DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES					MAPPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u> 0938-0391</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED
		34G003	B. WING			11	/17/2021
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
J. IVERSC	N RIDDLE DEVELOPME	NTAL CENTER			300 ENOLA ROAD MORGANTON, NC 28655		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	COMPLETION DATE
W 242			w	242	2		
	skills essential for priv (including, but not lim personal hygiene, der bathing, dressing, gro	vacy and independence ited to, toilet training, ntal hygiene, self-feeding, poming, and communication					
		it has been demonstrated lopmentally incapable of					
	This STANDARD is r Based on observatio interviews, the facility						
	client in Pine Apartme	an (IPP) for 1 of 1 sampled ent #2 (#10) included training needs relative to privacy.					
	11/16/21 at 3:50 PM in engaged in various ar shredding paper, and observation at 3:52 P stand up from his cha	htry to Pine Apartment #2 on revealed each client to be ctivities such as coloring, sorting objects. Further M revealed client #10 to hir, stick his hand down his e kitchen and to expose his					
		or. Continued observation lirect client #10 and guide he kitchen.					
	8:22 AM revealed clie the living room. Interv revealed client #10 ha exposing himself. Sta	apartment #2 on 11/17/21 at ent #10 to watch television in view with staff F at 8:25 AM as a behavior history of aff F further revealed the ut once a week and we his room."					
		s record revealed an IPP					
ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	F		TITLE		(X6) DATE

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

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.

		ND HUMAN SERVICES MEDICAID SERVICES			FORM APPR OMB NO. 0938			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	(X3) DATE SURVEY COMPLETED		
		34G003	B. WING		11/17/202	21		
NAME OF PF	OVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CO	DDE			
		ENTAL CENTER		300 ENOLA ROAD				
				MORGANTON, NC 28655				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPL HE APPROPRIATE DA	<5) LETIC ATE		
W 242	Continued From pag	e 1	W 24	12				
	dated 8/10/21. Revie	ew of client #10's IPP						
		ectives to address oral						
		water, household chores, a						
		behaviors, coin identification, s. Further review of client						
		d a behavior support plan						
		Review of client #10's BSP						
	. ,	viors of aggression and						
	self-injurious behavio	or.						
	Interview with psycho	ology staff on 11/17/21						
		aware of client #10's current						
		himself. Further interview						
		f revealed "it's in his history,						
		as taken out of the BSP." bilitation specialist on						
		he was aware of client #10's						
		himself and had observed						
		times. Continued interview						
		specialist revealed staff						
		#10 and pull the client's he engages in exposing						
	himself to others.	he engages in exposing						
W 288	MGMT OF INAPPRO	OPRIATE CLIENT	W 28	38				
	BEHAVIOR							
	CFR(s): 483.450(b)(3	3)						
	Techniques to manag	ge inappropriate client						
		be used as a substitute for						
	an active treatment p	•						
		not met as evidenced by: ons, record review and						
		failed to ensure a technique						
		iate behavior was included in						
	a formal active treatr	ment plan for 1 of 3 sampled						
	clients (#4) in Pine A	partment #4. The finding is:						
	During observations	in Pine Apartment #4 on						
	J							

Facility ID: 955760

If continuation sheet Page 2 of 7

		ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 11/29/2021 APPROVED D: 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE		(X3) DATE SURVEY COMPLETED		
		34G003	B. WING			-	11/	17/2021
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STA	ATE, ZIP CODE		
J. IVERSC	ON RIDDLE DEVELOPME	NTAL CENTER			300 ENOLA ROAD MORGANTON, NC 2865	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BI CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
W 288	eating dinner. Contin dinner meal revealed dinner meal while sea with his four peers. During observations in 11/17/21 at 7:11 AM, set with four place set setting was observed between the kitchen a Observation at 8:01 A enter the dining area #4 to sit at the bar. A Pine Apartment #4 or revealed four place set and one additional pla Observation of the lur to eat his lunch at the the dining room table. Review on 11/17/21 of Program Plan (IPP) d #4 is supported with a address the behaviors Review of client #4's identified target behaviors Review of client #4's for revealed mealtime su Review of client #4's for reveal that client #4 is while eating. Interview on 11/17/21 #4 is supposed to eat away from his peers to	client #4 was observed ued observation of the client #4 to participate in the ated at the dining room table In Pine Apartment #4 on the dining room table was ttings. One additional place to be set up at the bar and dining room. M revealed client #4 to and Staff D to prompt client dditional observations in 11/17/21 at 11:09 AM ettings set at the dining table ace setting at the bar. Inch meal revealed client #4 bar while his peers ate at of client #4's Individual ated 4/20/21 revealed client a Behavior Support Plan to s of agitation and self-injury. BSP dated 8/1/21 revealed viors which consist of cations) and self-injury is hands or banging his v of client #4's record	W	288				

