CENTERS FOR MEDICARE & MEDICALD SERVICES         OMB NO. 0938-0391           STATEMENT OF DEFICIENCIES         (V2) MULTIPLE CONSTRUCTION A. BUILDING         (V2) DATE SURVEY COMPLETED           MAE OF PROVIDER OR SUPPLIER         34G256         B. WINO         0730/2019           NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CTV, STATE JPE CODE SS ELM STREET FAIR BLUFF, NC 28439         07/30/2019           WMEENDER RESIDENTIAL         STREET ADDRESS, CTV, STATE JPE CODE SS ELM STREET FAIR BLUFF, NC 28439         00/0000000000000000000000000000000000	DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FORM	APPROVED	
AND PLAN OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING     COMPLETED       346256     B. WING     5TREET ADDRESS, CITY, STATE, ZIP CODE       TAME OF PROVIDER OR SUPPLER     STREET ADDRESS, CITY, STATE, ZIP CODE       RVERSIDENTIAL     STREET ADDRESS, CITY, STATE, ZIP CODE       PAUE OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       TAGE     SUMMARY STATEMENT OF DEPICIENCIES       PAUE OF PROVIDER OR SUPPLIER       TAGE       PAUE OF CORRECTION       PAUE OF CORRECTION       TAGE       PAIL DEPICIENCIES       PAUE OF CORRECTION       PROTECTION OF CLIENTS RIGHTS       CFR(s). 483.420(a)(3)       W 125       PROTECTION OF CLIENTS RIGHTS       OF 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 Client #4 guardianship papervork is not updated.       Review on 7/29/19 of client #4's record revealed       This STANDARD is not met as evidenced by:       Based on record review and interview, the facility <td colspan<="" td=""><td>CENTER</td><td>RS FOR MEDICARE</td><td>&amp; MEDICAID SERVICES</td><td></td><td></td><td>C</td><td>MB NO.</td><td>0938-0391</td></td>	<td>CENTER</td> <td>RS FOR MEDICARE</td> <td>&amp; MEDICAID SERVICES</td> <td></td> <td></td> <td>C</td> <td>MB NO.</td> <td>0938-0391</td>	CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			C	MB NO.	0938-0391
NMME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       RVERSIDE RESIDENTIAL     335 ELM STREET       PAREINT     SUMMARY STREMENT OF DEFICIENCIES     335 ELM STREET       PREFIX     SUMMARY STREMENT OF DEFICIENCIES     00       PREFIX     REQULATORY OR LSC IDENTIFYING INFORMATION)     00       W 125     PROTECTION OF CLIENTS RIGHTS     00       CFR(s): 483.420(a)(3)     W 125     PROTECTION OF CLIENTS RIGHTS       The facility must ensure the rights of all clients. Therefore, the facility must 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.     W 125       Client #4 guardianship paperwork is not updated legal guardian appointed by the court. This affected 1 newly admitted client. The finding is:     Client #4 secord revealed the has a behavior support plan consent cliends for maladepive behaviors: Carbamazepin, Valation, Saphins and Fluphenazine.     During an interview on 7/29/19 of client #4's record revealed the has a behavior suppervork, but it has not been nore sit. Additional interview revealed the fas a behavior suppervork, but the As not out courtent. 7/2 awhile: Further interview revealed the fas a sopken to client #4's nother has been deceased "for awhile: Further interview revealed client #4's quardianship paperwork, but it has not been nore set. Additional interview revealed client #4's supark is not current. W 249     W 249       W 249     CFR(s): 483.440(d)(1)     W 249				• •					
Inversion         333 ELM STREET PAR BLUFF, NC 20439           (24) ID TAG         SUMMARY STATEMENT OF DEPOIENCIES (EACH DEPOIENCY MUST BE PRECEEDED BY FULL TAG         PROVIDER'S NLAN OF CORRECTION (EACH DEPOIENCY MUST BE PRECEEDED BY FULL TAG         PROVIDER'S NLAN OF CORRECTION (EACH DEPOIENCY MUST BE PRECEEDED BY FULL TAG         PROVIDER'S NLAN OF CORRECTION (EACH DEPOIENCY MUST BE PRECEEDED BY FULL TAG         PROVIDER'S NLAN OF CORRECTION (EACH DEPOIENCY)         COMPTINE (EACH DEPOIENCY)           W 125         PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)         W 125         W 125           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 a citizens of the United States, including the right to file complaints, and the right to due process.         W 125           Client #4 guardianship paperwork with his sister and mother listed as his legal guardians dated 10/12/90.         This site legal guardians dated 10/12/90.         Free orbit and fluphenazine.           During an interview on 7/29/19 of client #4's record revealed tintellectual disabilities professional (QIDP) revealed client #4's mother has been doceased 'for awhile'. Further interview revealed the QIDP had sopken to client #4's mother has been doceased 'for awhile'. Further interview revealed client #4's guardianship paperwork, but it has not been none yet. Additional interview revealed client #4's guardianship paperwork, but it has not been none yet. Additional interview revealed client #4's guardianship paperwork, but it has not been none yet. Additional interview revealed client #4's guardianship paperwork, but it has not been none yet. Ad			34G256	B. WING _			07/	30/2019	
RIVERSIDE RESIDENTAL     FAIR BLUFF, NC 28439       (M) ID PREFIX TAC     ISUMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) (EACH DEFICIENCY ON USE DEPAREDED BY FULL REGULATORY ON LSC DEVITIFYING INFORMATION)     ID PROTECTION REGULATORY ON LSC DEVITIFYING INFORMATION)     ID PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)     W 125       W 125     PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)     W 125       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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client (#A) had a updated legal guardian appointed by the court. This affected 1 newly admitted client. The finding is: Client #4 guardianship paperwork kin his sister and mother listed as his legal guardians dated 10/12/90.       Review on 7/29/19 of client #4's record revealed he has a behaviors: Carbamazepin, Velafaxine, Saphris and Fluphenazine.       During an interview or 7/29/19, the qualified intellectual disabilities professional (QIDP) revealed client #4's guardianship paperwork, but it has not been none yet. Additional interview revealed client #4's guardianship paperwork, but it has not been none yet. Additional interview revealed client #4's guardianship paperwork, but it has not been none yet. Additional interview revealed client #4's guardianship paperwork, but it has not current. VP 249       W 249       VP 249       VP 249       PROCRAMI IMPLEMENTATION CFR(s): 483.440(d)(1)	NAME OF F	PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE			
