



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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TODD DRUM • Facility Director – JIRDC

November 20, 2020

Steven C. Yost, MSW, QDDP
ICF-IID Branch Manager
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Plan of Correction for Recertification Survey – October 19-20, 2020
J. Iverson Riddle Developmental Center, 300 Enola Road, Morganton, NC 28655
Provider Number: 34G003

Dear Mr. Yost:

It was again a pleasure to welcome the Western team to our campus for our annual recertification survey. We appreciate the professional and thorough approach in which you and your team conducted your review.

Attached is an electronic copy of the Plan of Correction (POC); the signed original will be placed in the mail to your attention. I believe the responses should be satisfactory but if you have questions or need additional information, please let me know. I can be reached by phone at 828.437.2711 or by email at Todd.Drum@dhhs.nc.gov.

Please extend our thanks to the entire team, we appreciate everyone's time and feedback.

Sincerely,

Todd Drum, Director
J Iverson Riddle Developmental Center

Enclosure

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • J. IVERSON RIDDLE DEVELOPMENTAL CENTER

300 Enola Road
Morganton, NC 28655

www.ncdhhs.gov • TEL: 828-433-2731 • FAX: 828-433-2799

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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


PRINTED: 10/22/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/20/2020
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NAME OF PROVIDER OR SUPPLIER J. IVERSON RIDDLE DEVELOPMENTAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD MORGANTON, NC 28655
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W 000	INITIAL COMMENTS	W 000		
W 249	<p>A complaint survey was completed in addition to the recertification survey. Deficiencies were not cited as a result of the complaint surveys for Intake #'s NC00161470, NC00163515, NC00163494, NC00165646, NC00167470, NC00167546 and NC00169000. Deficiencies cited are related to the recertification survey only.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 4 of 4 audit clients in Summit (#1, #2, #3 and #4) received a continuous active treatment program consisting of needed interventions and services as identified in their individual program plans (IPPs) regarding program and guideline implementation. The findings are:</p> <p>A. Client #1's behavior support program (BSP) was not implemented as prescribed.</p> <p>During observations in Birch on 10/19/20 at 4:39pm, client #1 was observed doing an art activity with Staff S1. Client #1 was observed to</p>	W 249	<p>Client #1:</p> <ol style="list-style-type: none"> All staff that work with him will be retrained on the client Behavior Support Plan. <i>Complete by 12/15/2020</i> QIDP, home supervisors and the Behavior Programming Specialist will provide on-going monitoring of adherence to the Behavior Support 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Family Director</i>	(X6) DATE <i>11/20/20</i>
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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 249	<p>Continued From page 1</p> <p>spit at Staff S1 two times. Staff S1 then told client #1 he would have to go back to his room, and client #1 apologized. Staff S1 stated again that client #1 was going back to his room. Client #1 spit at Staff S1 again. After a brief verbal exchange about client #1 spitting, Staff S1 called another staff for assistance in getting client #1 back to his bedroom. The staff pushed client #1's wheelchair into his bedroom and closed the bedroom door.</p> <p>Review on 10/19/20 of client #1's IPP dated 6/22/20 revealed the client is supported by a BSP for identified target behaviors consisting of hitting, kicking, self-injurious behavior, spitting, biting, crawling to aggress, verbal aggression and pica.</p> <p>Review on 10/19/20 of client #1's BSP dated 9/18/19 revealed interventions to address client #1 spitting. BSP interventions included staff should watch for signs of spitting. If client #1 spits, staff are to attempt to block the spitting by holding their hand up, palm of hand open. Further review of the BSP revealed that staff should avoid saying "no," "stop," "quit" or "don't." Staff should attempt to respond by ignoring the behavior, and instead say, "Let's do this" and redirect client #1 to a more desirable behavior. Continued review revealed staff should not discuss the behavior.</p> <p>Interview on 10/19/20 with the qualified intellectual disabilities professional (QIDP) revealed that client #1 has a thorough BSP and that all staff have been trained on how to implement client #1's BSP. The QIDP confirmed that Staff S1 should have followed the steps in client #1's BSP to address him spitting instead of talking about it which escalated his behavior.</p>	W 249	<p>Continued From page 1</p> <p>Plan. This will be done via monthly staff meetings and periodic monitoring with all staff working with resident. <u>Completed 11/03/20; 11/23/20; 12/15/20; and on-going.</u></p>	
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W 249	<p>Continued From page 2</p> <p>B. Client #2 was not prompted or assisted to participate with various dining tasks.</p> <p>During observations in Elm on 10/19/20 from 4:50pm-5:18pm, client #2 was not afforded the opportunity to assist with pre/post dining tasks and other tasks during the meal. For example, prior to the meal, Staff S2 entered the dining room and wiped tables before client #2 and another client entered the area. During the meal, Staff S2 prepared a beverage at the counter and poured the drink into client #2's cup. The staff also placed food items from small containers onto client #2's plate. After the meal, Staff S2 cleared the client's dishes, threw away her trash and wiped her area of the table while another staff swept the floor around the table where client #2 had been seated. Client #2 was not prompted or encouraged to assist with any of these tasks.</p> <p>Interview on 10/19/20 with Staff S2 revealed the clients have not been assisting with some dining tasks since the COVID-19 virus. Additional interview indicated client #2 generally does not participate with clean up after meals.</p> <p>Review on 10/19/20 of client #2's IPP dated 5/28/20 revealed objectives to pour liquids into a cup without spillage (implemented 5/1/20) and to wipe the table (implemented 6/1/20). Additional review of the client's Mealtime Assessment dated 5/26/20 indicated she can independently prepare a beverage by opening a packet/container, pouring ingredients, stirring the beverage, and putting the lid on the container. The assessment also noted independence with wiping surfaces/tables, chairs and counters and</p>	W 249	<p>Client #2</p> <ol style="list-style-type: none"> Staff will be retrained on all programs related to mealtime activities. Client #2 will pour her drink (HL-02) before each meal, wipe the table after her meal (HL-03) and sweep under the table (HL-01) after meals. The Programmer will ensure all staff receive this training by 12/01/2020 and monitoring the programs progress. The QIDP will follow-up using the Mealtime Monitoring Process monthly. Additionally, client #2 will be prompted to open her beverage container (providing that there is one), remove her shirt protector, take her placemat to the sink, and throw away trash when staff provides verbal prompts. These tasks will be part of her mealtime routine and considered incidental learning since her Life Skills Tracker indicates that client #2 came to JIRDC at this level of independence. The Programmer will train staff by 12/01/2020. The QIDP will follow-up using the mealtime monitoring process monthly. 	

