

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

PRINTED: 07/31/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/30/2019
NAME OF PROVIDER OR SUPPLIER RIVERSIDE RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 353 ELM STREET FAIR BLUFF, NC 28439		
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W 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client (#4) had a updated legal guardian appointed by the court. This affected 1 newly admitted client. The finding is:</p> <p>Client #4 guardianship paperwork is not updated.</p> <p>Review on 7/29/19 of client #4's record revealed guardianship paperwork with his sister and mother listed as his legal guardians dated 10/12/90.</p> <p>Review on 7/29/19 of client #4's record revealed he has a behavior support plan consent dated 7/2/19 which consists of the following medications for maladaptive behaviors: Carbamazepin, Velafaxine, Saphris and Fluphenazine.</p> <p>During an interview on 7/29/19, the qualified intellectual disabilities professional (QIDP) revealed client #4's mother has been deceased "for awhile." Further interview revealed the QIDP had spoken to client #4's sister about obtaining updated guardianship paperwork, but it has not been none yet. Additional interview revealed client #4's guardianship paperwork is not current.</p>	W 125			
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has</p>	W 249			

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 249	<p>Continued From page 1</p> <p>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, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the areas of medication administration and ambulation. This affected 2 of 3 audit clients (#1, #4). The findings are:</p> <p>1. Client #4's physical therapy recommendations were not followed.</p> <p>During evening observations in the home on 7/29/19 at 5:52pm, a staff person verbally prompted client #4 to leave the dining room table and retrieve his Boost drink from the refrigerator. Client #4 stood up and ambulated 40 - 45 feet into the kitchen opened the refrigerator door and took out his Boost. Additional observations revealed Staff B told client #4 to ambulate back to the dining room table with his Boost. Client #4 returned back to the table. At no time was a staff person holding onto client #4's gait belt while he ambulated. Client #4 was wearing the gait vest while he was ambulating.</p> <p>During an interview on 7/29/19, Staff B revealed client #4 has the gait vest because he has a</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>history of falls, "but hasn't fallen since he's been living here." Additional interview revealed client #4 has not been living in the home quite yet a year. Staff B revealed staff probably should have been holding onto his gait vest while he ambulated back and forth from the dining room table.</p> <p>Review on 7/29/19 of client #4's IPP dated 5/16/19 stated, "[Client #4] is ambulating using a gait vest & staff assistance."</p> <p>Review on 7/29/19 of client #4's occupational therapy (OT) evaluation dated 6/27/19 revealed, "Ambulate with gait vest for balance and safety during transfers."</p> <p>Review on 7/29/19 of client #4's physical therapy (PT) evaluation dated 5/7/19 stated, "Equipment: 2 strap belt vest for balance and safety during transfer and ambulation." Further review revealed, "Recommendation: 1. Continue use of gait vest belt...."</p> <p>During an interview on 7/29/19, the qualified intellectual disabilities professional (QIDP) revealed client #4's gait vest is to be used at all times. The QIDP also revealed client #4's gait vest is used to his history of falling.</p> <p>2. Client #1 was not afforded full participation in medication administration.</p> <p>During morning medication administration on 7/30/19 at 9:10am, Staff A fed client #1 his medications, which were in pudding. Further observations revealed client #1 independently eating the remainder of the pudding after he was spoon fed his medications.</p>	W 249			

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W 249	Continued From page 3 During an interview on 7/30/19, Staff A revealed she client #1 should have been given the opportunity to self feed his medications. Review on 7/29/19 of client #1's IPP dated 10/16/19 revealed he eats independently. Review on 7/30/19 of client #1's nutritional evaluation dated 10/22/18 revealed he feeds himself. Review on 7/30/19 of client #1's adaptive behavior inventory (ABI) dated 7/26/18 revealed he is totally independent with taking his own pills.	W 249			
W 323	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i) The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 newly admitted client (#4) received an adequate annual physical. The finding is: Client #4 did not receive a current audiological examination to review. Review on 7/29/19 of client #4's record revealed a physical examination dated 4/17/19. There	W 323			

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W 323	Continued From page 4 was not current information available for review to indicate the audiological examination was performed.	W 323			
W 324	During an interview on 7/30/19, the qualified intellectual disabilities professional (QIDP) confirmed client #4 did not receive his audiological examination. PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(ii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all immunizations were current for 1 newly admitted client (#4). The finding is: A record of client #4's immunizations was not kept. Review on 7/29/19 of client #4's record revealed he was admitted to the facility on 4/16/19. Additional review of his record revealed no immunization record.	W 324			
W 382	During an interview on 7/30/19, the qualified intellectual disabilities professional (QIDP) confirmed client #4's record did not have his immunization record. DRUG STORAGE AND RECORDKEEPING	W 382			

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W 382	Continued From page 5 CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The finding is: The medications were left unsecured and unsupervised. During morning medication administration in the facility on 7/30/19 at 8:35am, Staff A left the medication area. Further observations revealed there were medications left on the counter, unsecured and unsupervised. At 8:48am, Staff A left the medication area, while the surveyor was left in the room with the medications unsecured and unsupervised. During an immediate interview, Staff A confirmed she had left the medications unattended. Further interview revealed Staff A had been trained not to leave medications unattended. During an interview on 7/30/19, the facility's nurse stated, "medications should be secured at all times."	W 382			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses,	W 436			

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W 436	<p>Continued From page 6</p> <p>hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client # 4 had a recommended wheelchair. The finding is:</p> <p>Client #4 was not provided with a recommended wheelchair.</p> <p>During review on 7/29/19 of client #4's individual program plan (IPP) dated 5/16/19 stated, "A wheelchair is needed for longer distances, but he did not have one upon arrival & one has not been obtained at this time."</p> <p>During review on 7/30/19 of client #4's physical dated 4/17/19 revealed, "Wheelchair is needed for long distances."</p> <p>During an interview on 7/30/19, the qualified intellectual disabilities professional (QIDP) confirmed a wheelchair needs to be purchased for client #4.</p>	W 436			