STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G068	A. BUILDING _____ B. WING _____	02/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW HOME	**1793 RIVERVIEW ROAD LINCOLNTON, NC 28092**

(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 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation and interview, nursing services failed to ensure staff were trained to assure adequate hygiene related to client handwashing. The finding is: Observations in the group home on 2/4/19 at 4:25 PM revealed client #5 leaving the bathroom located on the hall of the home which includes the laundry room. Further observations revealed a staff member asking the client if he had washed his hands. Client #5 responded by indicating he had not due to no soap being available. The client then washed his hands in a different bathroom. Continued observations on 2/5/19 at 8:15 AM in the bathroom located on the hall with the laundry room, revealed a hand soap dispenser which was still empty. Interview with the group home manager at that time revealed it was an "oversight" and the home manager then re-filled the dispenser. Interview with the facility nurse on 2/5/19 confirmed that hand soap should be available in all bathrooms at all times to assure appropriate health and hygiene.	W 340		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE