

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

PRINTED: 11/27/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/19/2019
NAME OF PROVIDER OR SUPPLIER RIDGEFIELD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 730 FISHER RIDGE RD MONROE, NC 28110		
(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 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, 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 observation and interview, the governing body and management failed to exercise operation direction over the facility by failing to assure client #5's wheelchair was in good repair. The finding is:</p> <p>Observations on 11/18/19 and 11/19/ 19 revealed client #5 to utilize a wheelchair within the home for ambulation. Continued observations revealed exposed padding and torn vinyl on both of the arms of the wheelchair. Further observation at 4:45PM in the group home revealed client #5 complaining to staff that the torn vinyl on his wheelchair was scratching his arm. Continued observations revealed staff A to respond, "we will get something to cover your arm."</p> <p>Interview with Staff A in the group home on 11/18/19 at 5:00 PM revealed the tears in the vinyl and the missing padding on the wheelchair arms has been present for about one month. Further interview with staff revealed she believed some repairs had been ordered for client #5's wheelchair arms, but she was unsure.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 11/19/19 revealed she</p>	W 436			

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 436	Continued From page 1 was unaware of the tears and missing vinyl on the wheelchair arms of client #5's wheelchair. Continued interview with the facility QIDP revealed she had not ordered any repairs to date for client #5's wheelchair arms pads.	W 436		