

PRINTED: 11/03/2019
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/31/2019
NAME OF PROVIDER OR SUPPLIER RIVERSIDE RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 353 ELM STREET FAIR BLUFF, NC 28439	
(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	W 000		
{W 125}	<p>A revisit was conducted on 10/31/19 for all previous deficiencies cited on 7/30/19. Several deficiencies were corrected, however one tag at W125 was recited. The facility will have 30 days to correct this deficiency.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>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 successor Guardian of the Person appointed by the court. This affected 1 newly admitted client. The finding is: The facility did not assist client #4 in obtaining a successor Guardian of the Person. Review on 10/31/19 of client #4's record revealed a guardianship decree appointing client #4's Mother as his Guardian of the Person dated 10/12/90 originating in another county. Additional review on 10/31/19 of a death certificate for client #4's Mother revealed she was deceased on 3/9/2010. Review on 10/31/19 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,</p>	{W 125}	<p>W125: The facility will ensure the rights of all clients and will allow/encourage all clients to exercise their rights as residents of the facility, as citizens of the United States, when filing complaints as well as due process.</p>	11/30/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Shorhara Williams* TITLE *Clinical Supervisor* (X6) DATE *11/12/19*

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 125}	Continued From page 1 Velafaxine, Saphris and Fluphenazine. Review on 10/31/19 of a progress note dated 8/6/19 revealed a successor guardianship petition would be filed in another county on 8/12/19. Further review of this entry indicated the facility would be following up on this matter. Phone interview on 10/31/19 with the Clerk of Court, in the county where client #4's Guardianship decree originated, revealed a petition for successor guardianship has not been filed as of 10/31/19. Interview on 10/31/19 with the habilitation specialist revealed there is no paperwork to confirm a petition has been filed with the county Clerk of Courts office.	{W 125}	Clinical supervisor will express the need for current up to date guardianship documents as well as all consents from legal guardian. Constant contact with legal guardian will occur and copies of motions and other legal paperwork will be obtained by facility/clinical supervisor. Clinical supervisor will maintain weekly contact with legal guardian of client #4 to ensure steps are being taken through court system to change current guardianship removing deceased mother of client. Clinical supervisor will also ensure that all consents representing current care are representing current treatments. The Clinical Supervisor will contact the Clerk of Court and seek direction on how to proceed for an interim guardianship until such time the sister completes the required paperwork. Documentation in the client record will reflect all efforts as such to secure a successor guardian.	11/30/19	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER - Governor
MANDY COHEN, MD, MPH - Secretary
MARK PAYNE - Director, Division of Health Service Regulation

November 4, 2019

Melissa Bryant, Division Director
Community Innovations
80 Alliance Drive
Whiteville, NC 28472

Re: Follow-up Survey Completed October 31, 2019
Riverside Residential, 353 Elm Street, Fair Bluff, NC 28439
Provider Number 34G 256
MHL# 024-021
E-mail Address: mbryant@communityinnovations.com

Dear Ms. Bryant:

Thank you for the cooperation and courtesy extended during the follow-up survey completed on October 31, 2019.

As a result of the follow-up survey, it was determined that different deficiencies have been cited, which is reflected on the enclosed CMS-2567.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practice(s) that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Cited standard level deficiencies during this follow-up survey.

Time Frames for Compliance

- Cited standard level deficiencies must be *corrected* within 30 days from the exit of the survey, **November 30, 2019**.

What to Include In the Plan of Correction

- Indicate what measures will be put in place to *correct* the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to *prevent* the problem from occurring again.
- Indicate *who will monitor* the situation to ensure it will not occur again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr - TEL: 919-855-3795 - FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 4, 2019
Community Innovations
Melissa Bryant, Division Director

- Indicate *how often* the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Eugina Barnes at 919-819-8182.

Sincerely,

Eugina Barnes

Eugina Barnes, BSW, QIDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: DHSRreports@eastpointe.net
File