

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

PRINTED: 02/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/26/2020
NAME OF PROVIDER OR SUPPLIER RIVERVIEW HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1793 RIVERVIEW ROAD LINCOLNTON, NC 28092		
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure each employee was trained to respect the privacy of all clients in the home (#1, #2, #3, #4 and #5). The findings are:</p> <p>Observations in the group home on 2/25/20 at 3:44 PM revealed client #2 entering the bathroom located next to the living area and disrobing in the doorway to the bathroom. The client did not close the door and was then observed to enter the shower. Further observations at 3:47 PM revealed staff A to enter the living area and close the door for client #2 after he was in the shower. Staff returned to the bathroom approximately 10 seconds later and entered without knocking. Continued observations at 3:49 PM revealed staff A to get a towel from the hall closet and then return to the bathroom and again enter without knocking. Subsequent observations at 3:59 PM revealed staff B to enter the front door of the home without knocking. All 5 clients residing in the home were in the home at that time and client's #4 and #5 were sitting in the living area adjacent to the front door at that time.</p> <p>Interview with the qualified intellectual disabilities professional confirmed that all staff should knock before entering a bathroom or an exterior door to the client's home. Therefore, the facility failed to ensure adequate training of direct care staff to</p>	W 189	<p>W 189- Staff to be trained/in-serviced by Habilitation Specialist/QP to respect privacy of all clients. Staff will be trained to prompt individuals to close bathroom and/or bedroom doors to ensure privacy. In addition, staff will be trained/in-serviced to knock on bathroom and bedroom doors to ensure dignity of all clients.</p> <p>This will be monitored through quality assurance assessments conducted twice weekly for four weeks.</p> <p>In the future, the habilitation Specialist/QP will ensure all staff are trained on respecting the right to privacy of all clients.</p> <p>DHSR-Mental Health</p> <p>MAR 17 2020</p> <p>Lic. & Cert. Section</p>	04/24/2020	

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

Dani Doherty

TITLE

QP

(X6) DATE

3-13-2020

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 189 W 242	Continued From page 1 assure respect for client rights relative to privacy. INDIVIDUAL PROGRAM PLAN 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, record review and interview, the team failed to ensure the person centered plan (PCP) for 1 of 3 sampled clients (#2) included objective training to address observed needs relative to privacy. The finding is: Observations in the group home on 2/25/20 at 3:44 PM revealed client #2 entering the bathroom located next to the living area and disrobing in the doorway to the bathroom. The client did not close the door and was then observed to enter the shower. Client #4 was in the living room at that time and was observed talking to client #2 while he was in the bathroom before he entered the shower. Further observations at 3:47 PM revealed staff A to enter the living area and close the door for client #2 after he was in the shower. Review of the record for client #2 on 2/26/20 revealed a PCP dated 6/28/19. The PCP did not contain any current or past programming related	W 189 W 242	W 242- Habilitation specialist will implement a formal goal for privacy. All direct support staff will be trained/in-serviced on correct implementation and documentation of goal. Compliance will be ensured through quality assurance assessments conducted twice weekly, for a period of four weeks. In the future, Habilitation Specialist will ensure clients' privacy needs are addressed in each Person Centered Plan.	04/24/2020			

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W 242	Continued From page 2 to privacy. Interview with the qualified intellectual disabilities professional on 2/26/20 confirmed the client did not have a current privacy objective. Therefore, the team failed to assure training relative to essential privacy skills for client #2.	W 242			



To Whom it May Concern,

Please find the attached CMS-2567 form with deficiency corrections for the recertification survey conducted at Riverview Group Home completed on 2/26/20.

Please contact me if you have any questions at 828-428-0061.

Sincerely,

A handwritten signature in black ink. The first letter "D" is large and loops around the rest of the name. The signature reads "Danica Hickmon, op".

Danica Hickmon
Qualified Professional