Facility ID: 955760

If continuation sheet Page 3 of 7

CENTER			0.00			D. 0938-039 SURVEY
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		34G003	B. WING		11.	/17/2021
NAME OF P	ROVIDER OR SUPPLIER	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
J. IVERSC	ON RIDDLE DEVELOPME	NTAL CENTER		00 ENOLA ROAD IORGANTON, NC 28655		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETIO DATE
W 288	Continued From page	e 3	W 288			
W 454	liquids. Interview on Intellectual Disabilitie confirmed that stealin during meals is not at of client #4. The QID should not be isolated staff should not be se means to address this INFECTION CONTRO CFR(s): 483.470(I)(1) The facility must prov	11/17/21 with the Qualified s Professional (QIDP) ng liquids from his peers n identified target behavior P further confirmed client #4 d from his peers and that eating him separately as a s behavior. OL	W 454			
	Based on observatio failed to ensure the p cross-contamination	not met as evidenced by: ns and interviews, the facility otential for was prevented relative to 1 West Elm (#9). The finding				
	revealed client #9 to y preparation for dinner his hands, client #9 w down the front of his observation revealed wash his hands. Staft use a napkin the staft #9's hand off. Subse staff C to then use the client #9's spoon and observed to use the s his dinner meal. Add client #9 to put his ha additional times while	r. Immediately after washing vas observed to put his hand pants. Continued staff C to prompt client #9 to f C was then observed to f was holding to wipe client quent observation revealed e same napkin to clean fork. Client #9 was spoon and fork while eating itional observation revealed				

If continuation sheet Page 4 of 7

		MEDICAID SERVICES				<u>). 0938-039</u>
· ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G003	B. WING		11	/17/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
J. IVERSC	ON RIDDLE DEVELOPME	INTAL CENTER		300 ENOLA ROAD MORGANTON, NC 28655		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE
W 454	time while client #9 w	e 4 ras eating was it observed ompted to wash his hands.	W 454	1		
W 460	confirmed that client a clean spoon and fork been washed or sanit hands down his pants	s Professional (QIDP) #9 should have been given a and his hands should have tized each time he put his s. ON SERVICES	W 460			
	Each client must rece well-balanced diet ind specially-prescribed o	cluding modified and				
	Based on observatio interview, the facility f sampled clients (#2, #	d their specially prescribed				
	11/16/21 at 5:03pm, of eating dinner. Contin the meal to include a pieces, green beans sweet potatoes and b	ns in Pine Apartment #4 on client #2 was observed nued observation revealed pork chop cut into 1/4" served whole, mashed plueberries served whole. evealed client #2 did not ting his food.				
	the home revealed a stated "all foods grou client #2's Individual I	of dining guidelines posted in diet order for client #2 that nd." Review on 11/16/21 of Program Plan (IPP) dated t order of "all foods ground				

Facility ID: 955760

If continuation sheet Page 5 of 7

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	APPROVED 0. 0938-0391
STATEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION JILDING			(X3) DATE	
		34G003	B. WING				11/	17/2021
NAME OF PI	ROVIDER OR SUPPLIER	I		STREET ADDRES	SS, CITY, STATE, ZIP CODE	E		
J. IVERSO	N RIDDLE DEVELOPME	INTAL CENTER		300 ENOLA ROA MORGANTON				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION FIX (EACH CORRECTIVE ACTION SHOULD E G CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)				(X5) COMPLETION DATE
W 460	confirmed client #2's ground as reflected in B. During observation 11/17/21 at 7:32 AM, participate in the breat observation revealed consist of a ham and and a cup of mandari observation of client # hot pocket was cut in mandarin oranges we Review of records for revealed an IPP date #5's IPP revealed a d 1/2" pieces, including sandwiches, fruits an etc." Interview on 11/17/21 Nutritionist confirmed have been cut at leas smaller. C. During observatio 11/17/21 at 11:09 AM participate in the lunc observation revealed consist of a chicken b and cheese mixed sa Review of records for revealed an IPP date	ry of choking." with the Qualified s Professional (QIDP) foods should have been in his current diet orders. In pine Apartment #4 on client #5 was observed to akfast meal. Continued the breakfast meal to cheese hot pocket, oatmeal in oranges. Further #5's breakfast revealed the to 1/2" pieces, while the per served whole. T client #5 on 11/17/ 21 d 3/9/21. Review of client liet order of "all foods cut into finger foods such as d vegetables, french fries, with the QIDP and client #5's oranges should at in half to make the pieces Ins in Pine Apartment #4 on , client #4 was observed to the meal. Continued client #4's lunch meal to oreast, beans and a tomato lad. T client #4 on 11/16/21 d 4/20/21. Review of client	W 4					
	revealed an IPP date							

Facility ID: 955760

If continuation sheet Page 6 of 7

PRINTED: 11/29/2021

		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 11 FORM APF OMB NO. 093	PROVED
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G003	B. WING		11/17/20	021
NAME OF P	ROVIDER OR SUPPLIER		· [STREET ADDRESS, CITY, STATE, ZIP CODE	·	
J. IVERSC	N RIDDLE DEVELOPME	NTAL CENTER		300 ENOLA ROAD MORGANTON, NC 28655		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE CON	(X5) MPLETION DATE
W 460	popcorn." Interview on 11/17/21	products, nuts, seeds and with the QIDP confirmed ave tomato products as it	W 46			

Event ID: QZR811

Facility ID: 955760

If continuation sheet Page 7 of 7