PRINTED: 04/11/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED	
		34G026	B. WING	B. WING		04/	10/2018
	PROVIDER OR SUPPLIER			82	TREET ADDRESS, CITY, STATE, ZIP CODE 2 DAVIS LANE PARTA, NC 28675	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
E 006	[(a) Emergency Pla and maintain an enthat must be review annually. The plan (1) Be based on an facility-based and cassessment, utilizin *[For LTC facilities on and include a documunity-based rall-hazards approared all-hazards approared all-	n. The [facility] must develop nergency preparedness plan yed, and updated at least must do the following:] d include a documented, community-based risk and all-hazards approach.* at §483.73(a)(1):] (1) Be based ocumented, facility-based and risk assessment, utilizing an ch, including missing residents. 483.475(a)(1):] (1) Be based on mented, facility-based and risk assessment, utilizing an ch, including missing clients. 483.475(a)(1):] (2) Include the risk assessment. 5418.113(a)(2):] (2) Include the risk assessment. 5418.113(a)(2):] (2) Include the risk assessment, including the econsequences of power asters, and other emergencies the hospice's ability to provide the record review, the facility becific facility-based ategies as part of their		006	The facility will develop and memorgency Action Plan that waddress the needs and requir New River Cottage. The plan and updated as necessary and The plan will be based on a diffacility-based and community assessment utilizing an all-hard The plan will also include the with each of the 5 residents and the second seco	vill specific ements for will be revided at least a ocumented based risk zards approspecific ne	riewed annually. oach. eds associate
	/ DIMENTADIO OD DDOVIE	DER/SUBBUTER REPRESENTATIVE'S SIG	NATURE		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.

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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PREFIX (EACH DEF	FICIENC'	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
review of the the qualified (QIDP), reve information of the specific of the sp	pased serious pased serious pased serious serious processions and serious programatical processions processions processions at \$ (1) Tradictions processions processions at \$ (1) Tradictions processions processions processions at \$ (1) Tradictions processions	strategies. However, further ubstantiated by interview with ctual disability professional dditional facility-based it to be developed to address of the clients in the group review of the EP, verified by QIDP, revealed information ents of the group home had it to address the specific needs of the group home to assist with the residents working with ency situation.		037			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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E 037	least annually. (iii) Maintain docum (iv) Demonstrate st procedures. *[For Hospices at § hospice must do al (i) Initial training in policies and procedus expected roles. (ii) Demonstrate st procedures. (iii) Provide emerge least annually. (iv) Periodically revemergency prepare employees (includis special emphasis procedures necess others. *[For PRTFs at §44 program. The PRT (i) Initial training in policies and procedures and procedures and procedures and procedures and procedures in procedures in preparedness train (iii) Demonstrate st procedures.	ncy preparedness training at nentation of the training. aff knowledge of emergency 418.113(d):] (1) Training. The lof the following: emergency preparedness dures to all new and existing and individuals providing angement, consistent with their aff knowledge of emergency ency preparedness training at iew and rehearse its edness plan with hospice and nonemployee staff), with placed on carrying out the eary to protect patients and 41.184(d):] (1) Training F must do all of the following: emergency preparedness dures to all new and existing oviding services under volunteers, consistent with their ing, provide emergency ing at least annually. The interest ing at least annually. The interest ing at least annually. The interest ingency of all emergency mentation of all emergency)37				

AND DIAM OF COMPROSION IN THE PROPERTY OF THE		(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER NEW RIVER COTTAGE INC			STREET ADDRESS, CITY, STATE 82 DAVIS LANE SPARTA, NC 28675				
