STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G113	A. BUILDING _____ B. WING _____	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN RIDGE GROUP HOME	810 KING ARTHUR DRIVE GASTONIA, NC 28054

(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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the person centered plan (PCP) failed to have sufficient training objectives to meet identified client needs for 1 of 6 sampled clients (#6) relative to wearing clean clothes. The finding is: Observation at the group home on 6/22/21 at 4:00 PM to 6:00 PM revealed client #6 to wear a t-shirt with a pictured radio and a pair of jeans to participate in medication administration and dinner. Continued observation on 6/23/21 at 6:30 AM to 9:15 AM revealed client #6 to wear a t-shirt with a pictured radio to participate in breakfast, take dishes to the kitchen area, medication administration and sit on the sofa in the common area. Further observation revealed the home manager (HM) to prompt client #6 to go to his room and change his shirt on several occasions with no success. Interview with staff D on 6/23/21 revealed client prefers to wear his favorite shirt for days at a time and could not confirm if client's outfit was laundered the night before. Continued interview with staff D revealed the client will at times wear the same outfit when allowed. Further interview with staff D confirmed that the client had slept in his pajamas and choose to wear his t-shirt with	W 227	RECEIVED JUN 2 0 2021 DHSR-MH Licensure Sect	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary Grant TITLE: Program Director/QP (X6) DATE: 7/15/21

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 227	Continued From page 1 the pictured radio and a pair of jeans. Staff D further confirmed he was not aware that client #6 was wearing the same outfit from the previous day. Review of records for client #6 on 6/23/21 revealed a habilitation plan dated 12/17/20 with training objectives relative to administering epi-pen, laundry, privacy, shower and social. Further review of client's record revealed no completed skills assessment to determine client's functional skills set. Interview with the HM on 6/23/21 confirmed today is the fourth day client #6 is wearing the same outfit. Continued interview with the HM revealed client likes to wear his favorite shirts for days at a time because his guardian purchases it for him. Further interview with HM revealed when prompted to change his shirt, client #6 can become upset and noncompliant. Interview with the qualified intellectual developmental professional (QIDP) on 6/23/21 confirmed the client's training objectives are current. Continued interview with the QIDP revealed staff should encourage client #6 to change his clothes if it had been worn more than a day especially if it had not been laundered. Further interview with QIDP confirmed there is an identified need for training objectives to address dressing and change clothing as appropriate.	W 227		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management.	W 247		

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W 247	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to provide opportunities for client choice and self-management for 6 of 6 clients in the group home (#1, #2 #3, #4, #5 and #6) relative to meal preparation as evidenced by observation, interview and record verification. The finding is: Afternoon observations in the group home on 6/22/21 at 4:30 PM revealed home manager (HM) to have food for supper cooking on the stove while clients were at the dining table engaged in a puzzle activity, walking around the house or in their rooms. A pot of ground beef were noted to be cooking on the stove and items needed to make a salad on the counter. Continued observations from 5:00 PM until supper at 5:15 PM revealed limited client participation in meal preparation and was noted to only include client #2 partially setting the table at 5:10 PM putting placemats on the table and client #4 coming from outside to place cups on the table. Further afternoon observations revealed HM and staff C to complete all other aspects of meal preparation including gathering all food needed for supper, cooking ground beef, preparing salad, carrying all foods, drinks and condiments to the table, placing utensils and preparing all clients plates. Morning observations on 6/23/21 at 6:15 AM revealed staff C in the kitchen gathering items to prepare breakfast which consist of scrambled eggs and toast with jelly without assistance from any clients. Continued observations from 6:20 AM until breakfast at 7:00 AM revealed limited client participation in meal preparation and was noted to only include client #2 partially setting the	W 247		

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W 247	Continued From page 3 table at 6:20 AM putting placemats, plates and cups, as well as pouring juice and milk in all cups. Further observations revealed staff C and D to complete all aspects of meal preparation including taking serving bowls to the table, preparing the client's plates with food with the exception of client #4 and client #5 with hand over hand assistance. Subsequent observations revealed staff also completed all clean up after the clients carried their dishes to the sink including washing the pots and pans, loading the dishwasher, wiping the table and countertops. Observations during the survey revealed large amounts of afternoon and morning observations where the clients were sitting in the living room unengaged in activities while staff completed meal preparation activities. Staff failed to provide opportunities for choice and self-management in meal preparation especially when no other competing or conflicting activities were occurring. Review of client habilitation programs and interview with the qualified intellectual disabilities professional (QIDP) revealed the clients to have varying degrees of interest and skill in helping with meal preparation tasks. For example: Review of client #4's habilitation plan dated 1/6/21 revealed the client to have an objective to complete chores to include household, kitchen and self-help skills. Review of client #3's habilitation plan dated 6/22/20 included a mealtime time objective to compete cleaning his place setting at the table after meals. Further interview with the QIDP verified all clients should be provided opportunities for choice and self-management in meal preparation especially	W 247		