DATE         Description         Description         Description         Description         Convertex (EACH Description)         Description         Description         Convertex (EACH Description)         Description         Description         Description         Convertex (EACH Description)         Description         Description         Description         Convertex (EACH Description)         Description         Description <thdescription< th="">         Description         <thdescription< th="">         Description</thdescription<></thdescription<>	DIVEDSI				353	BELM STREET			
PREFix TAG         CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         PREFIX TAG         CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE         COMMENTION DEFICIENCY           W 125         PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)         W 125         W 125           The facility must ensure the rights of all clients. Therefore, the facility must and ward 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.         W 125           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: Client #4 guardianship paperwork is not updated.           Review on 7/29/19 of client #4's record revealed he has a behavior support plan consent dated 10/12/90.         Review on 7/29/19 of client #4's record revealed he has a behavior support plan consent dated 17/219 which consists of the following medications for maladaptive behaviors: Cartamazepin, Velafaxine, Saphris and Fluphenazine.         Uring an interview on 7/29/19, the qualified intellectual disabilities professional (QIDP) revealed client #4's guardianship paperwork, but it has not been none yet. Additional interview revealed the QIDP had spoken to client #4's guardianship paperwork, so to current. W 249         W 249           W 249         As soon as the interdisciplinary team has         W 249	RIVERSI	DE RESIDENTIAL			FA	IR BLUFF, NC 28439			
CFR(s): 483.420(a)(3)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.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:Client #4 guardianship paperwork is not updated.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.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.During an interview no 7/29/19, the qualified intellectual disabilities professional (QIDP) revealed client #4's suster about obtaining updated guardianship paperwork, but it has not been none yet. Additional interview revealed client #4's guardianship paperwork, but it has not been none yet. Additional interview revealed client #4's guardianship paperwork bit not current. PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)W 249	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	×	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	) BE	COMPLETION	
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. 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: Client #4 guardianship paperwork is not updated. 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. 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. 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, bit it has not been none yet. Additional interview revealed elient #4's guardianship paperwork, bit it has not been none yet. Additional interview revealed UPROGRAM IMPLEMENTATION W 249 PROGRAM IMPLEMENTATION W 249	W 125	CFR(s): 483.420(a)	)(3)	W 12	25				
W 249Review 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.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.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.W 249PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)W 249As soon as the interdisciplinary team hasW 249		Therefore, the facili individual clients to of the facility, and a including the right to to due process. This STANDARD is Based on record re failed to ensure clie guardian appointed	ity must allow and encourage exercise their rights as clients is citizens of the United States, o file complaints, and the right is not met as evidenced by: eview and interview, the facility ent (#4) had a updated legal by the court. This affected 1						
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.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.W 249W 249PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)W 249		Review on 7/29/19 guardianship paper mother listed as his	of client #4's record revealed work with his sister and						
<ul> <li>intellectual disabilities professional (QIDP)</li> <li>revealed client #4's mother has been deceased</li> <li>"for awhile." Further interview revealed the QIDP</li> <li>had spoken to client #4's sister about obtaining</li> <li>updated guardianship paperwork, but it has not</li> <li>been none yet. Additional interview revealed</li> <li>client #4's guardianship paperwork is not current.</li> <li>W 249</li> <li>PROGRAM IMPLEMENTATION</li> <li>CFR(s): 483.440(d)(1)</li> <li>As soon as the interdisciplinary team has</li> </ul>		he has a behavior s 7/2/19 which consis for maladaptive beh	support plan consent dated sts of the following medications naviors: Carbamazepin,						
	W 249	intellectual disabiliti revealed client #4's "for awhile." Furthe had spoken to clien updated guardiansh been none yet. Add client #4's guardian PROGRAM IMPLE	es professional (QIDP) mother has been deceased er interview revealed the QIDP it #4's sister about obtaining hip paperwork, but it has not ditional interview revealed ship paperwork is not current. MENTATION	W 24	49				
			· ·			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.

