

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

PRINTED: 06/02/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/22/2019</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>J. IVERSON RIDDLE DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 ENOLA ROAD MORGANTON, NC 28655</b>
---	--

(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 247	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and review of records, the facility failed to ensure the individual habilitation plans (IHPs) included opportunities for choice and self management related to the evening meal preparation for 5 of 5 sampled clients (#3, #4, #5, #6 and #7) in Pine Apartment #2, and related to dining skills for 1 of 3 sampled clients in Mulberry (#2). The findings are:</p> <p>A. The IHPs for all 5 clients (#3, #4, #5, #6 and #7) living in Pine Apartment #2 failed to include opportunities for choice and self management related to meal preparation. For example:</p> <p>Observations on 5/20/19 at 4:04 PM, upon entering the apartment, revealed the dinner meal preparation had started. The dinner meal consisted of boiled/baked chicken, stuffing, biscuits, green beans and yogurt with fruit. Observations from 4:04 PM to 4:45 PM, revealed the only client involvement related to meal preparation included client #5 assisting with placing napkins and cups on the dining table, placing an item in the sink, and assisting with opening one can, and pouring from the can. All five clients were observed to be intermittently involved with different activities during this time, but otherwise available to assist with dinner preparation. Staff A was observed completing the following meal preparation tasks: stirring items multiple times, pouring multiple times, sprinkling seasoning, putting biscuits on a pan, putting boiled chicken on a baking pan, getting plates</p>	W 247		
-------	---	-------	--	--

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>J. IVERSON RIDDLE DEVELOPMENTAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 ENOLA ROAD MORGANTON, NC 28655</b>		
(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 247	<p>Continued From page 1</p> <p>and utensils and putting them on the counter, opening cans, and taking drink pitchers to the dining table.</p> <p>Continued observations on 5/21/19 at 4:15 PM, upon entering the apartment revealed the dinner meal preparation had started. The dinner meal consisted of chicken fettuccini, biscuits, peas and canned fruit. Observations from 4:15 PM to 5:10 PM, revealed the only client involvement with meal preparation included clients #4, #5 and #7 assisting with putting cups, utensils and napkins on the dining table. Clients #3, #5 and #6 were observed to be intermittently involved with different activities during this time, but were otherwise available to assist with dinner preparation. Clients #4 and #7 attended an activity outside of the home until 4:35 PM, at which time they were available to assist with dinner preparation. Staff A was observed completing the following meal preparation tasks: stirring multiple times, putting aluminum foil on a baking sheet, putting items in the trash, putting biscuits on a pan, putting items in the sink, draining noodles, sprinkling seasoning, getting plates and utensils and putting on the counter, getting items from the refrigerator, preparing a punch drink from mix, placing drink pitchers on the table, and opening cans and pouring into a serving bowl.</p> <p>Further observations on 5/21/19 at 11:20 AM, upon entering the apartment revealed the lunch meal preparation had started. Clients #3, #5, #6 and #7 were in the apartment at that time. The lunch meal consisted of grilled cheese sandwiches, soup and canned fruit. Observations from 11:20 AM to 11:50 AM revealed consistent client involvement with meal</p>	W 247			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>J. IVERSON RIDDLE DEVELOPMENTAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 ENOLA ROAD MORGANTON, NC 28655</b>		
(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 247	<p>Continued From page 2</p> <p>preparation including: client #3 assisting with putting cups on the dining table and putting items in the trash can; client #5 assisting with stirring soup, putting up clean dishes and putting an item in the trash; client #6 assisting with hand over hand stirring soup, operating the can opener, pouring soup from a pot into a serving bowl, and draining juice from canned peaches; and client #7 assisting with putting up clean dishes, hand over hand stirring, putting serving bowls on the counter and carrying a drink pitcher to the table.</p> <p>Review of the record for client #3 on 5/22/19 revealed an IHP dated 11/20/18. The IHP indicated meal preparation strengths to include opening bottles and pouring from a can. A previously met objective included "pour the food". The Life Skills Tracker assessment dated 11/30/18 indicated the client was capable of multiple meal preparation tasks with a minimum of physical assistance.</p> <p>Review of the record for client #4 on 5/22/19 revealed an IHP dated 10/23/18. Review of the IHP revealed "Accomplishments" included locating ingredients and using a can opener. Meal preparation strengths included setting condiments on the table, washing food items, tearing food items, selecting bowls and dishes, combining ingredients, pouring ingredients, putting food in the microwave, and making cold drinks from a mix.</p> <p>Review of the record for client #5 on 5/22/19 revealed an IHP dated 8/21/18. Review of the IHP revealed "Accomplishments" included snack preparation. Meal preparation strengths included "participates in meal preparation", participating in cooking group, and following directions.</p>	W 247			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>J. IVERSON RIDDLE DEVELOPMENTAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 ENOLA ROAD MORGANTON, NC 28655</b>		
(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 247	<p>Continued From page 3</p> <p>Review of the record for client #6 on 5/22/19 revealed an IHP dated 3/18/19. Meal preparation strengths included: pouring ingredients into a bowl, putting food in the microwave, stirring ingredients, opening bottles and "enjoys participating in food preparation".</p> <p>Review of the record for client #7 on 5/22/19 revealed an IHP dated 2/5/19. Review of the IHP revealed "Accomplishments" included turning on the stove. Meal preparation strengths included "assisting with meal preparation", placing dishes in the dishwasher, opening jars, boxes and bottles, and selecting bowls from the cabinet.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/22/19 confirmed that all clients in Pine Apt. #2 are capable of assisting with meal preparation at various levels and confirmed that all clients should be offered the opportunity for choice and self management related to meal preparation at all opportunities.</p> <p>B. The IHP for client (#2) living in Mulberry failed to include opportunities for choice and self management related to meal cutting. For example:</p> <p>Observation of client #2 at the evening meal on 5/20/19 revealed the client to have a 1:1, staff B, and to begin his meal with a piece of pie that he ate using a spoon. Further observation revealed client #2 to eat a salad after eating a slice of pie. Continued observation revealed as client #2 ate a piece of pie and a salad, staff B cut up client #2's meal of spaghetti, cheese sticks, garlic bread and steamed vegetables. Staff B was observed to pass the cut up meal to client #2 after the client</p>	W 247			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>J. IVERSON RIDDLE DEVELOPMENTAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 ENOLA ROAD MORGANTON, NC 28655</b>		
(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 247	Continued From page 4 had finished his salad.  Review of records for client #2 on 5/22/19 revealed an IHP dated 9/10/18. Review of the IHP revealed interventions to support mealtime to include a regular diet with food cut into 1/2 inch pieces. Additional review of mealtime interventions revealed client #2 is able to cut food but needs supervision from staff to ensure he cuts his food into bite size pieces. The IHP further revealed it was not recommended the client use a sharp knife for safety. Subsequent record review revealed a life skills tracker assessment dated 9/6/18 that reflected client #2 has the ability to use a knife to slice/chop food with assistance.  Interview with the facility QIDP on 5/22/19 revealed client #2 has the ability to use a knife although for safety reasons the client should not be given a sharp knife and should have staff supervision with cutting. Further interview with the QIDP verified staff should have provided the opportunity for client #2 to assist with cutting his evening meal on 5/20/19.	W 247			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure data for a	W 252			