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W 247	Continued From page 4 when no other competing or conflicting activities were occurring.	W 247		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: The facility failed to assure a continuous active treatment program was provided for 3 of 6 clients in the home (#2, #3 and #6) consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in their habilitation plan as evidenced by observation, interviews, and record verification. The findings are: A. The facility failed to provide adequate active treatment to engage client #6 during large amounts of unstructured time. For example: Afternoon observations in the group home on 6/22/21 from 4:00PM until 6:00 PM revealed the client unengaged without activity for 60 minutes of the 120 minutes of observation to pace back and forth to his room, stand in the hallway and to converse with surveyor. Continued observations revealed client to only participate in medication administration at 4:15 PM, dinner at 5:15 PM and	W 249		

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W 249	Continued From page 5 to take his dishes to the sink at 5:45 PM. Morning observations in the group home on 6/23/21 from 6:15 AM until the clients loaded the van for the day program at 9:15 AM revealed client #6 to remain or walk back and forth to his room without any activity for 120 minutes of the 180 minutes of observation. At 7:00 AM client #6 was noted to eat breakfast then take his dishes to the sink. At 8:05 AM client #6 was noted to participate in medication administration. During the remaining 45 minutes of observations, the client was noted to go to his room then sit in the common area where he feel asleep. Review of medical record for client #6 on 6/23/21 revealed a habilitation plan dated 12/17/20. Continued review of the hab plan revealed the client to have objective trainings relative to administering Epic-pen, privacy while in bathroom, shower, laundry and social skills. Interview with the QIDP revealed client training objectives are current. Further interview revealed staff should be implementing client #6's active treatment programing throughout the day and encouraging all clients with meaningful activities during afternoon and morning periods of inactivity. B. For client #2, the facility failed to implement communication program as well as provide adequate active treatment to engage the client during large amounts of unstructured time. For example: Afternoon observation in the group home on 6/22/21 from 4:00 PM until 6:00 PM revealed the client to sit unengaged without activity in the living	W 249		

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W 249	Continued From page 6 room for 60 minutes of the 120 minutes of observation. During the remaining 60 minutes of observations, the client was observed to complete a puzzle, eat dinner and take his dishes to the kitchen. Morning observation in the group home on 6/23/21 from 6:15 AM until the clients loaded the van for the day program at 9:15 AM revealed client #2 to sit unengaged without any activity in the living room for 120 minutes of the 180 minutes of observations. During the remaining 60 minutes of observations, the client was noted to set the table, eat breakfast, complete kitchen chores, take trash to curb, take medications, and writing at the dining room table. Review of client #2's habilitation plan dated 9/16/19, substantiated by interview with the QIDP, revealed the client to have objective trainings to increase privacy practice, increase independence participating in and choosing recreational and leisure activities, slow down eating, and physical activity for 30 minutes. Further review of the client's habilitation plan revealed a communication program for the client to use a tablet to communicate his wants/needs and specific likes and dislikes. Observations during the 6/22-23/21 survey revealed no use of a tablet for client #2 to communicate. Interview with the QIDP revealed client training objectives are current. Further interview revealed staff should be implementing client #2's active treatment programing throughout the day and encouraging the clients with meaningful activities during afternoon and morning periods of inactivity.	W 249		

