

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

PRINTED: 02/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER NEW RIVER COTTAGE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 82 DAVIS LANE SPARTA, NC 28675		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure privacy was maintained during medication/treatment administration for 1 of 3 sampled clients (#6) and one non-sampled client (#4). The findings are:</p> <p>Observations in the group home on 2/16/21 revealed the medication administration/office to be located adjacent to the main living area of the home. Further observations on 2/16/21 at 7:23 AM revealed client #6 to enter the medication room for morning medication administration. The door to the medication room remained open throughout medication administration. Staff A was observed assisting the client with medications, including describing the medications being administered. Staff A could be heard talking to client #6 from the living area during medication administration. Client 's #2, #3 and #4 were in the living area during medication administration for client #6.</p> <p>Continued observations on 2/16/21 at 7:28 AM revealed client #4 to enter the medication room for morning medication administration and treatments. The door to the medication room remained open throughout medication administration and treatment administration. Staff B and client #4 were visible from the living area as staff B applied medication with a q-tip into the client's nostrils and while applying medication to</p>	W 130			

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

TITLE

(X6) DATE

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 130	Continued From page 1 the client's feet. Client's #2 and #3 were in the living area during medication administration for client #4. Interview with the qualified intellectual development professional (QIDP) on 2/16/21 confirmed the door to the medication administration room should have been closed during medication administration and treatments to assure client rights to privacy.	W 130			