

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2018
NAME OF PROVIDER OR SUPPLIER RIVERSIDE RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 353 ELM STREET FAIR BLUFF, NC 28439	
(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 126	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(4)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 audit clients (#4, #6) were taught to manage their financial affairs to the extent of their capabilities. The findings are:</p> <p>1. Client #4 was not taught money management skills as indicated.</p> <p>Review on 7/10/18 of client #4's Individual Program Plan (IPP) dated 5/17/18 revealed the client can carry money on his person and use a vending machine. Additional review of the IPP identified a need to improve money management skills. Further review of the plan did not include training in the area of money management.</p> <p>Interview on 7/10/18 with the Life Skills Specialist revealed client #4 was paid weekly to perform various work related tasks at the day program such as vacuuming and cleaning windows. Additional interview indicated the client has earned as much as \$29.00. The staff noted client #4 continues to have needs in the area of money management; however, the interdisciplinary team had not discussed this need.</p> <p>2. Client #6 was not taught money management skills as indicated.</p> <p>Review on 7/10/18 of client #6's IPP dated</p>	W 126		

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 126	Continued From page 1 4/25/18 revealed the client makes purchases, identifies coins and can carry up to \$5.00 on his person. Additional review of the IPP identified needs to improve purchasing skills and money management skills. Further review of the record indicated the client had trained on an objective to budget money in 2016. The IPP did not include training in the area of money management. Interview on 7/10/18 with the Life Skills Specialist revealed client #6 occasionally works at the day program by taking out the trash. Additional interview indicated the client receives a minimal amount of pay for his work. The staff noted the client's budgeting object had been discontinued since he did not make a lot of money. Further interview confirmed client #6 continues to have needs in the area of money management; however, the interdisciplinary team had not discussed this need.	W 126			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 3 of 3 audit clients (#4, #5, #6) received a continuous active	W 249			

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W 249	<p>Continued From page 2</p> <p>treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of participation during medication administration, meal time guidelines, diet consistency and communication. The findings are:</p> <p>Client #5's meal time guidelines were not followed at dinner.</p> <p>During dinner observations in the home on 7/9/18 at 6:10pm, client #5 consumed honey thickened liquids and pureed food items. The client ate her food items quickly without drinking any liquids until only one food item remained on her plate. During the meal, a staff assisted the client by providing verbal prompts to "slow down" and to wipe her mouth. No other prompts were provided.</p> <p>Staff interview on 7/10/18 revealed guidelines posted on the refrigerator are followed with client #5 at meals.</p> <p>Review on 7/9/18 of client #4's record and a note posted on the home's refrigerator dated 7/19/17 revealed, "Swallowing instructions:...One small bite/sip at a time...Clear mouth between bites...Repeated swallows after each bite/sip...Alternate liquids w/ solids."</p> <p>Interview on 7/10/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the swallowing guidelines were the most current instructions to be followed with client #4 at meals.</p> <p>2. Client #4's medication administration objective was not integrated as indicated.</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>During observations of medication administration in the home at 7:15am, client #4 was not prompted to identify any of his medications. The client ingested Depakote ER, Lisinopril, and Geodon.</p> <p>Immediate interview with the medication technician revealed client #4 does not have an objective which is implemented during the administration of his medications.</p> <p>Review on 7/10/18 of client #4's IPP dated 5/17/18 revealed an objective to identify his medications for 30 out of 30 days (implemented 7/1/17). Additional review of the objective included the identification of Depakote ER, Geodon, Lexapro, Lisinopril and Lantus insulin. The objective noted, "This should be integrated anytime [Client #4] is doing his med pass on all shifts."</p> <p>Interview on 7/10/18 with the QIDP confirmed the objective was current and should be integrated during the administration of his medications.</p> <p>3. Client #6's medication administration objective was not integrated as indicated.</p> <p>During observations of medication administration in the home at 7:42 am, client #6 acknowledged where is medication bin was located, tore off his pill packet, consumed his pills and threw away his trash. The staff retrieved the medication bin, obtained the pill packets, and poured the medication into a pill cup.</p> <p>Immediate interview with the medication technician revealed client #6 does not have a formal objective for administering his</p>	W 249			

