

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

PRINTED: 03/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/17/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERSIDE RESIDENTIAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>353 ELM STREET FAIR BLUFF, NC 28439</b>	
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W 189	<p><b>STAFF TRAINING PROGRAM</b> 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 observations, record reviews and interviews, the facility failed to assure training in sign language as needed for competent assistance of 1 of 1 newly admitted client (#6) with a hearing loss. The finding is:</p> <p>Observations on 3/16/2021 and 3/17/2021 revealed client #6 and all staff wore masks (covering their mouths and noses). Client #6 often asked the staff to repeat what was being said. At no time did staff sign. Staff never initiated using sign language with him even after this surveyor had a sign language conversation with client #6 and stated, "You know a ton of words and can finger spell."</p> <p>Review on 3/16/2021 of the record for client #6 revealed an individual program plan (IPP) dated 10/6/2020. He was admitted on 8/18/20 and the pre-admission information as well as the IPP indicated he has a hearing loss and attended the Kentucky School for the Deaf where he learned sign language. It also noted he "reads lips."</p> <p>Interview on 3/16 and 3/17/2021 with all staff working second shift on 3/16/2021 and first and third shift working 3/17/2021 revealed nobody knows any sign language. It also revealed only one staff knew client #6 could sign. She stated she had seen him sign to another individual.</p>	W 189		

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 210	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure assessments were conducted within 30 days for 2 of 2 newly admitted clients. The finding is:</p> <p>Review on 3/16/2021 of newly admitted client #1's record revealed he was admitted on 10/6/2020 and his dental was not done until 2/18/2021. Additionally, client #1's vision assessment was not conducted until 12/15/2020.</p> <p>Review on 3/16/2021 of the newly admitted client #6's record revealed he was admitted on 8/18/2020 and the dental exam was not completed until 10/6/2020 and his vision was not assessed until 12/3/2020.</p> <p>Interview on 3/17/2021 with nursing staff confirmed the dental and vision assessments were conducted after the 30 day deadline. She stated that was the earliest she could get the assessments done due to COVID. However, when asked if she pursued obtaining a dental from within the last 12 months from the guardian she indicated she had not.</p>	W 210			
W 223	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)(v)</p>	W 223			

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W 223	Continued From page 2 The comprehensive functional assessment must include social development.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assess social development in the area of sex and relationship education for 1 of 3 audit clients (#6). The finding is  Review on 3/16/2020 of client #6's individual program plan (IPP) dated 10/6/2020 revealed that he functions in the moderate range of mental retardation, is his own legal guardian and is legally married. It further noted he was admitted on 8/18/2020 and the team had not assessed his understanding of marriage or sexual needs. There was no discussion of contact with his wife or therapy needs as a result of the marriage.  Interview on 3/17/2020 with the qualified intellectual disability professional (QIDP) revealed that he did not know client #6 was married and that it seemed like he had heard one of the guys was married but did not know the history. He is a new QIDP for the home. He is not sure why this area was not assessed but confirmed a need for assessment.	W 223			
W 226	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)  Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan.  This STANDARD is not met as evidenced by:	W 226			

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W 226	Continued From page 3 Based on record review and interview, the facility failed to assure 2 of 2 newly admitted clients received their individual program plans (IPP) within 30 days of admission. This affected clients #2 and #6. The finding is:  A review of the records on 3/16/2020 revealed that client #2 was admitted on 8/31/2020 but his IPP was not conducted until 10/6/2020. Client #6 was noted to have been admitted on 8/18/2020 and his IPP was not conducted until 10/6/2020.  Interview with the qualified intellectual disabilities professional (QIDP) on 3/17/2021 revealed that he is not sure why the IPPs were conducted after the 30 days.	W 226			
W 371	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(4)  The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to assure that 1 of 3 audit clients (#6) was taught to administer his own medications. The finding is:  During observations of the morning medication pass on 3/17/2021, client #6 was not asked what all the medications were and was not asked to sign a medication administration record. At the	W 371			

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W 371	Continued From page 4 end of the pass, he reminded the staff he needs to get a new nicotine patch. She thanked him profusely and got it out for him. He took the old one off, threw it away and placed the new one on independently.  Review on 3/16/2021 of client #6's individual program plan (IPP) dated 10/6/2020 revealed he has good skills and can punch pills and apply cream as well as state some of the medications. He was not deemed as independent at self-medicating. He can write his name and was noted to "learn quickly." However, there was no training in self-medication administration training.  Interview after the morning medication pass on 3/17/2021 with the medication technician revealed that client #6 has no training goals in self-medicating but he could probably learn to do his own medications.	W 371			
W 394	LABORATORY SERVICES CFR(s): 483.460(n)(2)  If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of service in accordance with the requirements of part 493 of this chapter.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure they obtained a CLIA waiver as they participate in lab processes by sticking fingers and giving insulin. This affected clients #1, #2, #3, #4, #5, #6 residing in the facility. The finding is:	W 394			

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W 394	Continued From page 5  Upon observation of the medication pass on 3/17/2021 revealed a blood sugar check by staff. Observations on 3/16 and 3/17 had revealed no current CLIA waiver.  Review on 3/16/2021 of the CLIA waiver document posted revealed it had expired and the facility did not have a current CLIA waiver.  Interview with the QIDP and nursing staff on 3/17/2021 revealed there was not a current CLIA waiver as their was a billing issue. The staff revealed a waiver has been applied for but not paid for yet.	W 394			
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.  This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure a hearing aid was obtained for 1 audit client with a hearing loss (#6). The finding is:  Observations on 3/16/2021 and 3/17/2021 revealed client #6 did not wear or own a hearing aid.  Review on 3/17/2021 of client #6's individual	W 436			

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W 436	Continued From page 6 program plan (IPP) dated 10/6/2020 revealed he was admitted on 8/18/2020. His IPP noted he needs a hearing aid. Further review revealed his hearing was evaluated on 9/20/20 after admission and a hearing amplification device was recommended at that time.  Interview on 3/17/2021 with management revealed the hearing aid has not yet been obtained.	W 436		