STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G068	A. BUILDING _____ B. WING _____	11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW HOME	1793 RIVERVIEW ROAD LINCOLNTON, NC 28092

(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 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure 1 sampled client (#3) was provided opportunities for choice and self-management and not for the convenience of staff. The finding is: Observations in the group home on 11/30/22 at 8:10 AM revealed staff B to escort client #3 from the backdoor of the facility to the facility van. Continued observations revealed staff to assist client #3 in loading the van without any socks, shoes or a jacket. Further observations revealed client #3 to shiver as his bare feet were covered by water and landed on the wet concrete. It is important to mention that it was raining as client #3 was escorted to the van by staff. Review of the record on 11/30/22 for client #3 revealed a person-centered plan dated 3/15/22. Continued review of the record revealed a behavior support plan (BSP) dated 10/18/18 which indicates client #3 has the following target behaviors: refusing to get on the van, false allegations, physical and verbal aggression, inappropriate touching and property destruction. Further review of the BSP revealed client #3 should be provided two prompts if he refuses to get on the van. After two prompts, staff will leave (1) person at the facility with the client and come back to get the client at a later time. Review of a mini-team report dated 5/2/22 revealed staff must follow the client's BSP when the client is uncooperative in attending the vocational center.	W 247		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 247	Continued From page 1 Staff are to continue double transporting and follow client #3's morning routine as closely as possible. Once the client exits his room, he should be fully dressed "minus shoes if necessary" and brought directly to the medication room for his first medication; the client can return to his room until he is able to have breakfast. After breakfast, client #3 should avoid going back into his room as behaviors tend to follow. Client #3 should be the last person to receive his medications and the facility should depart for the vocational center. Interview with staff B on 11/30/22 revealed the staff will "do what it takes to get client #3 to the van". Continued interview with staff B revealed he will go back into the facility and get client #3's shoes. Interview with the qualified intellectual disabilities professional (QIDP) on 11/30/22 revealed that client #3 does not like to wear a coat or shoes. The QIDP also revealed during the interview, client #3 should have had on weather appropriate clothes, as well as shoes and socks to protect his feet during the colder temperatures and rain. Interview with the QIDP revealed all of client #3's goals and interventions are current. Additional interview with the QIDP revealed all staff should ensure that client #3 is wearing shoes, socks and weather appropriate garments prior to being transitioned to the van and transported to the vocational program.	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	W 249		

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W 249	Continued From page 2	W 249		

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:
Based on observation, interview and record review, the facility failed to ensure a continuous active treatment program consisting of needed interventions were implemented as identified in the person-centered plan (PCP) for 1 sampled client (#2). The finding is:

Observations in the group home on 11/30/22 at 6:30 AM revealed two latch gates to secure the entry/exit from the front door. Continued observations revealed both gates to be closed in the secured position upon entry into the facility. Further observations at 7:05 AM revealed two first shift staff to enter the gates in the secured position leaving both gates open. Observations also revealed the front door of the facility to remain open. Additional observations at 8:15 AM revealed this surveyor to exit the facility as the two gates remained open. At no point during the observation period (1 hr. 10 mins.) did a staff member ensure the two gates were in the secured position.

Review of the record for client #2 revealed a person-centered plan dated 7/22/22. Continued review of the record revealed a behavior support plan (BSP) dated 4/6/22. Further review of the BSP indicated that client #2 "is at a high risk for AWOL. Client #2 has had multiple attempts to run away from the home. The facility now has a fence with two latch gates installed in the yard,

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W 249	Continued From page 3 alarms on her door and exterior door alarms". Review of the human rights committee rights limitations consent forms dated 8/31/22 indicated that due to excessive AWOL attempts, client #2 has access to a fenced-in backyard, fence installed yard with latch gates, exterior and interior alarms on the doors. Interview with staff on 11/29/22 and 11/30/22 revealed all staff should ensure the latch gates are closed at all times due to client #2's AWOL behaviors. Interview with the qualified intellectual disabilities professional (QIDP) on 11/30/22 revealed staff does not have a routine schedule to check all gates to ensure they are secured. Continued interview with the QIDP verified all staff have been trained to keep all gates closed in the secured position when the clients are in the facility.	W 249		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure that adaptive equipment was furnished or used as prescribed relative to eyeglasses for client #2. The finding is: Observations in the facility during the recertification survey from 11/29/22-11/30/22 revealed client #2 to participate in various	W 436		

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W 436	Continued From page 4	W 436		

activities including game activities, coloring activities and participate in mealtimes. At no point during the observation period was client #2 prompted to wear her eyeglasses.

Review of the record for client #2 on 11/30/22 revealed a person-centered plan (PCP) dated 7/22/22 which indicates the client has the following adaptive equipment: high sided divided dish, hearing amplified device and eyeglasses. Continued review of the PCP for client #2 revealed client must wear her eyeglasses full time to assist with astigmatism and presbyopia. Further interview with a vision consult dated 4/27/22 and annual nursing assessment dated 6/24/22 revealed client #2 should wear her eyeglasses to assist with astigmatism and presbyopia.

Interview with staff C on 11/30/22 revealed client #2 broke the handles off of her eyeglasses, however the timeframe the eyeglasses have been broken was unknown. Staff C also revealed during the interview client #2 does not have access to her eyeglasses in the facility as the pair of eyeglasses were given to nursing once they were broken. Further interview with staff revealed nursing would ensure client #2 had new eyeglasses. Interview with nursing on 11/30/22 revealed nursing was made aware in October 2022 that client #2 broke her eyeglasses.

Interview with the qualified intellectual disabilities professional (QIDP) on 11/30/22 revealed client #2 is not required to wear eyeglasses at all times. Client #2 will request her eyeglasses when she needs them. Continued interview with the QIDP verified all of client #2 interventions and goals are current. Further interview with the QIDP also

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W 436	Continued From page 5 verified staff will ensure that client #2 has access to a new pair of eyeglasses.	W 436		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) 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 quarterly fire evacuation drills were conducted for each shift of personnel. The finding is: Review of the facility fire drill reports on 11/30/22 for the 12-month review year from 12/2021 - 11/2022 revealed only 7 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 12/8/21 (3rd), 1/10/22 (1st), 2/2/22 (2nd), 3/16/22 (3rd), 4/23/22 (1st), 7/29/22 (1st) and 8/3/22 (2nd). Subsequent review of the fire evacuation drill reports did not reveal fire drill reports for the following months: 5/2022, 6/2022, 9/2022, 10/2022 and 11/2022. Interview with the qualified intellectual disabilities professional (QIDP) on 11/30/22 revealed the missing fire drills for each shift of personnel could not be located during the survey. Continued interview with the QIDP verified the facility should have conducted a fire evacuation drill for each shift of personnel during each quarter of the review year.	W 440		