

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:  <b>34G031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/20/2025</b>
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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
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W 460

**FOOD AND NUTRITION SERVICES  
CFR(s): 483.480(a)(1)**

W 460

Each client must receive a nourishing,  
well-balanced diet including modified and  
specially-prescribed diets.

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:

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.

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.

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.

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

RECEIVED

DHSR-MH Licensure Sect

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

TITLE

(X6) DATE

*Melanie Moore*

*QIDP*

*8/25/25*

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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NAME OF PROVIDER OR SUPPLIER  <b>BLUEWEST OPPORTUNITIES-ORA HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 ORA STREET ASHEVILLE, NC 28801</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	
W 460	Continued From page 1 ensuring clients receive their diet orders as prescribed.	W 460			

**BlueWest Opportunities – Ora Home**  
**Plan of Correction**  
**Re: Survey Completed August 20, 2025**

Please find below our facility's plan of correction in response to your visit on August 19&20, 2025. Our plan of correction addresses the W 460 citation.

**W 460 FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.**

Staff training will occur immediately regarding client modifications and prescribed diets.

Routine assessment and observations will occur to ensure prescribed diets and orders for modified consistencies are properly followed.

Responsible Person(s): Dietary Manager and QIDP

Mechanism to ensure compliance: Face-to-face staff training followed by routine assessment and observation in the home.

Frequency of Mechanism: Initial staff training by Dietary Manager followed by bi-weekly assessment and observation by Dietary Manager and/or QIDP.