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E 037	organization must of (i) Initial training in policies and proced staff, individuals programment, controllers, consisted (ii) Provide emerge least annually. (iii) Demonstrate st procedures, including what to do, where the case of an emerge (iv) Maintain docum *[For CORFs at §4 CORF must do all (i) Provide initial training staff, in under arrangement with their expected (ii) Provide emerge least annually. (iii) Maintain docum (iv) Demonstrate st procedures. All new and assigned spective CORF's emerging their first workday, include instruction alarm systems and equipment. *[For CAHs at §488 The CAH must do (i) Initial training in	2.84(d):] (1) The PACE do all of the following: emergency preparedness lures to all new and existing oviding on-site services under actors, participants, and ent with their expected roles. Incy preparedness training at aff knowledge of emergency ing informing participants of ingo, and whom to contact in incy. Inentation of all training. 85.68(d):](1) Training. The of the following: Inining in emergency I is and procedures to all new individuals providing services it, and volunteers, consistent roles. Incy preparedness training at I inentation of the training. I is aff knowledge of emergency in personnel must be oriented iffic responsibilities regarding ency plan within 2 weeks of The training program must in the location and use of I signals and firefighting 5.625(d):] (1) Training program.		037			

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E 037	and where necessal personnel, and gue cooperation with fir authorities, to all ne individuals providin and volunteers, corroles. (ii) Provide emerge least annually. (iii) Maintain docum (iv) Demonstrate st procedures. *[For CMHCs at §4 CMHC must provid preparedness policiand existing staff, is under arrangement with their expected documentation of the demonstrate staff is procedures. There emergency prepare annually. This STANDARD is Based on interview failed to show evidence home were adequate mergency plan (EReview of the facilia with the qualified in professional (QIDP to show direct care use of the EP were Continued interview of the facilia with the qualified in professional (QIDP to show direct care use of the EP were Continued interview of the text of th	guishing of fires, protection, ary, evacuation of patients, ests, fire prevention, and efighting and disaster ew and existing staff, g services under arrangement, nasistent with their expected ency preparedness training at mentation of the training. The le initial training in emergency dies and procedures to all new endividuals providing services it, and volunteers, consistent roles, and maintain the training. The CMHC must knowledge of emergency after, the CMHC must provide edness training at least so not met as evidenced by: and record review the facility ence direct care staff in the ately trained on the facility's P). The finding is:	E	037	A Training program will be develo all the information contained in the Action Plan. This training will ensistaff member fully understands all in the plan and also how to handle at New River Cottage in the situation the plan. This training will be conducted on basis and records of the training with by the QIDP and updated annually	e Emerg sure that I the info e each c tions refe an annu will be m	ency each rmation ient erenced

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ER COTTAGE INC		82	2 DAVIS LANE PARTA, NC 28675		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
training has been denoted the EP for the spectoment the facility has failed training in impleme PROTECTION OF CFR(s): 483.420(a)	one specifically for the use of ific group home. Therefore, d to provide sufficient staff nting the facility EP. CLIENTS RIGHTS	E 037			
Therefore, the facil individual clients to of the facility, and a including the right to due process. This STANDARD in The facility failed to sampled clients (conceived and order to legally advirelative to treatments.)	ity must allow and encourage exercise their rights as clients as citizens of the United States, of file complaints, and the right is not met as evidenced by: o promote the rights of 1 of 3 lient #4) by failing to show rdianship had been obtained in ocate for the client's rights at as evidenced by interviews		is who client #1 has always lived she requested moving him to Ne The facility will convey the need for her to complete the process of her #1's legal guardian. The facility necessary to complete this requi	with before with a River or urger er being will use rement i	ore Cottage cy in client all means
client is 31 years of intellectual function seizures who was a 9/26/16. Continued revealed an individ 10/19/17 which incit (BSP) to reduce disbehaviors. Continus substantiated by in intellectual disabilit revealed the client Trazodone to assis inappropriate behallowever, additional	Id with a diagnoses of profound ing with Autism, a history of admitted to the facility on direview of the records ual program plan dated luded a behavior support plan sruptive and aggressive ued review of the BSP, terviews with the qualified y professional (QIDP), is receiving Zyprexa and t in controlling the viors.				
