STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G155	A. BUILDING _____ B. WING _____	07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGECREST I & II	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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure staff training that enables employees to perform their duties effectively relative to the appropriate use of footrests on a wheelchair for 1 sampled client (#4) in Ridgecrest I and observing client privacy for 1 sampled client (#6) in Ridgecrest II. The findings are: A. The facility failed to utilize the footrests on the wheelchair of client #4. Observations in the facility on 7/23/19 revealed client #4 to use a wheelchair to ambulate throughout the group home. Observation at 4:50 PM revealed staff C to pull the client's wheelchair through the exterior kitchen door as the client entered the group home from outdoors. Further observation revealed the client's feet to drag against the pavement behind the footrests attached to the wheelchair. Continued observation at 6:15 PM revealed staff C to push client #4's wheelchair down the hallway of the group home while the client's feet were observed to drag on the floor. Subsequent observation revealed client #4 to verbally request staff C to place his feet on the footrests of the wheelchair. Observation in the group home on 7/24/19 at 8:27 AM revealed client #4 to lift his feet as staff G	W 189		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G155	A. BUILDING _____ B. WING _____	07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGECREST I & II	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 189	Continued From page 1	W 189		

pushed the client's wheelchair towards the hallway bathroom. Further observation at 8:33 AM revealed client #4's feet to drag on the floor and to get stuck underneath the front right wheel of the wheelchair. Subsequent observation revealed staff G to reposition the client's wheelchair to adjust the client's feet and continue to push the client into the hallway bathroom. At no time during observations were staff observed to prompt or encourage client #4 to place his feet on the wheelchair footrests during ambulation.

Review of records for client #4 on 7/24/19 revealed a person centered plan (PCP) dated 2/12/19. Review of the behavior support plan (BSP) revealed target behaviors of cooperation difficulty, property misuse, aggression, self-injurious behavior, AWOL, stealing, inappropriate sexual behavior, temper tantrums, night time sleep, and food snatching. Further review of client #4's record revealed a physical therapy (PT) evaluation dated 1/18/19. Review of the PT evaluation revealed that the client's wheelchair must have footrests and heel straps when ambulating with staff assistance.

Interview with the facility nurse on 7/24/19 verified that staff should use the client's wheelchair footrests to support placement of client #4's feet when assisting the client with ambulation. The nurse further verified staff should verbally prompt the client to lift his feet to address client #4's cooperation difficulty of utilizing the footrests on the client's wheelchair. Additional interview with the facility nurse revealed no formal guidelines had been developed to assist staff with continuity in supporting client #4 with utilizing the footrests attached to his wheelchair.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G155	A. BUILDING _____ B. WING _____	07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGECREST I & II	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 189	Continued From page 2 B. The facility failed to provide privacy during medication administration for client #6. Observation at the group home on 7/23/19 at 7:15 AM revealed client #6 to enter the medication room and verbally request staff K to have the door open during his morning medication administration. Continued observation revealed client #6 to participate in his morning medication pass with the med room door open and staff J to verbally engage with clients outside the medication room from the kitchen. Subsequent observation revealed as client #6 remained in the medication room with the door open staff J remained in the kitchen area conversing with a client preparing breakfast. Observation at 7:18 AM revealed another client to enter into the kitchen area that engaged in conversation with staff J while leaning on the kitchen counter directly in front of the open medication room door. Subsequent observation of client #6 while in the medication room revealed the client to watch staff J and clients in the kitchen area and to laugh at the conversations occurring outside the medication room. Observations during the medication pass for client #6 revealed the staff conducting the medication pass to make no attempt to reduce distractions outside the med room for client #6. Interview conducted with the Nurse on 7/24/19 verified if a client requests to have the door open during medication administration, other clients and staff should not be in the direct area of the medication room to avoid distractions and to respect client privacy. Continued interview with the nurse verified a staff conducting a medication pass, should attempt to limit all distractions outside the medication room when the med room	W 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G155	A. BUILDING _____ B. WING _____	07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGECREST I & II	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 189	Continued From page 3 door is open or closed.	W 189		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure the person centered plan (PCP) for 1 of 4 sampled clients (#11) included objective training to address needs relative to the appropriate wear of clothing. The finding is: Observation in the group home on 7/24/19 at 6:45 AM revealed client #11 to wear shorts and a shirt with his shorts on backwards. Continued observation at 8:55 AM revealed staff to provide verbal and gestural prompts to assist client #11 with loading the facility van to the vocational program while the client's shorts remained on backwards. Observation at 9:00 AM, after this surveyor prompted staff of the client's shorts being worn backwards, revealed staff to verbally request the client to return to the group home to adjust his clothing to which the client refused. Observation throughout the morning in the group home revealed at no time did staff redirect client #11 to return to his room to adjust his clothing. Review of records for client #11 on 7/24/19 revealed a PCP dated 8/21/18. Review of the PCP revealed objective training to address	W 227		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G155	A. BUILDING _____ B. WING _____	07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGECREST I & II	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 227	Continued From page 4 brushing teeth, hand washing, safe eating, privacy, task focus and communication. Further review of the PCP revealed a behavior support plan dated 7/30/18 for target behavior of property misuse, verbal aggression, physical aggression, cooperation difficulty, tantrums, self injurious behavior, food snatching, AWOL, provoking/pestering peers, inappropriate sexual behavior, inappropriate touching of others, and night time sleep. Continued review of the 8/21/18 PCP revealed no training objective relative to dressing or wearing clothing appropriately. Interview with the group home manager (HM) and staff H on 7/24/19 revealed client #11 often wears his clothing incorrectly or backwards and is resistant to staff support with redirection. The HM further verified client #11 also wears his shoes on the wrong feet until staff assist with placing the client's shoes on the correct feet. Interview with the behavior specialist on 7/24/19 verified client #11 did not have a program to address the need of putting clothing on correctly as she was unaware of the identified need by staff.	W 227		