STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G267	A. BUILDING _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUEWEST OPPORTUNITIES-KENMORE HOUSE	1 KENMORE STREET 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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in hygiene methods, specifically, ensuring that adequate soap and paper products are available in client bathrooms. The finding is: Observations in the group home on 1/14/26 between 6:00 AM and 8:15 AM revealed no toilet paper or paper towels in either of the client bathrooms and soap in only one of the two bathrooms. Further observations revealed clients to go in and out of the bathrooms without assistance from staff to provide paper products or soap. Interview with Staff A on 1/14/26 revealed that he did not know how to install paper towels in the holders, nor where bathroom paper products are stored in the home. Interview with the qualified intellectual disabilities professional (QIDP) on 1/14/26 confirmed that the facility is working on strategies to keep clients from flushing large amounts of paper down the toilets, but that adequate paper products and soap must be made available to clients at all times.	W 189		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections.	W 454		

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 454	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure it maintained a sanitary environment to avoid sources and transmissions of infection and cross-contamination. The finding is: Observations in the group home on 1/14/26 at 7:35 AM revealed the toilet in one of the client bathrooms to be filled to the top with feces. Further observation revealed that when the condition was brought to the attention of staff A at 6:10 AM. Staff A flushed the toilet, but did nothing more to alleviate the situation or prevent clients from using the bathroom. Continued observation revealed at least one client to go into that bathroom without staff assistance. Subsequent observation revealed the toilet to remain filled with feces until 8:00 AM when the surveyor brought the situation to the attention of the qualified intellectual disabilities professional (QIDP) who took immediate steps to remove the clog in the toilet and clean the bathroom. Interview with the QIDP on 1/14/26 confirmed that the clog in the toilet created an unsanitary situation and that staff should have taken steps to prevent infection and cross-contamination by cleaning the bathroom immediately or preventing clients from using the bathroom until it could be properly cleaned and disinfected.	W 454		
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client.	W 474		

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W 474	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure that food served was consistent with the developmental level of one client (#2). The finding is: Observations in the group home on 1/13/26 at 5:35 PM revealed client #2 to participate in the evening meal which consisted of garlic lemon butter fish fillets, green beans, seasoned fries, strawberries and beverages. Further observation revealed client #2 to be served all of his food in whole form. Continued observation revealed client #2 to pick up the whole fish fillet and eat it with his hands and to consume the remainder of the meal with no intervention from staff to cut the food into bite size pieces. Observations in the group home on 1/14/26 at 7:35 AM revealed client #2 to participate in the breakfast meal which consisted of scrambled eggs, sausage patties, cheese grits and beverages. Further observation revealed client #2 to be served a whole sausage patty. Continued observation revealed client #2 to pick up the sausage patty and eat it with his hands and to consume the remainder of the meal with no intervention from staff to cut the food into bite size pieces. Review of records on 1/14/26 revealed a person-centered plan (PCP) for client #2 dated 1/14/25 and a nutritional evaluation dated 11/13/25 which both indicate that his food should be cut to bite size pieces to minimize the risk of choking. Interview with the qualified intellectual disabilities professional (QIDP) on 1/14/26 confirmed that	W 474		

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W 474	Continued From page 3 client #2's diet order is current and that his food should always be cut to bite size pieces for his safety.	W 474		