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W 249	Continued From page 7 C. For client #2, the team failed to collect data as prescribed for the receptive language program. For example: Observation in the group home on 6/22/21 from 4:00 PM to 6:00 PM revealed client #2 to sit on the couch recliner, take medications, complete a puzzle at the dining room table, participate in kitchen duties and eat dinner meal. Continued observation revealed staff at no time provided client with a tablet for communication relative to his receptive language program. Observation in the group home on 6/23/21 from 6:15 AM until loading the van at 9:15 AM revealed client #2 to participate in kitchen duties, eat breakfast meal, take trash to curb, take medications, sit on couch recliner, and writing at the table. Continued observation revealed staff at no time provided client with a tablet for communication relative to his receptive language program. Review of record for client #2 revealed an individual habilitation plan dated 9/16/19. Review of the individual habilitation plan dated 9/16/19 revealed a speech program implemented for client to use a tablet to communicate his wants/needs and specific likes and dislikes with 80% accuracy over 6 consecutive months. Further review of the implemented speech program revealed June 2021 data was collected for 13 days and no additional data was available for review. Interview with the qualified intellectual disabilities professional (QIDP) on 6/23/21 confirmed that client #2 has a speech program to use a communication tablet. Further interview with the	W 249		

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W 249	Continued From page 8 QIDP confirmed staff should have provided client with his communication tablet. Subsequent interview with the QIDP confirmed that staff should have collected data for the client's speech program which did not occur. D. For client #3, the facility failed to provide adequate active treatment to engage the client during large amounts of unstructured time. For example: Afternoon observation in the group home on 6/22/21 from 4:00 PM until 6:00 PM revealed the client to sit unengaged without activity in the living room for 60 minutes of the 120 minutes of observation. During the remaining 60 minutes of observations, the client was observed to write words on paper with staff, Lego blocks, and eat dinner. Morning observation in the group home 6/23/21 from 6:15 AM until the clients loaded the van for the day program at 9:15 AM revealed client #3 to sit unengaged without any activity in the living room for 120 minutes of the 180 minutes of observations. During the remaining 60 minutes of observations the client was noted to eat breakfast, take dishes to kitchen, take medications, and writing at the dining room table. Review of client #3's habilitation plan dated 6/22/20, substantiated by interview with the QIDP, revealed the client to have objective trainings to participate in personal hygiene routine, participate in physical activity, clearing his place setting at the table after meals, medication training, taking soil clothes to the laundry, choose an activity from 4 pictures, and postcard to family.	W 249		

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W 249	Continued From page 9 Interview with the QIDP revealed client training objectives are current. Further interview revealed staff should be implementing client #3's active treatment programing through out the day and encouraging the clients with meaningful activities during afternoon and morning periods of inactivity.	W 249		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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. This STANDARD is not met as evidenced by: Based on review of records and interview, the specially constituted committee, designated as the human rights committee (HRC), failed to ensure written informed consent was obtained from the legal guardian for the use of interventions to address inappropriate behaviors for 2 of 6 sampled clients (#1 and #4). The findings are: A. The facility failed to obtain written informed consents from guardian for the use of door alarms to address target behaviors for client #1. For example: Review of medical record for client #1 on 6/22/21 revealed a behavior support plan (BSP) dated 5/30/20. Review of the BSP revealed target behaviors of aggression, property destruction/misuse and elopement. Continued review of the BSP revealed alarms are to be activated on door and exit doors if elopement is	W 263		

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W 263	Continued From page 10 attempted. Further review of BSP revealed no current guardian consent for the behavior plan to address the need for door alarms when elopement is attempted. Interview with the facility qualified intellectual disabilities professional (QIDP) verified a current guardian consent was not available for client #1's BSP. Additional interview with the QIDP revealed client #1 continues the need for door alarms to address when elopement is attempted and utilized per guidelines of the clients BSP. B. The facility failed to obtain written informed consents from guardian for the use of door alarms to address target behaviors for client #4. For example; Review of medical record for client #4 on 4/23/21 revealed a behavior support plan (BSP) dated 6/12/20. Review of the BSP revealed target behaviors of physical aggression, inappropriate language, elopement and suicidal ideation. Continued review of the BSP revealed the need for door alarms in the event client #4 attempts to leave the premises. Additional review of the BSP revealed no current guardian consent for the behavior plan to address the need for door alarms when the client attempts to leave the premises. Interview with the facility qualified intellectual disabilities professional (QIDP) verified a current guardian consent was not available for client #4's BSP. Additional interview with the QIDP revealed client #4 continues the need for door alarms to address when elopement is attempted and utilized per guidelines of the clients BSP.	W 263		

