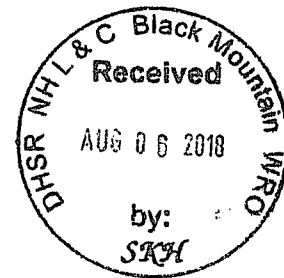


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/25/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2018
NAME OF PROVIDER OR SUPPLIER RIDGECREST I & II			STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIDGECREST AVENUE WEST JEFFERSON, NC 28694	
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the team failed to assure a communication objective listed on the person centered plan (PCP) for 1 of 3 sampled clients (#5) was implemented. The finding is:</p> <p>Observations in the vocational center on 7/23/18 at approximately 1:15PM revealed client #5 to be mostly non-verbal, making occasional vocalizations and sounds. Staff was observed utilizing a picture touch voice output device to support client #5 in making decisions and answering questions about the activity he wanted to work on in the day program. Continued observations revealed client #5 to choose to work with his popper beads as result of using his output device.</p> <p>Interview with the vocational staff revealed the picture touch device is utilized to assist client #5 with questions such as what activities he may prefer, request for a drink, and answering many yes and no questions.</p> <p>Observations in the group home on 7/23/18 at</p>	W 249	<p>W 249 The clinical team met to clarify client #5 communication program. The QDIP in serviced the support staff in the home on client #5's communication device. Proper usage of this device will be monitored by the clinical team completing two interaction assessments per week for a period of one month and then on a routine basis. In the future, the QIDP will ensure each client receives 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 will be completed by 9/22/18.</p>	9/22/18



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Luray Rominger* TITLE *Regional Administrator* (X6) DATE *8/2/18*

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 249	<p>Continued From page 1</p> <p>approximately 4:45 PM revealed staff asking client #5 if he would like to go outside or not, using only verbal prompts. Continued observations revealed staff to ask client #5 using only verbal prompts and gestural prompts, if he would like to play bean bag toss while outside. Further observations on 7/24/18 at 7:15 AM in the group home revealed staff supporting client #5 with his morning routine of getting his medications, handwashing, breakfast prep, eating breakfast, and loading the van using only gestural and verbal prompts. Subsequent observations revealed there was no use of a picture touch voice output device utilized to assist client #5 with answering questions or making choices throughout all observations within the group home on 7/23/18 and 7/24/18.</p> <p>Review of the record for client #5 on 7/24/18 revealed an person centered plan (PCP) dated 1/31/18. Review of the PCP revealed a communication objective implemented 1/22/18. Review of the communication objective revealed, given a gestural prompt and verbal prompt, client #5 will indicate what he needs or chooses, using a picture voice output device with 90% accuracy for three consecutive months.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 7/24/18 verified that client #5's communication objective was a current objective and should be implemented as written in the PCP. Continued interview with the QIDP confirmed that a picture touch voice output device was not present in the group home, but should be present and utilized within the group home to assist client #5 with his communication needs.</p>	W 249		9/24/18	