PRINTED: 07/31/2019

		AND HUMAN SERVICES				FORM	07/31/2019 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE	E SURVEY PLETED
		34G256	B. WING _			07/:	30/2019
NAME OF F	PROVIDER OR SUPPLIER	-			REET ADDRESS, CITY, STATE, ZIP CODE	-	
RIVERSI	DE RESIDENTIAL				3 ELM STREET AIR BLUFF, NC 28439		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 249	each client must re- treatment program interventions and se and frequency to su	ige 1 s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the d in the individual program	W 24	49			
	Based on observat reviews, the facility received a continuo consisting of neede identified in the indi the areas of medica	s not met as evidenced by: tion, interviews and record failed to ensure each client bus active treatment plan ed interventions and services ividual program plan (IPP) in ation administration and ffected 2 of 3 audit clients (#1, are:					
	1. Client #4's physi were not followed.	ical therapy recommendations					
	7/29/19 at 5:52pm, prompted client #4 and retrieve his Boo Client #4 stood up a into the kitchen ope took out his Boost. revealed Staff B tol- the dining room tab returned back to the person holding onto ambulated. Client # while he was ambu	servations in the home on a staff person verbally to leave the dining room table ost drink from the refrigerator. and ambulated 40 - 45 feet ened the refrigerator door and Additional observations d client #4 to ambulate back to ble with his Boost. Client #4 e table. At no time was a staff o client #4's gait belt while he #4 was wearing the gait vest lating.					
		ait vest because he has a					

Facility ID: 922474

If continuation sheet Page 2 of 7

		AND HUMAN SERVICES				FORM	07/31/2019 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G256	B. WING			07/:	30/2019
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
RIVERSI	DE RESIDENTIAL				53 ELM STREET AIR BLUFF, NC 28439		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	history of falls, "but living here." Additie #4 has not been livi year. Staff B revea been holding onto h ambulated back and table. Review on 7/29/19 5/16/19 stated, "[Cli gait vest & staff ass Review on 7/29/19 therapy (OT) evalua "Ambulate with gait during transfers." Review on 7/29/19 (PT) evaluation date 2 strap belt vest for transfer and ambula revealed, "Recomm gait vest belt" During an interview intellectual disabiliti revealed client #4's times. The QIDP a vest is used to his h 2. Client #1 was no medication adminis During morning me 7/30/19 at 9:10am, medications, which observations reveal	hasn't fallen since he's been onal interview revealed client ing in the home quite yet a led staff probably should have his gait vest while he d forth from the dining room of client #4's IPP dated ient #4] is ambulating using a sistance." of client #4's occupational ation dated 6/27/19 revealed, evest for balance and safety of client #4's physical therapy ed 5/7/19 stated, "Equipment: balance and safety during ation." Further review hendation: 1. Continue use of on 7/29/19, the qualified es professional (QIDP) gait vest is to be used at all lso revealed client #4's gait history of falling. of afforded full participation in stration.	W	249			

