

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

PRINTED: 08/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/11/2022
NAME OF PROVIDER OR SUPPLIER MOUNTAIN RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy during treatment and care of personal needs for 5 of 5 client's relative to medication administration. The finding is:</p> <p>Observations in the group home during the 8/10-11/22 survey revealed the medication room to be adjacent to the dining room and living room area. Continue observation revealed each client to receive their medications in the medication room and for the door to remain wide open for the duration of each medication pass. Continued observation on 8/11/22 at 7:11 AM revealed staff A to enter the medication room while staff B was administering medication to client #3. At no time during the survey period was privacy offered or provided to client's during medication administration.</p> <p>Interview with staff B and the home manager on 8/11/22 revealed conducting medication administration while leaving the door open is a common practice. Interview with the facility nurse on 8/11/22 revealed that privacy should be offered to every client during medication administration unless there is a behavioral justification. Continued interview with the facility nurse revealed only one client in the home would have such justification and the other client's should be offered privacy during medication administration.</p>	W 130			
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p>	W 227			

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 227	<p>Continued From page 1</p> <p>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: The facility failed to assure the habilitation plan for 1 of 3 sampled clients (#4) included objective training to meet the client's self-help skill needs as evidenced by observation, interview and record verification. The finding is:</p> <p>Afternoon observation in the group home on 8/10/22 at 4:00 PM to 6:00 PM revealed staff A to complete all aspects of client #4's self-help skills, meal preparation, serving, feeding, and escorting during transition. Further observations on 8/11/22 from 6:00 AM - 7:30 AM during breakfast revealed staff A to complete for client #4 all meal preparation, serving with hand over hand assistance, feeding and escorting during transition. At 6:25 AM client #4 was observed to take a slice of bacon from his plate with his fingers, put it in his mouth without staff A's acknowledgement.</p> <p>Continued observations, substantiated by interviews with staff A, B and home manager (HM) revealed client #4 is able to walk around the house without being escorted depending on his mood, has the ability to participate in meal preparation, serving himself with hand over hand assistance, take dishes to the sink, eat finger food independently but currently does not have any training objectives to increase his skills.</p> <p>Review of medical record for client #4 revealed a habilitation plan dated 1/24/22. Continued review of the habilitation plan revealed training objectives</p>	W 227			

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W 227	Continued From page 2 to include; purchasing an item, privacy, and behavior. Further review of the plan revealed client #4 appears to lack the ability to perform many tasks in the area of self-help skills. His eating skills are limited, and he requires staff physical and verbal assistance. Since his admittance back to the group home in 5/2021 his skills to feed himself has decreased. Subsequent review of the 1/22 plan revealed although client #4 is unable to complete any household chores without physical assistance, he continues to complete chores such as clearing his dishes from the table, wiping down the table, taking out the trash, vacuuming, mopping, sweeping, rinsing dishes, cleaning the bathroom and doing laundry. Client #4 also volunteers by assisting with delivering Meals on Wheels as well as shopping in the community and attending social settings. Additional review of the 1/22 plan did not reveal a completed Functional Skills Assessment (FSA). Interview with the qualified intellectual disabilities professional (QIDP) on 8/11/22, substantiated by continued review of the habilitation plan, revealed client #4 currently does not have any self-help objectives but does have the need to learn those skills. Continued interview with the QIDP revealed an updated FSA had not been updated to determine his current functional skills and to update his training objectives.	W 227			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.	W 369			

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W 369	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered without error for 3 of 5 clients (#1, #2, #4). The finding is: Observation in the group home on 8/11/22 at 6:27 AM revealed client #4 to enter the medication room for medication administration. Continued observation at 6:34 AM revealed client #1 to enter the medication room for medication administration. Further observation at 6:45 AM revealed client #2 to enter the medication room for medication administration. Review of records for client's #1, #2, and #4 revealed physician orders which indicated 8:00 AM for morning medications. Interview with staff B on 8/11/22 revealed they give medications every morning between "6:30 and 7ish" with the goal of completing medication administration prior to their shift ending at 7:00 AM. Further interview with staff B revealed medications should be administered within the hour window as indicated on the physician's orders. Interview with the facility nurse on 8/11/22 confirmed all medications should be administered within the hour window as indicated on the physicians orders and any medications administered outside the window would constitute a medication error.	W 369			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration.	W 382			

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W 382	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure medications were kept locked except when being prepared for administration. The finding is:</p> <p>Evening observations on 8/10/22 revealed a miniature refrigerator located in the corner of the dining room. Inspection of the refrigerator contents revealed two locked bank bags. Interview with the home manager on 8/10/22 revealed the two bags contain medication for client #1.</p> <p>Morning observations and inspection of the refrigerator on 8/11/22 revealed a prescription bottle of Gabapentin for client #1 and two locked bank bags. Further observation at 6:34 AM revealed staff B to retrieve the bottle of medication for client #1's medication pass.</p> <p>Interview with the facility nurse on 8/11/22 confirmed the refrigerator is utilized to store several of client #1's medications and each medication should be kept locked in the bank bags.</p>	W 382			
W 440	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure evacuation drills were conducted at least quarterly for each shift of personnel for the review year. The finding is:</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/11/22 revealed the</p>	W 440			

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W 440	<p>Continued From page 5 group home operates on two shifts, day shift being 7:00 AM - 7:00 PM and night shift being 7:00 PM - 7:00 AM.</p> <p>Review of facility fire drills on 8/11/22 revealed during the months of October, November, and December 2021 no night shift drills were conducted. During the months of April, May, and June 2022 no day shift drills were conducted.</p> <p>Continued interview with the QIDP on 8/11/22 revealed there is confusion within staff completing the fire drill reports and logging drills on a "3rd" shift. Further interview with the QIDP revealed they need to make revisions to their fire drills report logs and fire drills should be conducted quarterly per each shift of personnel.</p>	W 440			