25 confirmed the diet order for client #5 is current. Continued interview with the QIDP confirmed staff are responsible for</p>			W 460			

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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W 460	Continued From page 1 ensuring clients receive their diet orders as prescribed.	W 460			