

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

PRINTED: 01/26/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-PISGAH HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 28 PISGAHVIEW AVENUE 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 252	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that data relative to the accomplishment of criteria specified in client individual program plan objectives were documented in measurable terms. This affected 5 out of 5 clients surveyed (#1, #2, #3, #4, #5). The findings are:</p> <p>A. A review on 1/21/26 of client #1's Person-Centered Plan (PCP) 9/30/25 reveals formal training programs as follows: Exhibit appropriate social behavior, Keep clean and dirty clothes separated, Use his TV and/or radio in his room at an appropriate volume, Dry the skin fold on his stomach after showering, Participate in OT/PT exercises as prescribed, Independently brush his teeth, Use wet wipes to clean himself properly after a bowel movement, Participate in one or more leisure activity for 30 minutes each day. Further record review revealed that one goal has not been documented since the implementation of the PCP on 9/30/26, and that the remaining goals were documented a total of 51 times in the month of October, 2026, 40 times in the month of November, 2025, 30 times in the month of December, 2025, and 0 times to date in the month of January, 2026.</p> <p>Interview with the qualified intellectual disabilities</p>	W 252			

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.

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

PRINTED: 01/26/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-PISGAH HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 28 PISGAHVIEW AVENUE 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 252	<p>Continued From page 1</p> <p>professional (QIDP) on 1/21/26 confirmed that the data which were produced are the only data which has been collected relative the client #1's goals since the implementation of the PCP, and that the data should be collected daily.</p> <p>B. The facility failed to document implementation of self-help and daily living goals for client #2 in measurable terms. For example:</p> <p>A review on 1/21/26 of client #2's Person-Centered Plan (PCP) 2/8/25 reveals formal training programs as follows: Brush his teeth for 2 minutes, Take appropriately sized bites during meals and snacks, Tidy his bedroom, Wash his hands with no more than 1 verbal prompt, Prepare his lunch for work, When going on his weekly purchasing outing, choose to spend only his allotted \$10 amount. Further record review revealed that the goals were documented a total of 58 times in the month of July, 2025, 111 times in the month of August, 2025, 68 times in the month of September, 2025, 32 times in the month of October, 2025, 15 times in the month of November, 2025, 26 times in the month of December, 2025, and 0 times to date in the month of January, 2026.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/21/26 confirmed that the data which were produced are the only data which has been collected relative the client #2's goals since the implementation of the PCP, and that the data should be collected daily.</p> <p>C. A review on 1/21/26 of client #3's Person-Centered Plan (PCP) 7/8/25 reveals formal training programs as follows: Complete PT exercise regimen every day, Brush teeth</p>	W 252			

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

PRINTED: 01/26/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-PISGAH HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 28 PISGAHVIEW AVENUE 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 252	<p>Continued From page 2</p> <p>independently with 1 verbal prompt, Apply his heel cream with 1 verbal prompt, Complete his choice of cooking task, Wash his hands with 1 verbal prompt. Further record review revealed that the goals were documented a total of 87 times in the month of July, 2025, 95 times in the month of August, 2025, 55 times in the month of September, 2025, 36 times in the month of October, 2025, 32 times in the month of November, 2025, 20 times in the month of December, 2025, and 0 times to date in the month of January, 2026.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/21/26 confirmed that the data which were produced are the only data which has been collected relative the client #3's goals since the implementation of the PCP, and that the data should be collected daily.</p> <p>D. A review on 1/21/26 of client #4's Person-Centered Plan (PCP) 3/11/25 reveals formal training programs as follows: Brush all around his mouth with 1 verbal prompt, given a washcloth and soap and the prompt "Wash your whole body", will soap up the washcloth and wash his entire body, Eat meals at a safe and healthy rate, Participate in helping in the kitchen for 5 minutes, Clean his glasses with 1 verbal prompt, Take short walks equaling 30 minutes each day, Wash his hands with 1 verbal prompt. Further record review revealed that the goals were documented a total of 122 times in the month of July, 2025, 131 times in the month of August, 2025, 62 times in the month of September, 2025, 56 times in the month of October, 2025, 37 times in the month of November, 2025, 29 times in the month of December, 2025, and 0 times to date in the month of January, 2026.</p>	W 252			

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

PRINTED: 01/26/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-PISGAH HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 28 PISGAHVIEW AVENUE 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 252	Continued From page 3 Interview with the qualified intellectual disabilities professional (QIDP) on 1/21/26 confirmed that the data which were produced are the only data which has been collected relative the client #4's goals since the implementation of the PCP, and that the data should be collected daily. E. A review on 1/21/26 of client #5's Person-Centered Plan (PCP) 2/4/25 reveals formal training programs as follows: Void in the toilet 75% of the time, Assist with cleaning his bathroom in 75% of trials, Thoroughly lather and wash his hands for 30 seconds, Clean his bedroom in 75% of trials, Complete his shower routine within a one hour time frame, Participate in his daily exercise routine. Further record review revealed that the goals were documented a total of 91 times in the month of July, 2025, 121 times in the month of August, 2025, 72 times in the month of September, 2025, 52 times in the month of October, 2025, 38 times in the month of November, 2025, 25 times in the month of December, 2025, and 0 times to date in the month of January, 2026. Interview with the qualified intellectual disabilities professional (QIDP) on 1/21/26 confirmed that the data which were produced are the only data which has been collected relative the client #5's goals since the implementation of the PCP, and that the data should be collected daily.	W 252			