	PROVIDER OR SUPPLIER YER COTTAGE INC SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa training has been d the EP for the spector the facility has faile training in impleme PROTECTION OF CFR(s): 483.420(a) The facility must endividual clients to of the facility, and a including the right to due process. This STANDARD in the facility failed to sampled clients (clients ampled clients (clients to devidence legal gual order to legally adverted review of recording to the facility failed to sampled clients (client is 31 years of intellectual function seizures who was a 9/26/16. Continued revealed an individ 10/19/17 which incomplete to the sample of the recording to	TER COTTAGE INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 training has been done specifically for the use of the EP for the specific group home. Therefore, the facility has failed to provide sufficient staff training in implementing the facility EP. PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: The facility failed to promote the rights of 1 of 3 sampled clients (client #4) by failing to show evidence legal guardianship had been obtained in order to legally advocate for the client's rights relative to treatment as evidenced by interviews and review of records. The finding is: Review of the records for client #1 revealed the client is 31 years old with a diagnoses of profound intellectual functioning with Autism, a history of seizures who was admitted to the facility on 9/26/16. Continued review of the records revealed an individual program plan dated 10/19/17 which included a behavior support plan (BSP) to reduce disruptive and aggressive behaviors. Continued review of the BSP, substantiated by interviews with the qualified intellectual disability professional (QIDP), revealed the client is receiving Zyprexa and Trazodone to assist in controlling the inappropriate behaviors.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 training has been done specifically for the use of the EP for the specific group home. Therefore, the facility has failed to provide sufficient staff training in implementing the facility EP. PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. 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Continued reviews with the qualified intellectual disability professional (QIDP), revealed the client is receiving Zyprexa and Trazodone to assist in controlling the inappropriate behaviors. However, additional review of the records, verified	A BUILDING 34G026 34G026 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 82 DAVIS LANE SPARTA, NC 28675 SUMMARY STATEMENT OF DEFICIENCIES SPARTA, NC 28675 PREFIX REGULATION OF CLIENTS PRECEDED BY FULL REGULATION OF LEENTIFYING INFORMATION) COntinued From page 5 training has been done specifically for the use of the EP for the specific group home. Therefore, the facility has failed to provide sufficient staff training in implementing the facility EP. PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. 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W 125	adjudicating the clie appointing anyone Continued interview has attempted to graperwork appointing guardian but she had/9-4/10/18 survey approximately 18 mguardianship from admitted to the facil of attempting to ensbeen obtained for cadvocate for the clied PROGRAM MONIT CFR(s): 483.440(f). The individual progleast by the qualified professional and rebut not limited to si regressing or losing. This STANDARD in The team failed to objectives to be traindividual program clients (#4) were recorded as evidenthe records. The first accuracy for 3 constants of the serve and the	resent in the records ent as incompetent or as the client's legal guardian. with the QIDP revealed he et the mother to get the ing her as the client's legal as not done so as of the This is a delay of nonths in obtaining legal the time the client was lity. This is a delay of nonths in obtaining legal the time the client was lity. Torrights Torrigh	W 1				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 256	functioning at the 9 review of the data rat 91% in 8/17, 91% in 11/17, 96% in 12 and 90% in 3/18. Or revealed at no time level achieved in 7/months of training. objective, verified be intellectual disabilit no revisions has be	7% level in 7/17. Continued revealed the client to function % in 9/17, 90% in 10/17, 95% 1/17, 86% in 1/18, 80% in 2/18 Continued review of this data a did the client achieve the 97% 1/17 but regressed 7% after 8 Additional review of the by interview with the qualified y professional (QIDP) revealed een made to this objective.	W 2	256	The QIDP will review and make up revisions to client #4's exercise proto the regression and the QIDP with the program for additional revision basis to provide a better opportunity. The QIDP will review this program basis and determine the need for on the progress or regression form month.	ogram ir rill track a is on a 3 ity for pr on a mo revision n the pre	reference and monitor to 5 month ogress. onthly based vious 6/10/18