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W 249	<p>Continued From page 4 medications.</p> <p>Review on 7/10/18 of client #6's IPP dated 4/25/18 revealed an objective to independently administer his medications for 30 out of 30 days. Additional review of the objective steps to: ocate his pill bin, get medication out of bin, grasp medication packet, pour medications from packet, take medication, drink water and dispose of trash. The objective noted, "This goal should be integrated anytime [Client #6] is doing his med pas on all shifts."</p> <p>Interview on 7/10/18 with the QIDP confirmed the objective was current and should be integrated as indicated.</p> <p>4. Client #4 drinks were not of the correct consistency during snack.</p> <p>During snack observations at the day program on 7/9/10 at 10:15am, staff prepared two drinks for client #4 using Thick-it powder. Once finished, the drinks were of a pudding consistency. Client #4 consumed the drinks using a spoon.</p> <p>Review on 7/10/18 of client #4's IPP dated 12/6/17 revealed she consumes honey thickened liquids.</p> <p>Interview on 7/10/18 with the QIDP confirmed client #4's liquids should be thickened to a honey consistency.</p> <p>5. Client #4's guidelines for setting the table were not followed as written.</p> <p>During observations in the home just before dinner on 7/9/10 at 5:57pm, staff assisted client</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>#4, who is blind, to set her place setting at the table. During this task, staff placed items (cup, fork, spoon, plate) in client #4's hand and named them before assisting the client to place the items on the table. Client #4 was not prompted to repeat the names of these items.</p> <p>Staff interview on 7/10/18 revealed client #4 can say some words.</p> <p>Review on 7/10/18 of client #4's IPP dated 12/6/17 revealed guidelines to communicate items needed to set the table (dated 4/1/08). The guidelines noted, "[Client #4] is blind; this goal is for [Client #4] to get familiar with her items needed to set the table...Staff will review all previous learned items. Staff will pick up item and let [Client #4] feel item and say item. Once she feels the item, then give the initial cue, '[Client #4], what is this?' Give her time to respond. You may have to give cues to help her...Please encourage her to say these items at all meal and snack times." The guidelines indicated the client should say, "Napkin, fork, spoon, knife, cup/glass".</p> <p>Interview on 7/10/18 with the Life Skills Specialist confirmed the guidelines were current and should continue to be followed as written.</p> <p>6. Client #4's guidelines for the use of a specialize watch were not followed.</p> <p>During observations throughout the survey, client #4 did not wear a watch of any kind. The client was not prompted or assisted to wear a watch.</p> <p>Review on 7/10/18 of client #4's IPP dated 12/6/17 revealed guidelines for wearing a watch</p>	W 249			

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W 249	Continued From page 6 (revised 9/18/14). The guidelines noted, "[Client #4] should be wearing her watch whenever she goes to the Day Program or on any outing. Once [Client #4] is dressed, then [Client #4] and staff should place the watch on her arm. Staff needs to teach [Client #4] how to check the time on her watch throughout the day...This is everyone responsibility to make sure [Client #4] has her watch." Interview on 7/10/18 with the Life Skills Specialist confirmed client #4 should be wearing the specialized watch and the guidelines are current. 7. Client #4 did not receive prune juice as indicated. During breakfast observations in the home on 7/10/18 at 7:25am, client #4 consumed apple juice, milk and water at the meal. Review on 7/10/18 of a diet list posted on the refrigerator in the home revealed client #4 should receive prune juice at breakfast and lunch. Staff interview on 7/10/18 revealed they follow the diet list posted on the refrigerator. Additional review of client #4's record revealed she should consume prune juice at breakfast and lunch to assist with constipation issues. Interview on 7/10/18 with the QIDP confirmed client #4 should have received prune juice as indicated by her diet.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)	W 252			

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W 252	<p>Continued From page 7</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 data relative to the accomplishment of objectives specified in the Individual Program Plan (IPP) were documented in measurable terms. This affected 2 of 3 audit clients (#4, #6). The findings are:</p> <p>1. Client #6's objective data was not collected as indicated.</p> <p>Review on 7/9/18 of client #4's IPP dated 4/25/18 revealed an objective to decrease his rate of eating at meals for 30 out of 30 days (implemented 8/30/17). Additional review of the objective indicated training will take place at the day program 5 days a week on Monday - Friday. Further review of the client's objective training book revealed no data collection sheet for July 2018.</p> <p>Interview on 7/10/18 with Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's objective was current and data should be collected as indicated in the plan.</p> <p>2. Client #4's objective data was not collected as indicated.</p> <p>Review on 7/9/18 of client #4's IPP dated 5/17/18 revealed an objective to interact with a peer for up to 30 minutes for 30 out of 30 days</p>	W 252			