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W 249	<p>Continued From page 3</p> <p>disposing of cups, utensils, and her shirt protector. Further review of the assessment revealed client #2 requires verbal prompts to clear her place setting to the sink, throw away trash and sweep/vacuum the floor. The assessment also revealed partial physical assistance is needed to serve appropriate portions.</p> <p>Interview on 10/20/20 with the QIDP confirmed client #2 can participate with dining tasks given assistance from staff.</p> <p>C. Sanitation precautions for client #4's finger licking behaviors were not implemented.</p> <p>During observations in Elm on 10/19/20 at 4:48pm, client #4 paced around the living room licking his fingers and rubbing his hands together. The client then went into the dining room as Staff S3 followed him. While no other staff or clients were in the dining room, client #4 continued to pace around the area while licking his fingers and rubbing his hands together. With Staff S3 standing nearby, client #4 was noted to wipe his hands-on various areas of a table in the dining room. The staff prompted him to wash his hands and directed him to take his plate to another table in the room. As other clients began entering the dining room for dinner, the table previously touched by client #4 was not cleaned and/or sanitized.</p> <p>During additional observations in Elm on 10/19/20 at 5:59pm, client #4 paced around the living room barefoot while licking his fingers and rubbing his hands together. As a staff prompted him to sit on a couch to put on his shoes and socks, the client continued to lick his fingers and touch areas of the couch cushion. After his shoes and socks were on, client #4 left the area and another client</p>	W 249	<p>Client #4</p> <p>On 10/26/2020, the IDT met to review and discuss supports to maintain a clean environment for client #4.</p> <p>1). Nursing staff will in-service all staff on cleaning and/or disinfecting surface areas using appropriate PPE and handwashing techniques. <u>To be Completed 12/01/2020</u></p> <p>2). Occupational Therapy assessed client #4 for a home living training program. <u>Completed 11-3-2020</u></p> <p>3). A formal training program (HL-27) has been in-serviced and implemented to support Client #4 participation and involvement with cleaning the home environment. <u>Completed 11-10-20</u></p> <p>4). The Behavior Program Specialist will in-service all staff on the successful use of techniques/strategies to decrease Client #4 saliva wiping mannerism. <u>To be completed 12-01-2020</u></p> <p>5). To maintain a clean dining experience, direct care staff will implement appropriate cleaning and/or disinfecting of tables, chairs, and surface areas within the dining room while using appropriate PPE and handwashing techniques prior to serving meals and/or snacks in the dining room. <u>Completed 10/29/20</u></p>	
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W 249	<p>Continued From page 4</p> <p>sat on the couch where client #4 previously was seated. The couch cushion was not cleaned and/or sanitized.</p> <p>Interview on 10/19/20 with Staff S3 revealed client #4 frequently licks his fingers and this was not an uncommon behavior for him. Further interview with staff S3 revealed after client #4 licks his fingers and touches a surface, the area "needs to be cleaned".</p> <p>Review on 10/19/20 of client #4's IPP dated 9/24/20 revealed an indicator of the client becoming upset is excessive "spit swiping". Additional review of the plan noted, "When there are new people in his home, he may pace, stare and circle them as well as, lick his hand and wipe his face and/or surfaces." Further review of the client's record indicated he is "Antigen Positive" for Hepatitis B. Continued review of client #4's Health Care Plan (updated 10/6/20) revealed, "Use Standard Precautions for handling secretions/excretions, especially blood."</p> <p>Interview on 10/20/20 with the QIDP confirmed client #4 is Hepatitis B positive and staff should address his behavior of licking his fingers by redirecting him and then cleaning any surfaces he has touched afterwards.</p> <p>D. Client #3's medication administration strengths were not encouraged.</p> <p>During observations of medication administration in Pine on 10/20/20 at 8:00am, client #3 was assisted to the medication area by a staff. As the client sat nearby, the nurse obtained his medications, placed them in a medication cup with pudding, poured his drink, fed the pills to him</p>	W 249	<p>Continued From page 4</p> <p>6). Monthly, Occupational staff will calculate and enter a pertinent narrative and graph progress note for Client #4 household hygiene training program (HL-27).</p> <p>7). Mealtime Assessments will be completed at least weekly and across all three meals to ensure cleanliness of the dining room area (i.e., table, chairs, counters, etc.) prior to meals.</p> <p>Client #3 Immediately, the nurse administering medications in Pine will follow the self-administration assessment for each resident. Campus-wide all nurses will follow the self-administration assessment for each resident.</p> <p>All nurses will be re-trained on JIRDC Nursing Policy 6.3 Medication Administration Procedure. Nurses will sign a staff development training roster which will be completed by <u>12/19/2020</u>.</p>	