Facility ID: 922474

If continuation sheet Page 3 of 7

		AND HUMAN SERVICES			FORM	: 07/31/2019 APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
		34G256	B. WING		07	/30/2019
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP COL	DE	
RIVERSI	DE RESIDENTIAL		_	53 ELM STREET FAIR BLUFF, NC 28439		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 249	Continued From pa	ge 3	W 249			
	she client #1 should	on 7/30/19, Staff A revealed d have been given the eed his medications.				
		of client #1's IPP dated ne eats independently.				
		of client #1's nutritional )/22/18 revealed he feeds				
	behavior inventory (	of client #1's adaptive (ABI) dated 7/26/18 revealed ndent with taking his own pills.				
W 323	confirmed client #1 opportunity to feed		W 323			
	examinations of eac	ovide or obtain annual physical ch client that at a minimum tion of vision and hearing.				
	Based on record re failed to ensure 1 ne	s not met as evidenced by: eview and interview, the facility ewly admitted client (#4) ate annual physical. The				
	Client #4 did not rec examination to revie	ceive a current audiological ew.				
		of client #4's record revealed tion dated 4/17/19. There				

If continuation sheet Page 4 of 7

TATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION	OMB NO (X3) DAT	E SURVEY	
ND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	NG	CON	COMPLETED	
		34G256	B. WING _		07	/30/2019	
NAME OF F	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE			
RIVERSI	DE RESIDENTIAL			353 ELM STREET FAIR BLUFF, NC 28439			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE	
W 323		age 4 ormation available for review to ogical examination was	W 32	23			
W 324	During an interview	nation. ICES	W 32	24			
	examinations of ea includes immunizat recommendations Advisory Committe or of the Committee	ovide or obtain annual physical ch client that at a minimum tions, using as a guide the of the Public Health Service e on Immunization Practices e on the Control of Infectious herican Academy of Pediatrics.					
	Based on record re failed to ensure all	s not met as evidenced by: eview and interview, the facility immunizations were current for lient (#4). The finding is:					
	A record of client # kept.	4's immunizations was not					
	he was admitted to	of client #4's record revealed the facility on 4/16/19. f his record revealed no d.					
	intellectual disabilit	lient #4's record did not have					

Facility ID: 922474

If continuation sheet Page 5 of 7

		AND HUMAN SERVICES				FORM	07/31/2019 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G256	B. WING			07/;	30/2019
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
RIVERSIDE RESIDENTIAL					53 ELM STREET AIR BLUFF, NC 28439		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 382	Continued From pa CFR(s): 483.460(I)(	(2)	W 3	382			
		ep all drugs and biologicals being prepared for					
	Based on observat	s not met as evidenced by: tions and interviews, the facility medications remained locked.					
	The medications we unsupervised.	ere left unsecured and					
	facility on 7/30/19 a medication area. F there were medicat unsecured and uns left the medication a	dication administration in the t 8:35am, Staff A left the further observations revealed ions left on the counter, upervised. At 8:48am, Staff A area, while the surveyor was the medications unsecured					
	she had left the me	te interview, Staff A confirmed dications unattended. Further Staff A had been trained not to unattended.					
W 436			W 4	136			
	and teach clients to	rnish, maintain in good repair, o use and to make informed use of dentures, eyeglasses,					

Facility ID: 922474

If continuation sheet Page 6 of 7

		AND HUMAN SERVICES				FORM	07/31/2019 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •			(X3) DATE	E SURVEY PLETED
		34G256	B. WING	i		07/:	30/2019
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
RIVERSI	DE RESIDENTIAL				353 ELM STREET FAIR BLUFF, NC 28439		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 436	hearing and other of and other devices in interdisciplinary tea This STANDARD is Based on observat interviews, the facil had a recommende Client #4 was not p wheelchair. During review on 7/ program plan (IPP) wheelchair is needed did not have one up obtained at this time During review on 7/ dated 4/17/19 revea for long distances." During an interview intellectual disabiliti	communications aids, braces, dentified by the im as needed by the client. s not met as evidenced by: tions, record review and ity failed to ensure client # 4 ed wheelchair. The finding is: provided with a recommended /29/19 of client #4's individual dated 5/16/19 stated, "A ed for longer distances, but he bon arrival & one has not been e." /30/19 of client #4's physical aled, "Wheelchair is needed	W 2	136			

If continuation sheet Page 7 of 7