STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G068	A. BUILDING _____ B. WING _____	11/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW HOME	**1793 RIVERVIEW ROAD LINCOLNTON, NC 28092**

(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 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, interviews and record verifications, the facility failed to assure 2 of 3 sampled clients (#1 and #2) received their specially prescribed diets as required. The findings are: A. The facility failed to follow the prescribed diet for client #1. For example: Afternoon observations on 11/1/21 at 5:15 PM revealed client #1 to receive and consume the same amount of smoked sausage, oven fried potatoes, green beans, dinner roll and sugar free cookies as the other clients in the home even though the menu book for diabetic meal notes the client should receive less sausage and potatoes. Continued observations at 5:30 PM revealed client #1 to fix a second helping of potatoes and green beans to eat. Further observations at 5:45 PM revealed client #1 to fix a third helping of fried potatoes to eat. Additional observations at 5:50 PM revealed client #1 to eat the last dinner roll on the table. Morning observations on 11/2/21 at 7:30 AM revealed client #1 to receive and consume the same food as other clients which consisted of 2 biscuits with sausage gravy, even though the diabetic menu called for one egg scrambler and one biscuit, instead of the two that was given.	W 460		

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 460	Continued From page 1	W 460		

Review of record for client #1 revealed a person-centered plan (PCP) dated 12/16/20. Continued review revealed a nursing evaluation dated 1/15/21 to include the client is currently on a diabetic, no seconds, heart healthy, no caffeine, no grapefruit diet. Continued review of the PCP revealed the client to currently be diagnosed with obesity and diabetes type 2.

Interview with the qualified intellectual disabilities professional (QIDP) revealed client #1's prescribed diet is current, and she should follow the prescribed diet as ordered.

B. The facility failed to follow the prescribed diet for client #2. For example:

Afternoon observations on 11/1/21 at 5:15 PM revealed client #2 to receive and consume the same amount of smoked sausage, oven fried potatoes, green beans, dinner roll and sugar free cookies as the other clients in the home even though the diabetic menu book for the meal notes the client should receive less sausage and potatoes.

Morning observations on 11/2/21 at 7:20 AM revealed client #2 to receive and consume the same food as other clients which consisted of 2 biscuits with sausage gravy, even though the diabetic menu called for one egg scrambler and one biscuit instead of the two that was given.

Review of record for client #2 revealed person centered plan (PCP) dated 7/15/21. Continued review revealed a nursing evaluation dated 9/3/21 to include the client is currently on a 1800 calorie diabetic diet. Continued review of the evaluation revealed the client needs to lose more weight to

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W 460	Continued From page 2 achieve weight within desired body weight (DBW 134-151). Further review revealed client current weight is 179 lbs and noted client is 28 lbs above DBW. Interview with the qualified intellectual disabilities professional (QIDP) revealed client #2's prescribed diet is current. Continued interview verified client should follow the prescribed diet as ordered to lose weight and improve health status.	W 460		