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W 371	DRUG ADMINISTRATION 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 review and interviews, the system for drug administration failed to assure 2 of 4 sampled clients (#2 and #4) observed during the medication pass were provided teaching related to name, purpose and side effects of medications administered. The findings are: A. The system for drug administration failed to assure client #4 was provided teaching related to the name, purpose or possible side effects of medications received. For example: Observations in the group home on 6/23/21 at 8:45 AM during medication administration revealed client #4 to receive medications that included: Fluticasone 50mcg, Fish Oil 100mg, Docusate 100mg, Guanfacine 1mg, Metoprolol Tartrate 50mg, Multivitamin, Clozapine 50mg, Pantoprazole 40mg, Atorvastatin 20mg, and Aspirin EC 81 tab. Continued observations revealed client #4 to take medications followed by a cup of water. At no point during observations did staff A provide client #4 with teaching related to the name, purpose or possible side effects of medications administered. Review of medical record for client #4 on 6/23/21	W 371		

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W 371	Continued From page 12 revealed a habilitation plan dated 1/6/21. Continued review of the plan did not reveal any completed comprehensive assessments relative to client's functional skills set. Interview with the qualified intellectual disability professional (QIDP) on 6/23/21 verified client #4 should have been provided education during his medication pass with the identification of the name of the medication, purpose and side effects. Continued interview with the QIDP confirmed staff is trained to provide education to all clients when administering medications. B. The system for drug administration failed to assure client #2 was provided teaching related to the name, purpose or possible side effects of medications received. For example: Observations in the group home on 6/23/21 at 8:10 AM during the medication administration revealed client #2 to enter the medication closet, sit in a chair and receive medications. Continued observations revealed client #2 to take medications followed by a cup of water. At no point during observations did staff A provide client #2 with teaching related to the name, purpose or possible side effects of medications administered. Review of medical record for client #2 on 6/23/21 revealed a habilitation plan dated 1/6/21. Continued review of the plan did not reveal any completed comprehensive assessments relative to client's functional skills set. Interview with the QIDP on 6/23/21 verified client #2 should have been provided education during his medication pass with the identification of the	W 371		

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W 371	Continued From page 13 name of the medication, purpose and side effects. Continued interview with the QIDP confirmed staff is trained to provide education to all clients when administering medications which did not occur.	W 371		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of record and interview, the facility failed to show evidence quarterly fire drills were conducted with each shift of personnel relative to first/second shift. The finding is: Review of the facility fire drill reports from 6/20 through 5/21 revealed missing drills for 7/20, 9/20, 11/20, 2/21, 3/21, and 4/21. Further review of the fire drill reports revealed a first shift drill conducted on 6/1/20 and a first/second shift drill completed on 8/20/20 and no additional documentation available conducting first/second shift drills during the review year. Interview with the qualified intellectual disabilities professional (QIDP) on 6/23/21 confirmed facility fire drills should have been conducted quarterly for each shift. Continued interview with the QIDP confirmed there was no additional documentation to reflect the missing drills were conducted during the review year and that she is trying to get the fire drills back on track.	W 440		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)	W 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G113	A. BUILDING _____ B. WING _____	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN RIDGE GROUP HOME	810 KING ARTHUR DRIVE GASTONIA, NC 28054

(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	Continued From page 14 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, record review and interview, the facility failed to provide a prescribed diet for 2 of 4 sampled clients (#1 and #6). The findings are: A. The facility failed to follow the prescribed diet for client #1 during dinner. For example: Observation in the group home on 6/22/21 at 5:15 PM revealed client #1 to participate in the dinner meal which consisted of tacos, salad, Mexican rice, banana and a beverage. Continued observation revealed at 5:35 PM staff C to ask client #1 if he would like more tacos. Further observation revealed the client to respond yes as staff C placed two fully loaded soft tacos on the client's plate. Additional observations revealed at no time did staff encourage client to follow his prescribed diet. Review of the dinner menu on 6/22/21 revealed the menu to consist of two tacos or taco salad, 1/2 cup mexican rice, 1/2 banana and one cup of milk. Review of records for client #1 on 6/23/21 revealed a dietary evaluation dated 4/19/21. Continued review of the 4/2021 dietary evaluation revealed the client to weigh 164 lbs with a desired body weight of 136 -150 lbs. Further review of the evaluation revealed a regular diet with consistent carbohydrate with seconds limited to low calorie vegetable or fruit. His beverage should be limited	W 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G113	A. BUILDING _____ B. WING _____	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN RIDGE GROUP HOME	810 KING ARTHUR DRIVE GASTONIA, NC 28054

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W 460	Continued From page 15	W 460		

to unsweetened ones, other than milk and juice allowance on the menu. He should not over eat and snacks should be avoided or very limited. The soda he drinks should be unsweetened.

