

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

PRINTED: 03/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/29/2021
NAME OF PROVIDER OR SUPPLIER NORTHRIDGE RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 68 MITCHELL FORD ROAD CLARKTON, NC 28433		
(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 224	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure the Comprehensive Functional Assessment (CFA) for client #4 included an assessment of his medication administration skills. This affected 1 of 3 audit clients. The finding is:</p> <p>During observations of medication administration in the home on 3/29/21 at 7:29am, client #4 was prompted to the medication room for his morning medications. The medication technician (Staff D) performed all necessary tasks while client #4 only swallowed his pills.</p> <p>Interview with Staff D revealed client #4 will sometimes assist with medication administration tasks but will often refuse.</p> <p>Review of client #4's Individual Program Plan (IPP) dated 11/5/20 revealed the client "Cooperates with medication administration". Additional review of the record did not include an assessment of the client's medication administration skills.</p> <p>Interview with the Home Supervisor did not indicate an assessment had been completed.</p>	W 224			
{W 263}	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p>	{W 263}			

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 263}	<p>Continued From page 1</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive Behavior Support Plans (BSP) for 1 of 3 audit clients (#6) included written informed consent from the guardian. The finding is:</p> <p>Client #6's BSP did not include a current consent from his guardian.</p> <p>Review on 3/29/21 of client #6's record revealed a restrictive BSP dated 11/28/20 to exhibit 1 or fewer challenging behaviors of for 11 consecutive months. Review of the plan also identified the use of Risperdal, Depakote, Keppra and Valium to address behaviors. Additional review of the record indicated no current written informed consent was available for the plan.</p> <p>Interview on 3/29/21 with the Home Supervisor confirmed no current written informed consent for client #6's BSP had been obtained from the guardian.</p>	{W 263}			
W 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>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.</p>	W 340			

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W 340	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained to follow and implement the facility's current COVID-19 preventative procedures and visitor screening process. The findings are: A. Upon arrival to the home on 3/29/21 at 6:28am, Staff A answered the door without wearing a face mask. Upon entry into the home, two additional staff (Staff B and Staff C) were not observed to be wearing face masks. All three staff continued to perform various tasks in the home and interact with clients without a mask or face covering. Approximately 45 minutes later, all three staff were then observed wearing face masks. Interview with Staff B revealed he had gotten busy and forgot to put on a mask. The staff indicated they are required to wear a face mask when working in the home. Review of the facility's Active Management Procedures - Potential Exposure (updated 2/19/21) revealed, "Face masks should already be on all staff." Interview with the Home Supervisor confirmed all staff working in the home should be wearing face masks on all shifts. B. Upon arrival to the home on 3/29/21 at 6:28am, the surveyor's temperature was not taken and no COVID-19 screening questions were asked. At 7:25am, nearly an hour after	W 340			

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W 340	Continued From page 3 arriving, a management staff arrived at the home and took the surveyor's temperature and asked several COVID-19 screening questions. Review of the facility's COVID-19 Alert Procedures - Residential (updated 3/15/20) revealed, "...all visitors should be screened prior to entry with the following questions: * Do you currently have signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat? * In the last 14 days, have you had contact with any of the following: * Someone with a confirmed or presumed case of COVID-19? * Someone under investigation for COVID-19? * Someone with a respiratory illness? * Someone who has been asked to quarantine themselves? * Do you reside in a community where community-based spread of COVID-19 is occurring?" Interview with the Home Supervisor confirmed visitors to the home should be screened with a temperature check and should be asked the screening questions indicated in the facility's COVID-19 procedures.	W 340			
W 418	CLIENT BEDROOMS CFR(s): 483.470(b)(4)(ii) The facility must provide each client with a clean, comfortable mattress. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility	W 418			

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W 418	<p>Continued From page 4</p> <p>failed to ensure client #5 had a clean, comfortable mattress. This affected 1 of 3 audit clients. The finding is:</p> <p>During observations in the home on 3/29/21, client #5's mattress did not have a protective covering and the mattress was noted to have a large dark brown stain covering a significant area of the bed. The mattress was covered in feces and urine which could be smelled throughout the back hall of the home.</p> <p>Interview with Staff A revealed client #4 frequently smears feces and urine at night.</p> <p>Interview with the Home Supervisor indicated client #4's mattress did have a plastic cover but he had torn it off. Additional interview confirmed he was in need of a new mattress.</p>	W 418			