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	34G113	A. BUILDING _____ B. WING _____	10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN RIDGE GROUP HOME	810 KING ARTHUR DRIVE GASTONIA, NC 28054

(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 000	INITIAL COMMENTS Complaint Intake #'s: NC00156642 and NC00156344	W 000		
W 202	ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(4)(ii) If a client is to be either transferred or discharged, the facility must provide a reasonable time to prepare the client and his or her parents or guardian for the transfer or discharge (except in emergencies). This STANDARD is not met as evidenced by: Based on interviews and review of records, the facility failed to provide client #2 and his legal guardian with a reasonable time to prepare for a successful transfer from his current group home to an alternative placement. The finding is: Interview on 10/23/19 with the qualified intellectual disabilities professional (QIDP) revealed client #2 was discharged from the facility on 9/27/19 due to increased behavioral issues. Continued interview with the QIDP revealed client #2 had an increase in aggressive behaviors in 3/2019 and behaviors continued to increase despite environmental interventions and medication changes. Subsequent interview with the QIDP revealed team meetings were conducted with the client's guardian on 8/16/19 and 9/17/19 relative to client #2's aggressive behaviors towards self, other residents, and staff. The QIDP additionally verified client #2's guardian was notified from 3/2019 and throughout the client's discharge date with regard to episodes of continued aggression.	W 202		

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 202	Continued From page 1 Review of records for client #2 on 10/23/19 revealed an admit date of 1/19/06 with a diagnosis that included: Mood Disorder with disruptive behavior, Severe intellectual/developmental disability, cerebral palsy, and ADHD. Continued record review for client #2 revealed a behavior support plan dated 5/20/19 with target behaviors of aggression, property destruction/misuse, non-compliance, and elopement. A review of internal incident reports from 3/2019 to 9/2019 revealed incidents of aggression involving client #2 on: 4/17/19, 4/28/19, 4/30/19, 5/22/19, 5/24/19, 5/28/19, 6/9/19, 6/10/19, 6/14/19, 6/19/19, 6/23/19, 6/24/19, 6/26/19, 6/27/19, 6/28/19, 8/15/19, 9/13/19, 9/19/19, and 9/26/19. A review of documentation by the QIDP revealed contact with client #2's guardian regarding aggression between 4/2019 and 9/2019 on: 4/29/19, 5/1/19, 5/20/19, 6/14/19, 8/7/19, 8/16/19, 9/17/19, 9/19/19. A review of QIDP notes and meeting minutes from a team meeting on 8/16/19 with client #2's guardian revealed the clinical director discussed client #2's appropriateness for the group home due to increased aggression. Further review of documentation from the 8/2019 team meeting revealed if client #2's behavior did not improve alternate placement would be considered, re-meet again in one month. Additional record review revealed a follow-up team meeting held 9/17/19 with client #2's guardian. Review of documentation from the 9/2019 team meeting revealed a facility decision to discharge client #2 in two weeks. Further documentation review of the 9/2019 team meeting revealed client #2's guardian was provided with a list of additional providers as possible options for alternate	W 202		

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W 202	Continued From page 2 placement. A review of internal policy relative to unplanned discharge revealed the facility will provide a reasonable amount of time to prepare the client and family for discharge except in cases of emergency. Further review of the unplanned discharge policy revealed the facility would notify the referral agency/MCO 30 days prior to a client's discharge from the facility if at all possible. Interview with the QIDP and clinical director on 10/24/19 revealed environmental interventions implemented between 3/2019 and client #2's discharge date included: a seating chart during transportation (5/2019), trainings with staff on the BSP of client #2 in 6/2019 and multiple other times although specific dates were unavailable and coordination with the MCO for support (6/6/19, 6/10/19, 6/26/19 and 9/25/19). Continued interview with the QIDP, and verified with record review, revealed medication reviews/changes on: 3/5/19, 5/17/19, 6/14/19, 7/12/19, 8/12/19 and 8/27/19. Subsequent interview with the QIDP and clinical director verified the facility is responsible for providing a 30 day notice to guardians regarding an unplanned discharge when possible. The QIDP and clinical director further verified client #2's guardian was provided only a two week notice of a set discharge date of client #2. The QIDP and clinical director revealed administration personnel set the discharge date of client #2, and both the QIDP and clinical director were unsure why a two week notice was provided instead of a 30 day notice.	W 202		
W 242	INDIVIDUAL PROGRAM PLAN	W 242		

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W 242	Continued From page 3 CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure the individual habilitation plan (IHP) for 2 of 3 sampled clients (#1 and #4) included objective training to address observed needs relative to privacy. The findings are: A. The IHP for client #4 failed to include objective training relative to privacy. For example: Observation in the group home on 10/23/19 at 5:12 PM, 5:18 PM, 5:22 PM and 5:30 PM revealed client #4 to walk the hallway of the group home and repeatedly enter the bedroom area of client #1 although the client was not in his room. Observation in the group home on 10/24/19 at 7:33 AM revealed client #4 to again enter the bedroom of client #1 while the client was not in his room. Review of records for client #4 on 10/24/19 revealed an IHP dated 1/30/19. Review of the IHP revealed training objectives relative to hygiene, leisure, respecting the personal space of staff, following directions, and community	W 242		

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purchases. Additional review of the IHP for client #1 revealed no objective training relative to respecting the personal areas of others.

