


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>J. IVERSON RIDDLE DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 ENOLA ROAD MORGANTON, NC 28655</b>
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(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
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W 242	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the individual program plan (IPP) for 1 of 1 sampled client in Pine Apartment #2 (#10) included training to address observed needs relative to privacy. The finding is:</p> <p>Observations upon entry to Pine Apartment #2 on 11/16/21 at 3:50 PM revealed each client to be engaged in various activities such as coloring, shredding paper, and sorting objects. Further observation at 3:52 PM revealed client #10 to stand up from his chair, stick his hand down his pants, walk across the kitchen and to expose his genitals to the surveyor. Continued observation revealed a staff to redirect client #10 and guide the client away from the kitchen.</p> <p>Observation in Pine Apartment #2 on 11/17/21 at 8:22 AM revealed client #10 to watch television in the living room. Interview with staff F at 8:25 AM revealed client #10 has a behavior history of exposing himself. Staff F further revealed the behavior occurs "about once a week and we redirect him back to his room."</p> <p>Review of client #10's record revealed an IPP</p>	W 242	<p><b>INDIVIDUAL PROGRAM PLAN</b></p> <p><b>Client # 10:</b></p> <p>1. QIDP submitted a referral to Psychology Department to assess behavior and interventions related to privacy, specifically exposure of genitals in common areas or public settings and to modify the Behavior Support Plan to include interventions as determined by assessment and evaluation of behavior. Progress to be tracked through monthly Psychology progress notes and behavioral data.</p> <p><u>Completed - Referral sent:</u></p> <p><u>Referral response to be received by:</u></p> <p><u>Monthly tracking of Psychology progress notes and behavioral data:</u></p>	<p>12/02/2021</p> <p>12/16/2021</p> <p>On-going</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Facility Director</b>	(X6) DATE <b>12/18/21</b>
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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.

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

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FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>J. IVERSON RIDDLE DEVELOPMENTAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 ENOLA ROAD MORGANTON, NC 28655</b>		
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W 242	Continued From page 1 dated 8/10/21. Review of client #10's IPP revealed training objectives to address oral hygiene, turn on hot water, household chores, a reduction in harmful behaviors, coin identification, and vocational needs. Further review of client #10's record revealed a behavior support plan (BSP) dated 8/1/21. Review of client #10's BSP revealed target behaviors of aggression and self-injurious behavior.  Interview with psychology staff on 11/17/21 revealed he was not aware of client #10's current behavior of exposing himself. Further interview with psychology staff revealed "it's in his history, but its waned and was taken out of the BSP." Interview with the habilitation specialist on 11/17/21 revealed she was aware of client #10's behavior of exposing himself and had observed the behavior several times. Continued interview with the habilitation specialist revealed staff should redirect client #10 and pull the client's pants back up when he engages in exposing himself to others.	W 242	Continued from Page 1  2. Behavior Analyst will ensure all staff are trained on the interventions as modified in Behavior Support Plan.  <i>Staff training to be completed by:</i>	01/10/2022	
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure a technique to address inappropriate behavior was included in a formal active treatment plan for 1 of 3 sampled clients (#4) in Pine Apartment #4. The finding is:  During observations in Pine Apartment #4 on	W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR		

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W 288	<p>Continued From page 2</p> <p>11/16/21 at 5:03 PM, client #4 was observed eating dinner. Continued observation of the dinner meal revealed client #4 to participate in the dinner meal while seated at the dining room table with his four peers.</p> <p>During observations in Pine Apartment #4 on 11/17/21 at 7:11 AM, the dining room table was set with four place settings. One additional place setting was observed to be set up at the bar between the kitchen and dining room. Observation at 8:01 AM revealed client #4 to enter the dining area and Staff D to prompt client #4 to sit at the bar. Additional observations in Pine Apartment #4 on 11/17/21 at 11:09 AM revealed four place settings set at the dining table and one additional place setting at the bar. Observation of the lunch meal revealed client #4 to eat his lunch at the bar while his peers ate at the dining room table.</p> <p>Review on 11/17/21 of client #4's Individual Program Plan (IPP) dated 4/20/21 revealed client #4 is supported with a Behavior Support Plan to address the behaviors of agitation and self-injury. Review of client #4's BSP dated 8/1/21 revealed identified target behaviors which consist of agitation (loud vocalizations) and self-injury (hitting his face with his hands or banging his head). Further review of client #4's record revealed mealtime supports dated 8/11/21. Review of client #4's mealtime supports did not reveal that client #4 is to sit away from his peers while eating.</p> <p>Interview on 11/17/21 with Staff C revealed client #4 is supposed to eat all of his meals at the bar away from his peers because he will try to steal his peers drinks or try to drink from the pitcher of</p>	W 288	<p><b>Client #4:</b></p> <p>1. QIDP will provide a referral to Occupational Therapy (OT) and Psychology to work in joint effort to determine the appropriate seating for Client #4 and modify mealtime guidelines based on the assessments. Progress will be tracked through weekly mealtime monitoring.</p> <p><u>Completed - Referral sent to OT and Psychology:</u></p> <p><i>Referral response due date:</i></p> <p><i>Ongoing weekly mealtime monitoring by Pine Management:</i></p> <p>2. OT will ensure all staff are trained on the outcome of the assessments and any changes to his current mealtime guidelines.</p> <p><i>Staff training to be completed by:</i></p>	<p>12/02/2021</p> <p>12/16/2021</p> <p>On-going</p> <p>01/10/2022</p>	