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W 252	Continued From page 8 (implemented 7/1/17). Additional review of the objective indicated training will take place at the day program 5 day program 5 days a week on Monday - Friday. Further review of the July '18 data sheet revealed data collection had occurred only on 7/2/18.	W 252			
W 255	Interview on 7/10/18 with Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's objective was current and data should be collected as indicated in the plan. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i) The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Individual Program Plan (IPP) was revised after 1 of 3 audit clients (#6) had successfully completed objectives. Client #6's IPP was not revised after he had successfully completed 2 of 4 objectives. Review on 7/10/18 of client #6's IPP dated 4/25/18 revealed objectives to independently administer his medication for 30 out of 30 days (implemented 7/1/17) and to exhibit 1 or fewer challenging behaviors per month for 11 consecutive months (dated 6/15/18). Additional review of objective progress notes indicated the following:	W 255			

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W 255	Continued From page 9 Administer his medication 12/17 - 100% 01/18 - 100% 02/18 - 97% 03/18 - 100% 04/18 - 99% 05/18 - 100% Behavior plan 1/17 - 5/18 0 behaviors (16 months) Interview on 7/10/18 with the Qualified Intellectual Disabilities Professional (QIDP) and Life Skills Specialist confirmed the objectives had been completed; however, training continued.	W 255			
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #4's Individual Program Plan (IPP) was revised after he failed to progress towards identified objectives. The finding is: Client #4's IPP was not revised after he failed to progress towards 1 of 4 objectives. Review on 7/10/18 of client #4's IPP revealed an	W 257			

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W 257	Continued From page 10 objective to independently interact with a peer for up to 30 minutes for 30 out of 30 days (implemented 7/1/17). Additional review of the objective's progress notes indicated the following: 07/17 - 25% 08/17 - 11% 09/17 - 0% 10/17 - 38% 11/17 - 84% 12/17 - 48% 01/18 - 24% 02/18 - 22% 03/18 - 55% 04/18 - 37% 05/18 - 45% Interview on 7/10/18 with the Life Skills Specialist revealed client #4 has had difficulty completing the objective; however, no revisions have been implemented.	W 257			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure drugs used for the control of inappropriate behaviors were used only as an integral part of the Behavior Support Plan (BSP) directed towards the reduction or elimination of	W 312			

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W 312	Continued From page 11 behaviors for which the drugs were employed. This affected 1 of 3 audit clients (#6). The finding is: Review on 7/10/18 of client #6's BSP dated 6/15/18 revealed an objective to exhibit 1 of fewer challenging behaviors per month for 11 consecutive months. The plan addressed target behaviors related to depressive/psychotic symptoms. Additional review of the BSP incorporated the use of Paxil, Zyprexa and Klonopin. Further review of progress notes for the objective revealed the client had not exhibited any target behaviors from January 2017 - May 2018. Interview on 7/10/18 with the Division Director and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 continues to receive the identified drugs for behavior control although no target behaviors have been exhibited for at least 16 months.	W 312			
W 350	DENTAL SERVICES CFR(s): 483.460(e)(3) The facility must provide education and training in the maintenance of oral health. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure training was provided for the maintenance of client #6's oral health. This affected 1 of 3 audit clients. The finding is: Client #6's oral hygiene was not maintained through training.	W 350			

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W 350	<p>Continued From page 12</p> <p>Review on 7/10/18 of client #6's dental report dated 2/22/18 revealed the condition of the client's teeth and gums was "Poor". Additional review of a dental report dated 5/21/18 noted, "Improve oral hygiene." Further review of client #6's record indicated an objective to independently brush his teeth for 30 out of 30 days had been implemented on 7/1/17.</p> <p>Interview on 7/10/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the interdisciplinary team had not met to discuss client #6's oral hygiene and no training had been implemented to address his poor dental report.</p>	W 350			