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

PRINTED: 06/02/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>J. IVERSON RIDDLE DEVELOPMENTAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 ENOLA ROAD MORGANTON, NC 28655</b>		
(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 252	<p>Continued From page 5</p> <p>behavior management program listed in the individual habilitation plan (IHP) for 1 of 3 sampled clients (#1) in Mulberry was collected as prescribed. The finding is:</p> <p>Observation on 5/21/19 at 2:50 PM revealed client #1 to be in an isolated room at the back of his vocational work site, in the workshop, with the door open. Further observation revealed the client to make loud vocalizations from the room while two staff were observed to be present with several other clients. Additional observation revealed the client to walk to the exit of the room and to stand in the doorway before returning back into the room.</p> <p>Interview with the lead workshop staff on 5/21/19 revealed client #1 had been having a hard day and had done very little work. Further interview with the lead workshop staff revealed client #1 stays in the back room of the workshop and naps regularly while the client also uses the room for frequent breaks. Continued interview with lead workshop staff revealed client #1 is prompted throughout the day to work and sometimes client #1 will work. However, it is common for the client to not work as well and just sit in the room in the back of the work site. The lead workshop staff further revealed client #1's behavior of not working, sitting in the back room of the workshop and napping is not behavior he reports or records. Interview subsequently revealed the lead workshop staff to note that unless client #1 engages in physical aggression, the behavior is not documented or reported as he would spend the day documenting behavior on client #1.</p> <p>Review of records for client #1 on 5/22/19 revealed an IHP dated 12/4/18. Review of the</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>J. IVERSON RIDDLE DEVELOPMENTAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 ENOLA ROAD MORGANTON, NC 28655</b>		
(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 252	<p>Continued From page 6</p> <p>IHP revealed a behavior support plan dated 3/1/19. Review of client #1 BSP revealed target behaviors of disruptive behavior but no aggression: verbal threats to harm others, raising his hands as if to threaten aggression, cursing and refusal to complete health and hygiene tasks, taking medications, and going to work. Physical aggression: actual hitting/kicking, throwing items at persons or aggression directed at property (knocking/throwing food off tables, pulling curtains down, kicking/breaking property).</p> <p>Interview with psychology staff on 5/22/19 revealed client #1 has a behavior data sheet relative to target behaviors of the BSP that is completed in the work site and in the residential setting. Further interview with psychology staff revealed he was unaware client #1 was napping at the work site, demonstrating a decrease in work interest or using the back room of the workshop for most of his work day rather than working as reported by the lead workshop staff. Additional interview with psychology staff revealed staff should be completing a behavior sheet relative to the client's behavior for cooperation difficulties not just episodes of physical aggression.</p>	W 252			