Interview with the qualified intellectual developmental professional (QIDP) on 6/2321 verified client's diet plan is current and the menu in the group home should be followed at all meals. Continued interview with the QIDP verified staff should follow diet as prescribed during all meals.

B. The facility failed to follow the prescribed diet for client #6 during breakfast. For example:

Observation in the group home on 6/23/21 at 7:00 AM revealed client #6 to participate in the breakfast meal which consisted of scrambled eggs, toast with jelly, orange juice and a beverage. Continued observation revealed at 7:05 AM client #6 to request seconds on eggs. Further observation revealed staff C to assist the client with placing eggs on his plate. Additional observations revealed at no time did staff encourage client to follow his prescribed diet.

Review of the breakfast menu on 6/23/21 revealed the menu to consist of two scrambled eggs, one piece of toast, 3/4 cup orange juice, margarine or jelly and one cup of milk.

Review of records for client #6 on 6/23/21 revealed an annual dietary evaluation dated 12/14/20. Review of the 12/2020 dietary evaluation revealed the client to weigh 205 lbs with a desired body weight of 154-169 lbs. Continued review of the dietary evaluation revealed: Client #6 gained 10 lbs an increase

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	34G113	A. BUILDING _____ B. WING _____	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN RIDGE GROUP HOME	810 KING ARTHUR DRIVE GASTONIA, NC 28054

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W 460	Continued From page 16 from a year ago. Additional review of the 12/2020 dietary evaluation revealed recommendations to continue 1800 calorie diet, should not overeat, high calorie snacking should be avoided. Beverages other than milk and juice on the menu should be limited to unsweetened items. Try to avoid seconds at meals. If he desires something go with low calorie vegetable or fruit. Needs regular exercise. Interview with the QIDP on 6/23/21 verified client #6 diet plan is current and the facility menu should be followed at all meals. Continued interview with the QIDP verified staff should follow diet as prescribed during all meals.	W 460		

LUTHERAN SERVICES CAROLINAS

Mountain Ridge POC

All corrections will be resolved over the course of 60 days

W 227 Individual Program Plan

The Mountain Ridge program manager/director will meet with client #6 guardian to revise the PCP ensuring there is sufficient training objectives to address dressing and changing clothes. Once the PCP is revised, all staff members will be trained on interventions within 60 days.

W247 Individual Program Plan

Mountain Ridge program manager/director provided an in-service training for all staff on 7/6/2021, reviewing client choice and self-management. Program director/manager reviewed developmentally appropriate ways to include all clients in meal preparation based off their treatment plans.

W249 Program Implementation

Mountain Ridge program director/manager provided an in-service training for all staff on 7/6/2021, reviewing active treatment plans for all clients. In order to ensure active treatment is done correctly each shift, staff are to review the Mountain Ridge program book at each shift change. The program book contains client updates from previous shift, treatment plans and data collection. Program director/manager will monitor staff interaction/active treatment monthly with a random selection of clients to evaluate client's growth during active treatment.

W263 Program monitoring and change

Program director/manager will review behavioral support plan for client #1 and #4 with guardians to seek informed consent for door alarms. Program director will also review plan with Human Rights Committee to ensure the client's rights are protected.

W371 Drug Administration

On 7/6 Mountain Ridge program director/manager completed an in-service training on medication administration with all staff. During this training, staff reviewed teaching methods for each client and the importance of educating clients on each medication given. This included ensuring all clients are verbally told the purpose and possible side effects for each medication given. A second training will be held within 60-days to reinforce medication administration protocol.

W440 Evacuation Drills

On 7/6 Mountain Ridge program director/manager completed an in-service training on fire drill procedures. Designees on each shift are to run and monitor quarterly fire drills in addition to logging this information. Program director/manager will review the fire drill book monthly and sign off on each drill to ensure compliance.

W460 Food and Nutrition Services

Client #1 and client #6's prescribed diet was reviewed with all staff on 7/6 by Mountain Ridge Program director/manager. Staff were trained on all aspects of the prescribed diets including offering healthier alternatives during mealtimes/snack times.