STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G256	A. BUILDING _____ B. WING _____	C 06/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE RESIDENTIAL	**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 A complaint investigation was completed on 6/30/2020. Intake # NC00166442. The complaint was unsubstantiated. However, deficiencies were cited in other areas .	W 000		
W 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the governing body failed to ensure the facilities emergency preparedness plan was updated. This potentially affected all clients residing in the home. The finding is: The facility failed to update their emergency preparedness plan. Review of the facilities emergency preparedness plan updated 05/14/2019 revealed the plan did not include information regarding pandemic situations, such as COVID-19. Review of a notice regarding COVID-19 dated 03/13/2020, updated 04/06/2020 and 05/14/2020 provided to the facility by their managing agency revealed what the facility should do in the event of a pandemic such as COVID-19. Interview on 06/30/2019 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that she thought the notice regarding COVID-19 provided by the managing agency was	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 104	Continued From page 1 part of the emergency plan. The QIDP confirmed the notice regarding COVID-19 was not specific to the facility and the information should have been a part of the facilities emergency preparedness plan.	W 104		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on interviews and document review, the facility failed to ensure that staff were trained on the facilities emergency preparedness plan after the plan was updated. This had the potential to affect all clients. The finding is: Interview with home manager and Staff A on 6/24/2020, revealed staff were initially trained on the emergency preparedness plan for COVID-19 on 3/16/2020. The staff revealed that it been mandatory for all staff to wear PPE which consists of masks, face shields, gowns and gloves since they had the first positive case on 5/15/2020 at the facility. Review of facility's documents on 6/24-6/30/2020, reveled the staff were to check temperature before entering facility as of 3/15/2020. Further review revealed the temperature check was initiated on 4/1/2020.	W 340		

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W 340	Continued From page 2 Review on 6/29/2020 of COVID-19 plan revealed the plan was initiated on 3/13/2020 and the staff were trained on COVID-19 plan. However, the plan was updated on 4/6/2020 and 5/14/2020. The Personal Protective equipment (PPE) were mandatory. The PPE consists of masks, face shields, gowns and gloves. Further review revealed staff were not trained on the changes. Interview on 6/30/2020 with the regional manager revealed that it is mandatory for all staff to wear PPE which consists of masks, face shields, gowns and gloves whenever at the facility. Interview with the nurse on 6/30/2020 revealed since the outbreak she been working from home. She had not conducted any hands on training or monitoring of staff. She was instructed that the management staff were responsible for providing any needed training while she works from home. Interview with the qualified intellectual disabilities professional (QIDP) on 6/29/2020 revealed the plan was not followed as written. She further added the nurse had not conducted any hands on traing to the staff.	W 340		