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W 249	Continued From page 5 and threw away his trash. Client #3 was not prompted or encouraged to participate with the administration of his medications. Interview on 10/20/20 with the nurse revealed since the medication area had changed because of COVID-19, it had been difficult for clients to participate. However, the nurse indicated client #3 can assist by pouring his drink, holding his cup, pressing a switch to ask for his medications, open his pill packs and throw away his cup. The nurse indicated this was based on a self-administration assessment located in the Medication Administration Record (MAR). Review on 10/20/20 of client #3's self-administration assessment dated 10/9/20 revealed the client can come to the medication area with assistance, independently take his medication from a cup/spoon and put it in his mouth, pour his drink with assistance, and independently hold his cup and throw away his package and cup. During an interview on 10/20/20, the QIDP acknowledged client #3 can assist with the administration of his medications as indicated in the assessment.	W 249	Continued From page 5 Nurse Supervisors will monitor medication administration in Pine home monthly x three (3) months then resume quarterly monitoring. Immediate feedback will be given. Monthly x three (3) months then resume quarterly monitoring. Immediate feedback will be given.		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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.	W 436			

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W 436	<p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide teaching relative to eyeglasses for 2 of 6 sampled clients in Lakeside (#9 and #10). The finding is:</p> <p>A. The facility failed to provide teaching relative to eyeglasses for client #9 in Mulberry. For example:</p> <p>Observation in Mulberry on 10/20/20 revealed client #9 to retrieve a pair of glasses with his morning medication administration from the facility nurse. Continued observation revealed client #9 to wear glasses throughout the rest of morning observations.</p> <p>Review of records for client #9 on 10/20/20 revealed an individual program plan (IPP) dated 7/21/20. Review of the 7/2020 IPP revealed client #9 wears glasses due to impaired vision and has a history of breaking his glasses. Continued review of the IPP revealed client #9 has a need to keep eyeglasses safe. Subsequent review revealed client #9 is encouraged to increase personal responsibility in keeping glasses; some nights he requests the nurse to keep them safe and he will request them in the morning once he gets up. A review of current training programs for client #9 revealed objectives relative to: hygiene, cleaning his room, selecting appropriate clothing, cutting food, money management, exercise and phone etiquette.</p> <p>Additional review of the IPP revealed a behavior support program (BSP) dated 3/1/20 that included</p>	W 436	<p>A.By 12-01-2020, The facility will implement two formal teaching programs related to eyeglasses to ensure Client #9 in Mulberry is taught to use and to make informed choices about the use of his eyeglasses. The behavioral objectives specify that Client #9 will keep eyeglasses in a safe place 90% of the time and will clean his glasses with 75% independence</p> <p>To prevent the problem from occurring again, all Lakeside QIDPs were in-serviced on the W436 requirement on 10/21/2020.</p> <p>The Health Care Technician II, Programmer will conduct in-home observations of the programs at least monthly to ensure program integrity.</p> <p>The Programmer and Mulberry QIDP will monitor progress or lack of progress on the programs for Client #9 on a monthly basis.</p>		

