

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/16/2022
NAME OF PROVIDER OR SUPPLIER J. IVERSON RIDDLE DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD MORGANTON, NC 28655		
(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 000	INITIAL COMMENTS	W 000			
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 10 audit clients (#3) received a continuous active treatment program consisting of needed interventions to address self-injurious behaviors (SIB) as identified in the person-centered-plan (PCP). The findings are:</p> <p>A. The facility failed to implement protective measures relative to protective head gear. For example:</p> <p>Observation in the group home on 11/15/22 at 12:05 PM revealed client #3 to eat lunch independently in the cafeteria and present with a</p>	W 249			

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 249	<p>Continued From page 1</p> <p>large bruise around his right eye. Further observation revealed client #3 to also present with large swelling on both sides of his head.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 11/15/22 revealed client #3's eye bruising was the result of SIB over the previous weekend in which he hit the right side of his head, resulting in a swollen pocket of fluid bursting. The fluid then subsequently flowed down internally to the eye region to create the appearance of bruising. Further interview with the QIDP revealed client #3 engages in frequent SIB to his head which has resulted in swelling on both sides of his head.</p> <p>Interview with the QIDP on 11/16/22 revealed protective head gear has never been utilized to protect client #3 from SIB. Continued interview with the QIDP revealed the facility psychologist previously recommended a helmet for client #3 and they have discussed this as a team but have not made a final determination.</p> <p>Interview on 11/16/22 with the facility psychologist and senior psychologist revealed that the helmet was previously recommended by the consulting psychiatrist after the nurse reached out for consultation on 10/13/22. The senior psychologist stated that psychology staff and the medical doctor met on 10/24/22 and decided to take observatory data to determine if other means of protection would be better suited for client #3, as they were afraid a helmet would further cause more injury for client #3. However, no documentation could be provided to ensure the meeting on 10/27/22 occurred, and no documentation was provided for the observatory data collection.</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>B. The facility failed to implement protective measures relative to client #3's football girdle.</p> <p>Observation in the group home on 11/16/22 at 7:27 AM revealed client #3 to stand in the hallway with staff and the staff to be wearing arm length padded mittens. Continued observation at 7:33 AM revealed client #3 to enter the cafeteria and engage in self-injurious behavior (SIB) by hitting himself on both thighs with his elbows. Further observation revealed staff to redirect client #3 to participate in the breakfast meal. Subsequent observation at 7:58 AM and confirmed by staff revealed client #3 was not wearing his football girdle.</p> <p>Additional observation at 8:12 AM revealed staff to retrieve client #3 football girdle and direct him to his room to put it on. It should be noted that survey observations from 7:04 AM to 8:12 AM revealed client #3 to be without his football girdle. Interview with staff on 11/16/22 revealed client #3 has 4 pairs of football girdles and should wear the girdle daily to protect his thighs from SIB.</p> <p>Interview with the QIDP revealed client #3 is diagnosed with Compartment Syndrome. Continued interview with the QIDP revealed they are in the process of ordering more football girdles so client #3 has a pair for each day of the week.</p> <p>Review on 11/16/22 of client #3's record revealed a QIDP note for April 2022 revealed that a trial basis for the football girdle would be implemented. Additional review on 11/16/22 of a QIDP note for June 2022 revealed a trial basis for the football girdle would be continued.</p>	W 249			

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W 249	Continued From page 3 Additional review on 11/16/22 of client #3's record revealed a mini team meeting dated 4/13/22. The mini team meeting action plan stated that the behavior analyst will addend the behavior support plan (BSP) for client #3 to include the use of the padded football girdle as a preventative strategy to keep him from harming himself. Interview on 11/16/22 with the psychologist and senior psychologist confirmed the padded football girdle was not preventative strategy that was included in client #3's BSP.	W 249			