STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		7. BOILDING.			
	MHL057-030	B. WING		08/30/2019	
NAME OF PROVIDER OR SUPP	LIER STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
DIVEDVIEW HOME	25 DRY P	OND ROAD			
RIVERVIEW HOME	MARSHA	LL, NC 2875	53		
(>:-):-	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 000 INITIAL COMM	ENTS	V 000			
Deficiencies w substantiated (NC154580, NC This facility is I category: 10A I Living for Indiv	rvey was completed on 8/30/19. For cited. The complaints were not ntake # NC155005, NC154591, 154456 and NC154411). Coensed for the following service NCAC 27G .5600F Supervised duals of all Disability tive Family Living.				
V 107 27G .0202 (A-I) Personnel Requirements	V 107			
REQUIREMEN (a) All facilities description for which: (1) specific competency, with qualifications for (2) specific the position; (3) is sign supervisor; and (4) is retain (b) All facilities each staff ment provides care of the facility: (1) is at le (2) is able follow direction (3) meets competency, with qualifications for (4) has not neglect listed of	 (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of 				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			_
		MHL057-030	B. WING		08/3	30/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERVI	EW HOME		OND ROAD LL, NC 2875	3		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 107	conviction. The im decision regarding upon the offense in which the applicant (d) Staff of a facilit currently licensed, accordance with approperation of the services provided. (e) A file shall be nemployed indicating	oyment disclose any criminal pact of this information on a employment shall be based relationship to the job for is applying. You a service shall be registered or certified in oplicable state laws for the maintained for each individual gothe training, experience and for the position, including	V 107			
	facility failed to mai employed indicating other qualifications verification of licens for 1 of 7 sampled are: Record review on 8 -No personnel file for Interview on 8/23/1 Law Enforcement roughlers the had investigate 7/31/19. (DC #3 di -His only concern was	eview and interviews, the intain a file for each individual graining, experience and for the position, including se, registration or certification staff (Staff #4). The findings 1/16/19 for Staff #4 revealed: for Staff #4 was available. 9 with Detective #1 with local evealed: ed the death of DC #3 on				

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STATE FORM BRNZ11 If continuation sheet 2 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		C	
MHL057-030		B. WING			0/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RIVERVI	EW HOME		OND ROAD	_		
			L, NC 2875			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 107	Continued From pa	ge 2	V 107			
	that day"Did not find any we charges were filedNo video was available interviewed State she fed DC #3. With she tilted the head be to her mouth until some "assisted feedThere were disgruinterviewed. They obeing fedTime of death was would not have causedThere were disgruinterviewed. They obeing fedTime of death was would not have causedThere were disgruinterviewed. They obeing fedTime of death was would not have causedShe had worked we and had 25 years or staff #4 was her day and had 25 years or staff #4 was her day aware Staff #4 was her day aware Staff #4 with clients #3 was due to comeShe had trained Staff #4 would have Attempts to contactStaff #4 would have Attempts to contactStaff #4 would have Attempts to contactStaff #4 was hired.	rong doing" and no criminal able. Iff #4 who showed him how the her hand on the forehead back- held spoon with food up he would open her mouth. Sing" not forced feeding. Inteled employees whom he didn't like the way DC #3 was so far after feeding that it sed her death. If with Staff #1 revealed: If HM/Licensee since 2013 fexperience. If experience. If any and would often facility. If was only to provide If was only to provide If #4 to help feed DC #3. If the help feed DC #3. If were unsuccessful. If with House Manager If #4, who was Staff #1's do housekeeping and run				

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-He was aware she did not have a high school