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W 436	<p>Continued From page 7</p> <p>a current guardian consent for locking up client #9's eyeglasses at night due to improper care. A review of skill assessments for client #9 revealed a personal care device assessment dated 7/21/20. Review of the personal care device assessment revealed client #9 spontaneously puts on, wears and takes off his glasses. Further review of the personal care device assessment revealed client #9 requires assistance with cleaning his glasses and assistance to store his glasses in a safe location.</p> <p>Interview with the facility nurse on 10/20/20 revealed client #9 has his glasses stored in the medication room at night due to a history of breaking his glasses. Interview with the facility qualified intellectual disabilities professional (QIDP) verified client #9 has a history of breaking his eyeglasses and client #9's guardian has requested the client's glasses to be kept locked at night. Continued interview with the QIDP revealed client #9 broke his glasses most recently on 7/16/20 during a behavior that occurred during the day. Subsequent interview with the QIDP verified, per the personal care device assessment, client #9 has training needs relative to proper care of his eyeglasses and has no current training programs to address the identified needs.</p> <p>B. The facility failed to provide teaching relative to eyeglasses for client #10 in Mulberry. For example:</p> <p>Observation in Mulberry on 10/20/20 revealed client #10 to retrieve a pair of glasses with his morning medication administration from the facility nurse. Continued observation revealed client #10 to wear glasses throughout the rest of</p>	W 436	<p>B.By 12-01-2020, The facility will implement two formal teaching programs relative to eyeglasses for Client #10 in Mulberry. The behavioral objectives are for Client #10 to keep his eyeglasses in a safe place 90% of the time and to clean his glasses with 75% independence.</p>	

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W 436	<p>Continued From page 8 morning observations.</p> <p>Review of records for client #10 on 10/20/20 revealed an IPP dated 3/20/20. Review of the 3/2020 IPP revealed client #10 wears glasses due to impaired vision and has a history of breaking his glasses. Continued review of the IPP revealed client #10 takes his glasses to the nurse at bedtime and retrieves his glasses in the morning. A review of current training programs for client #10 revealed objectives relative to: hygiene, chores, money management and task completion.</p> <p>Additional review of the IPP revealed a BSP dated 3/1/20 that included a current guardian consent for locking up client #10's eyeglasses at night due to improper care. A review of skill assessments for client #10 revealed a personal care device assessment dated 2/4/20. Review of the personal care device assessment revealed client #10 spontaneously puts on and takes off his glasses. Further review of the personal care device assessment revealed client #10 requires assistance to store glasses in a safe location. Additional review revealed the nurse sanitizes the eyeglasses for client #10 once they are turned in at night and client #10 occasionally needs verbal prompting or will refuse to turn in his eyeglasses.</p> <p>Interview with the facility nurse on 10/20/20 revealed client #10 has his eyeglasses stored in the medication room at night due to a history of breaking his glasses. Interview with the facility qualified intellectual disabilities professional (QIDP) verified client #10 has a history of breaking his eyeglasses and client #10's guardian has requested the client's glasses to be kept locked at night. Continued interview with the</p>	W 436	<p>Continued From page 8</p> <p>To prevent the problem from reoccurring, all Lakeside QIDPs were in-serviced on the W436 requirement on 10/21/2020.</p> <p>The Health Care Technician II, Programmer will conduct in-home observations of the programs at least monthly to ensure program integrity.</p> <p>The Mulberry Programmer and Mulberry QIDP will monitor progress or lack of progress on the programs for Client #10 on a monthly basis.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/22/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/20/2020
NAME OF PROVIDER OR SUPPLIER J. IVERSON RIDDLE DEVELOPMENTAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD MORGANTON, NC 28655		
(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	Continued From page 9 QIDP revealed client #10 broke his glasses most recently on 7/27/20 and on 7/28/20 broke his back-up pair. Subsequent interview with the QIDP verified, per the personal care device assessment, client #10 has training needs relative to proper care of his eyeglasses and has no current training programs to address the identified needs.	W 436		