

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806
---	---

(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) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 11/26/19. The complaint was substantiated (Intake #NC00157377). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Individuals of all Disability Groups/Mental Illness.</p>	V 000		
V 542	<p>27F .0105(a-c) Client Rights - Client's Personal Funds</p> <p>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p> <p>(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.</p> <p>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <p>(1) assure to the client the right to deposit and withdraw money;</p> <p>(2) regulate the receipt and distribution of funds in a personal fund account;</p> <p>(3) provide for the receipt of deposits made by friends, relatives or others;</p> <p>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;</p> <p>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;</p> <p>(6) provide for the deduction from a</p>	V 542		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806
---	---

(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) COMPLETE DATE
V 542	<p>Continued From page 1</p> <p>personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;</p> <p>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</p> <p>(8) provide the client with a quarterly accounting of his personal fund account.</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to obtain authorization prior to a deduction from personal funds for money owed to the facility for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 11/26/19 of the record for Client #1 revealed: -Admitted on 2/2/16 with diagnoses of Bipolar Disorder, Mood Disorder, Chronic Pancreatitis and Type II Diabetes. -Resident statement for Client #1 documented \$46.00 of personal funds received on 10/10/19 and 11/7/19. -No signed document for the reduced amount of \$46.00 monthly personal funds. -"House Notes" dated 9/18/19, " ...[Client #1] needs to make payment for rent."</p> <p>Interview on 11/26/19 with Client #1 revealed: -He was not sure he was informed the \$20.00 was going to be deducted from his personal funds. -He did not recall signing a document agreeing to the deduction from his personal funds. -The change did not start until he had a job. -He thought the \$20.00 was going toward his rent.</p> <p>Interview on 11/26/19 with the Group Home</p>	V 542		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806
---	---

(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) COMPLETE DATE
V 542	<p>Continued From page 2</p> <p>Manager revealed: -Client #1 had received \$46.00 in personal funds for a couple of months. -Client #1 was working too many hours and his special assistance fund was reduced. -Due to his special assistance reduction which paid for room and board the total amount of rent was not being paid. -Client #1 had verbally agreed to the \$20.00 reduction in his personal money to pay the facility for past due rent.</p> <p>Interview on 11/26/19 with the Qualified Professional/Behavioral Analyst revealed: -Client #1 increased his work hours against facility advice and his special assistance was decreased. -Client #1 was informed he would be responsible for the additional money. -He had recently started as the Qualified Professional for this home and unsure if a document was signed authorizing the deduction of personal funds.</p> <p>Interview on 11/26/19 with the Program Manager revealed: -Client #1 agreed to the \$20.00 deduction of his personal funds. -No written agreement to the reduction of personal funds could be located.</p>	V 542		