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						;
		MHL057-030	B. WING			0/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TO WILL OF T	NOVIDER OR OUT FIELD		OND ROAD	57771E, 211 GGBE		
RIVERVI	EW HOME		L, NC 2875	3		
	OLIMA AA DV OTA				DNI.	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 107	Continued From pa	ge 3	V 107			
	pay for classes to e work with clients where was aware Starwith her mother in Is but had made it clesses to every here. The was aware Starwith her mother in Is but had made it clesses to every here. The was to newer that here are clients. Interview on 8/22/19 Professional (QP) respectively. The visited the hore of the license of the house of the house. The HM usually for the licensee for hirid pidn't find out about the HM was trying the licensee for hirid pidn't find out about the HM was trying the licensee for hirid pidn't find out about the HM was trying the licensee for hirid pidn't find out about the HM was trying the licensee for hirid pidn't find out about the HM was trying the licensee for hirid pidn't find out about the HM was trying the licensee for hirid pidn't find out about the HM was trying the licensee for hirid pidn't find out about the HM was trying the licensee for hirid pidners.	offered to help her enroll and earn her GED so she could bich she wanted to do. If #4 was staying at the facility aw due to her homelessness ar she was just there for es. If were be left alone with clients. If was doing personal care for every was a housekeeper. If we was a housekeeper. If to be a direct care worker but ome reason. If yellow the was only cleaning. If was a new employee? If you and you are was not aware how long ere. If you was not aware how long ere. If you help out local families by instead created a Hatfields				
V 110	27G .0204 Training Paraprofessionals		V 110			

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If continuation sheet 4 of 7 BRNZ11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.			
		MHL057-030	B. WING		08/3	0/2019
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
RIVERVI	EW HOME		OND ROAD L, NC 2875	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 4	V 110			
	10A NCAC 27G .02 SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession associate profession professional as special subchapter. (c) Paraprofession knowledge, skills an population served. (d) At such time as employment system qualified profe professionals shall (e) Competence slexhibiting core skill (1) technical knowledge, skills (2) cultural awarend (3) analytical skills (4) decision-makind (5) interpersonal served (6) communicationd (7) clinical skills. (f) The governing served (5) the initiation of the initiation of the plan upon hiring ear	204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for als shall be supervised by an anal or by a qualified edified in Rule .0104 of this als shall demonstrate and abilities required by the a competency-based is established by rulemaking, ssionals and associate demonstrate competence. The including: ledge; ess; g; g; kills; and body for each facility shall ment policies and procedures the individualized supervision ch paraprofessional.				
	This Rule is not met as evidenced by: Based observations, interviews and record reviews, the facility failed to ensure 2 of 6 sampled paraprofessional staff (House Manager					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE COMP	SURVEY LETED
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		MHL057-030	B. WING		08/3	0/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RIVERVI	EW HOME		OND ROAD	-2		
0/0/15	CLIMMA DV CTA		_L, NC 2875		ON	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 5	V 110			
	(HM) and Staff #1) skills and abilities reserved. The finding Record review on 8 -Date of Hire was 7 -Date of Suspensio -First Aid/CPR train -NCI + training 11/6 -Medication adminis -Core Competencies	demonstrated the knowledge, equired for the population s are: /16/19 for Staff #1 revealed: /1/13. n 8/9/19 ing 1/3/19 /18 stration 3/29/19 es 6/10/13 /16/19 for the HM revealed: /15/13. ing 1/3/19 /18 stration 4/6/18				
	-Staff #4 was her distay with her at the Left the facility arouse Staff #4 with clients #3 was due to come-She had trained Staff hey would take turn a bite of foodStaff #4 would have-Was aware Staff #4 housekeeping. Interview on 8/16/19 -He had hired Staff daughter in law, to errands for this and -Staff #4 was hired 2019 and worked a -He was aware she diploma/GED so she	und 6pm on 7/4/19 leaving for about an hour before Staff e in. aff #4 to help feed DC #3. rns trying to entice DC #3 with e never force-fed DC #3. 4 was only to provide 9 with the HM revealed: #4, who was Staff #1's do housekeeping and run I sister facility. as housekeeper in April/May bout 30 hours a week. did not have a high school				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL057-030	B. WING			C 8 0/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
RIVERVI	EW HOME		OND ROAD LL, NC 2875	53		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 110	pay for classes to e work with clients where was aware Starwith her mother in labut had made it clean housekeeping dutie -Staff #4 was to nevel -Had no idea Staff #4 clients. Interview on 8/30/19 revealed: -Both Staff #1 and the actions for allowing provide services to -A new policy/proceput into place regar AFLs absolutely not service.	arn her GED so she could nich she wanted to do. If #4 was staying at the facility aw due to her homelessness ar she was just there for es. If we be left alone with clients. If was doing personal care for with the Licensee President the HM had disciplinary a person without training to clients. If with all AFLs had been ding extended family in the toproviding service or being left inless they had received and				

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