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W 288	Continued From page 3 liquids. Interview on 11/17/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that stealing liquids from his peers during meals is not an identified target behavior of client #4. The QIDP further confirmed client #4 should not be isolated from his peers and that staff should not be seating him separately as a means to address this behavior.	W 288			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1)  The facility must provide a sanitary environment to avoid sources and transmission of infections.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the potential for cross-contamination was prevented relative to 1 of 1 sampled client in West Elm (#9). The finding is:  Observations in West Elm on 11/16/21 at 4:53pm revealed client #9 to wash his hands in preparation for dinner. Immediately after washing his hands, client #9 was observed to put his hand down the front of his pants. Continued observation revealed staff C to prompt client #9 to wash his hands. Staff C was then observed to use a napkin the staff was holding to wipe client #9's hand off. Subsequent observation revealed staff C to then use the same napkin to clean client #9's spoon and fork. Client #9 was observed to use the spoon and fork while eating his dinner meal. Additional observation revealed client #9 to put his hand down his pants 6 additional times while eating and at various times to use his hands to pick up pieces of food. At no	W 454	INFECTION CONTROL  <b>Client #9:</b>  1. QIDP submitted a referral to OT on 11/17/2021 to assess and update mealtime adaptive equipment.  <u>OT response received on 11/18/2021 with recommendations for adaptive equipment, redirection of touching rumination or genitals during meals and proper cleaning of hands during the process.</u>  2. OT will complete staff training by 12/16/2021.  <u>Completed staff training:</u>  3. Nursing and QIDP will provide training for all staff who work with Client #9 regarding hand hygiene and proper techniques to prevent spread of infection/bacteria. Progress is tracked through basic care monitoring monthly and	11/18/2021            11/18/2021- 11/19/2021	

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W 454	Continued From page 4 time while client #9 was eating was it observed for the client to be prompted to wash his hands.  Interview on 11/17/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #9 should have been given a clean spoon and fork and his hands should have been washed or sanitized each time he put his hands down his pants.	W 454	Continued From page 4 <b>Client #9 continued:</b> mealtime monitoring weekly. Staff training to be completed by 01/10/2022.  <u>Completed staff training:</u>  <i>Weekly mealtime monitoring:</i>  <i>Monthly basic care monitoring:</i>	12/01/2021 On-going On-going	
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, record review, and interview, the facility failed to ensure 3 of 4 sampled clients (#2, #4 and #5) in Pine Apartment #4 received their specially prescribed diet as indicated. The findings are:  A. During observations in Pine Apartment #4 on 11/16/21 at 5:03pm, client #2 was observed eating dinner. Continued observation revealed the meal to include a pork chop cut into 1/4" pieces, green beans served whole, mashed sweet potatoes and blueberries served whole. Further observation revealed client #2 did not have any difficulty eating his food.  Review on 11/16/21 of dining guidelines posted in the home revealed a diet order for client #2 that stated "all foods ground." Review on 11/16/21 of client #2's Individual Program Plan (IPP) dated 7/6/21 revealed a diet order of "all foods ground"	W 460	FOOD AND NUTRITION SERVICES          <b>A. Client #2:</b>  1. OT has provided training to all staff working with Client #2 on diet consistencies and will continue to provide training on-going through a competency-based system.  <i>Staff training to be completed by:</i>  <i>On-going training by OT through competency-based system:</i>	01/10/2022 On-going	