Interview with the qualified intellectual disabilities professional (QIDP) on 10/24/19 revealed client #1 often wanders into the bedroom of others. Further interview with the QIDP verified client #1 did not have a goal to address respecting the bedroom or personal areas of others although the client should have a training objective to support the identified need.

B. The IHP for client #1 failed to include objective training relative to handwashing. For example:

Observation in the group home on 10/23/19 at 5:23 PM revealed client #1 to be verbally prompted by staff to wash his hands. Continued observation revealed client #1 to walk from the dining room to the hallway bathroom. Client #1 was further observed to enter the bathroom and leave the door open, use the bathroom, and exit without washing his hands. Subsequent observation revealed client #1 to return to the dining room for the dinner meal.

Review of records for client #1 on 10/24/19 revealed an IHP dated 4/22/19. Review of the IHP revealed training objectives relative to medication administration, toileting, rate of eating, to dry self after showering, and vocational training to stay on task. Continued record review for client #1 revealed an informal goal to address privacy which indicated client #1 will close the door during hygiene tasks, with no more than one verbal prompt.

Interview with the QIDP on 10/24/19 revealed

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W 242	Continued From page 5 client #1 does not do a thorough job with handwashing and often needs staff supervision to complete the task properly. Further interview with the QIDP verified client #1 did not have a goal to address deficits in handwashing. The QIDP additionally confirmed client #1 could benefit from additional training with handwashing.	W 242		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure all techniques to manage inappropriate behavior were incorporated into an active treatment program for 1 of 3 sampled clients (#3). The finding is: Observations in the group home on the morning of 10/24/19 at 7:00 AM revealed client #3 to be verbally prompted to wash his hands in the hallway bathroom. Further observation revealed client #3 to exit the bathroom and enter the kitchen with wet hands. Continued observation revealed client #3 to dry off his hands with a green hand towel and return it to the kitchen counter. Subsequent observation at 7:38 AM revealed client #3 to go into the hallway bathroom, wash his hands, and return to the kitchen to dry off his hands. Observation on 10/24/19 of both hallway bathrooms in the group home revealed there were no paper products	W 288		

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(paper towels or toilet paper) throughout morning observations.

Review of records for client #3 on 10/24/19 revealed an Individual Habilitation Plan (IHP) dated 9/16/19. Continued review of the client record revealed a Behavior Support Plan (BSP) dated 8/31/19. Further review of the BSP revealed target behaviors that included self-injurious behavior (SIB), agitation, aggression, and threatening gestures. Review of the BSP and IHP revealed no target behaviors relative to stuffing and flushing objects down the toilet drain.

Interview with the House Manager (HM) on 10/24/19 confirmed a supply of paper towels and toilet paper located in a hall closet of the group home. Continued interview with the House Manager (HM) on 10/24/19 revealed client #3 has a history of stuffing and flushing objects down the toilet drain that have resulted in plumbing issues and therefore, paper products are not kept in either bathroom of the group home. Further interview with the HM verified client #3's behavior of stuffing paper and flushing objects down the toilet is not listed as a target behavior within the BSP. The HM subsequently verified no formal interventions have been implemented for client #3 except to limit paper supplies in the bathrooms. The HM additionally confirmed that she has been aware of client #3's behaviors for over a year. Interview with the qualified intellectual disabilities professional (QIDP) on 10/24/19 confirmed client #3's behavior of stuffing paper and flushing inappropriate objects in the toilet are not a part of the client's active treatment plan. Interview with the QIDP further verified that removing paper towels and toilet paper from the bathrooms

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W 288	Continued From page 7 restricts access to needed supplies which affects all clients in the facility.	W 288		
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure 1 of 3 sampled clients (#5) was provided with appropriate utensils to enable the client to eat as independently as possible in accordance with their highest functioning level. The finding is: Observations in the group home on the evening of 10/23/19 at 5:30 PM revealed client #5 to sit at the dining room table for the dinner meal. The dinner meal consisted of the following: chicken pot pie, mashed potatoes, strawberry smoothie drink, milk and lemonade. Further observations revealed client #5 to have a fork only at his place setting. Continued observations revealed client #5 to cut the chicken pot pie and to eat mash potatoes with a fork. Observations did not reveal client #5 to be offered a spoon or knife during the dinner meal. Subsequent observations on the morning of 10/24/19 at 7:10 AM revealed client #5 to sit at the dining table for the breakfast meal with a fork only at his place setting. The breakfast meal was observed to consist of 2 waffles with syrup, orange juice, and milk. Further observations revealed client #5 to have difficulties in cutting his waffles with a fork. At no time during the observation period did staff offer client #5 a	W 475		

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W 475	Continued From page 8 spoon or knife during the breakfast meal. Review of client #5's record on 10/24/19 revealed an Individual Habilitation Plan (IHP) dated 12/4/18. Further review of the record revealed an annual dietary evaluation dated 12/3/18. Review of the 12/2018 dietary evaluation revealed that client #5 is able to feed himself independently, using a spoon, fork, and knife with no difficulties chewing or swallowing. Continued record review revealed no independent living skills assessment for client #5. Interview with the qualified intellectual disabilities professional (QIDP) verified that an independent living skills assessment was not available for client #5. Further interview with the QIDP confirmed that client #5 is able to use all utensils independently and without difficulty during all meals. Continued interview with the QIDP confirmed that although client #5 prefers to use a fork, he should have been offered a knife and spoon to assist with improving independence during all meals.	W 475		