

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

PRINTED: 03/21/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/14/2019
NAME OF PROVIDER OR SUPPLIER RIVERVIEW HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 000	INITIAL COMMENTS	W 000			
W 154	<p>Complaint Intake #'s NC149301 and NC149305</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on review of facility records/documents and interviews, the facility failed to show evidence an allegation of abuse was thoroughly investigated for 1 of 2 investigations reviewed. The finding is:</p> <p>Review of the facility's abuse/neglect investigations on 3/14/19 revealed an investigation started on 2/28/19 to investigate an allegation of physical abuse by staff A and staff B toward client #6. Continued review of the investigation summary revealed on 2/28/19 at approximately 3:00 PM, staff C witnessed physical abuse described as hitting the client with a broomstick, and with hands and fists. The physical abuse was witnessed on the facility van and in the driveway of the group home. Further review of the investigation revealed facility administrative staff were notified of the event and staff A and B were immediately suspended and did not return to work following 2/28/19. Continued review of the facility investigation results revealed physical abuse toward client #6 was substantiated and corrective actions were taken.</p> <p>Further review of the facility investigation interviews revealed the only staff interviewed for</p>	W 154			

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 154	<p>Continued From page 1</p> <p>this physical abuse allegation were staff members A, B and C. The only client interviewed was client #6, and the investigation interview summary indicated the client was not responsive to the questions asked. The investigation summary did not indicate any other staff members in the home or any other clients in the home were interviewed to investigate if possible staff to client abuse or neglect had occurred prior to the incident on 2/28/19, and if so, the extent of the abuse or neglect.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/14/19 confirmed only staff members A, B and C were interviewed for the facility investigation and the only attempted client interviewed was with client #6. Continued interview with the QIDP confirmed that at least two additional clients in the home were interviewable (client #1 and client #5). Further interview with the QIDP revealed other staff and clients were not interviewed because they did not witness the event on 2/28/19. Therefore, the facility failed to thoroughly investigate an incident of substantiated physical abuse to determine the extent of potential additional abuse or neglect.</p>	W 154			