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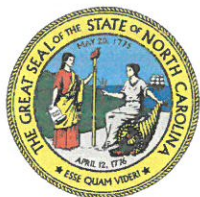
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W 460	<p>Continued From page 5 due to previous history of choking."</p> <p>Interview on 11/16/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's foods should have been ground as reflected in his current diet orders.</p> <p>B. During observations in Pine Apartment #4 on 11/17/21 at 7:32 AM, client #5 was observed to participate in the breakfast meal. Continued observation revealed the breakfast meal to consist of a ham and cheese hot pocket, oatmeal and a cup of mandarin oranges. Further observation of client #5's breakfast revealed the hot pocket was cut into 1/2" pieces, while the mandarin oranges were served whole.</p> <p>Review of records for client #5 on 11/17/21 revealed an IPP dated 3/9/21. Review of client #5's IPP revealed a diet order of "all foods cut into 1/2" pieces, including finger foods such as sandwiches, fruits and vegetables, french fries, etc."</p> <p>Interview on 11/17/21 with the QIDP and Nutritionist confirmed client #5's oranges should have been cut at least in half to make the pieces smaller.</p> <p>C. During observations in Pine Apartment #4 on 11/17/21 at 11:09 AM, client #4 was observed to participate in the lunch meal. Continued observation revealed client #4's lunch meal to consist of a chicken breast, beans and a tomato and cheese mixed salad.</p> <p>Review of records for client #4 on 11/16/21 revealed an IPP dated 4/20/21. Review of client #4's IPP revealed a diet order of "No chocolate,</p>	W 460	<p><b>B. Client # 5</b></p> <p>1. QIDP will create an accountability sheet and train staff to use the sheet when comparing diet cards to diet consistencies.</p> <p><u>Completed Accountability Sheet</u> 12/02/2021</p> <p><i>Staff training to be completed by:</i> 01/10/2022</p> <p>2. OT has provided training to all staff working with Client #5 on diet consistencies and will continue to provide training on-going through a competency-based system.</p> <p><i>Staff training to be completed by:</i> 01/10/2022</p> <p><i>On-going training by OT through competency-based system:</i> On-going</p> <p>3. Diet card notebook system already in place will be re-trained and the use of the system monitored by QIDP and Pine Managers on a weekly basis through mealtime observations and mealtime monitoring.</p> <p><i>Staff training to be completed by:</i> 01/10/2022</p> <p><i>Weekly monitoring of diet card notebook system usage by Pine Management:</i> On-going</p> <p><b>C. Client # 4</b></p> <p>1. QIDP will create an accountability sheet and train staff to use the sheet when comparing diet cards to diet consistencies and diet orders.</p> <p><u>Completed Accountability Sheet:</u> 12/02/2021</p>	

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W 460	Continued From page 6 mint, caffeine, tomato products, nuts, seeds and popcorn."  Interview on 11/17/21 with the QIDP confirmed client #4 should not have tomato products as it could cause him to become sick.	W 460	Continued From page 6  <i>Staff training to be completed by:</i>  2. OT has provided training to all staff working with Client #4 on diet consistencies and diet orders and will continue to provide training on-going through a competency-based system.  <i>Staff training to be completed by:</i>  <i>On-going training by OT through competency-based system:</i>  3. Diet card notebook system already in place will be re-trained and the use of the system monitored through mealtime observations and monitoring by QIDP and Pine Managers on a weekly basis.  <i>Staff training to be completed by:</i>  <i>Weekly monitoring of diet card notebook system usage by Pine Management:</i>	01/10/2022	01/10/2022
				On-going	On-going



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**KODY KINSLEY** • Chief Deputy Secretary for Health  
**KAREN BURKES** • DSOHF Interim Director  
**TODD DRUM** • Facility Director – JIRDC

December 8, 2021

Kaila Mitchell, MSW  
Facility Compliance Consultant II  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

RE: Plan of Correction for Recertification Survey – November 16 - 17, 2021  
J. Iverson Riddle Developmental Center, 300 Enola Rd., Morganton, NC 28655  
Provider Number #34G003

Dear Ms. Mitchell:

It was again a pleasure to welcome the Western team to our campus for our annual recertification survey. We appreciate the professional and thorough approach in which you and your team conducted your review.

Per your request, I have enclosed a signed original of the Plan of Correction (POC) for your review. I believe the responses should be satisfactory but if you have questions or need additional information, please let me know. I can be reached by phone at 828.608.6010 or by email at [Todd.Drum@dhhs.nc.gov](mailto:Todd.Drum@dhhs.nc.gov).

Please extend our thanks to the entire team, we appreciate everyone's time and feedback.

Sincerely,

Todd Drum, Director  
J Iverson Riddle Developmental Center

*Enclosure*

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • J. IVERSON RIDDLE DEVELOPMENTAL CENTER

300 Enola Road  
Morganton, NC 28655  
www.ncdhhs.gov • TEL: 828-433-2731 • FAX: 828-433-2799

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