	revealed an objectito 100% accuracy in Review of the objection at Several Continued review of to function at 86% 10/17, 77% in 11/1 75% in 2/18 and 76 of this data reveals achieve the 87% le regressed 11% after Additional review of the several continued in the several co	8/17/17 IPP for client #4 ve to increase table etiquette for 3 consecutive months. ctive data revealed the client the 87% level in 7/17. of the data revealed the client in 8/17, 84% in 9/17, 76% in 7, 87% in 12/17, 84% in 1/18, 6% in 3/18. Continued review ed only 1 time did the client evel achieved in 7/17 but er 8 months of training. If the objective, verified by QIDP revealed no revisions has objective.			The QIDP will review and make up revisions to client #4's table etique to the regression and the QIDP with the program for additional revision basis to provide a better opportuning The QIDP will review this program basis and determine the need for on the progress or regression form month.	ette prog rill track a as on a 3 ity for pro a on a mo revision	ram in reference and monitor to 5 month ogress. onthly based
	revealed an object bedroom 90% of the months. Review of the client was function at 63% 11/17, 55% in 12/1 and 59% in 3/18. Or revealed did the client bedroom to function at 63% 11/17, 55% in 12/1 and 59% in 3/18.	3/17/17 IPP for client #4 ive to complete cleaning he time for 3 consecutive f the objective data revealed tioning at the 71% level in 8/17. of the data revealed the client in 9/17, 50% in 10/17, 60% in 7, 55% in 1/18, 40% in 2/18 Continued review of this data ient did not achieve the 71% /17 but regressed 12% after 7			The QIDP will review and make up revisions to client #4's cleaning be reference to the regression and the monitor the program for additional month basis to provide a better op The QIDP will review this program basis and determine the need for on the progress or regression form month.	edroom pee QIDP version portunity on a more	rogram in will track and s on a 3 to 5 for progress. onthly based

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W 256	months of training. objective, verified b	ge 8 Additional review of the y interview with the QIDP ns has been made to this	W 2	56			6/10/18	
W 436	revealed an objective procedures 90% of months. Review of the client was funct Continued review of the continued of the cont		W 4	36	The QIDP will review and make uservisions to client #4's bathroom put to the regression and the QIDP with the program for additional revision basis to provide a better opportuning The QIDP will review this program basis and determine the need for on the progress or regression formonth.	orogram vill track ns on a 3 ity for pr n on a m revision	in reference and monitor to 5 month ogress. onthly based	
	and teach clients to choices about the u hearing and other of and other devices i	rnish, maintain in good repair, o use and to make informed use of dentures, eyeglasses, communications aids, braces, dentified by the um as needed by the client.						
	The facility failed to aide was furnished for 1 of 3 sampled	s not met as evidenced by: o ensure a required hearing or repaired in a timely manner clients (#4) as evidenced by view and review of records.						

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W 436	Review of the reconindividual program included an objective month data revealed no de 6/17. The data she objective were mare Interview with the oprofessional (QIDP aide has been lost Continued interview client will "fiddle" wup. Further intervied doctor had given an approximately \$280 want to spend that will tear it up. Addiverified by review of aggressive action in hearing aide has been the facility of aggressively atterview of aggressively atterview of aggressively atterview.	rds for client #4 revealed a plan (IPP) dated 8/17/17 which we to keep hearing aide in se 100% time for 3 s. Review of the objective ata had been recorded since eets from 7/17 to 3/17 for this ked as N/A. qualified intellectual disability revealed the client's hearing for about a year (9 months). It with the QIDP revealed the eith the hearing aide and tear it ew with the QIDP revealed the mestimate for a new one of 100.00 but the mother does not much money when the client tional interview with the QIDP, of record, revealed no not trying to replace client #4's een taken since 6/17. Ity has failed to show evidence empting to replace needed at identified in the IPP (hearing)	W 436	The facility will aggressively pursua hearing aide for client #4 at a coprice. This will include contacting organizations as possible that coupassistance with this issue. However, fail and no other alternative cannot facility will buy or assist in buying for client #4 within the next 60 day.	est effective as many of as many of ld provice ver, if all at the found the hearin vs.	e different ttempts