

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERSIDE RESIDENTIAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>353 ELM STREET FAIR BLUFF, NC 28439</b>		
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W 262	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 1 of 3 audit clients (#6) was reviewed and monitored by the human rights committee (HRC). The finding is:</p> <p>Review on 5/8/23 of client #6's Behavior Support Plan (BSP) dated 8/3/22 revealed target behaviors consisting of agitation, anxious behavior and hallucinations. Further review on 5/8/23 of client #6's BSP revealed no written consent by the HRC.</p> <p>Interview on 5/9//23 with the qualified intellectual disabilities professional (QIDP) revealed that verbal consent was obtained on 3/12/23. However, no written consent has been obtained.</p>	W 262			
W 263	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)</p> <p>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 record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#6). The finding is:</p>	W 263			

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.

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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W 263	Continued From page 1 Review on 5/8/23 of client #6's Behavior Support Plan (BSP) dated 8/3/22 revealed target behaviors consisting of agitation, anxious behavior and hallucinations. The BSP included the use of Escitalopram, Atomoxetine, Trazadone, Clonidine and Chlorpromazine. Further review revealed no consents had been signed by the guardian for these medications.  Interview on 5/9/23 with the qualified intellectual disabilities professional (QIDP) revealed written informed consent should have been obtained for Escitalopram, Atomoxetine, Trazadone, Clonidine and Chlorpromazine. The director confirmed no written consent was obtained by the guardian for any medication.	W 263			
W 381	<b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(1)  The facility must store drugs under proper conditions of security. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure drugs were stored under secure conditions. The finding is:  During observations of medication administration in the home on 5/8/23 at 4:45pm a lock box was noted inside the medication closet unlocked.  Immediate interview on 5/8/23 with the medication technician revealed the box inside the medication closet contains controlled medications. The medication technician revealed that the box should be locked at all times and immediately had staff lock it.  Interview on 5/9/23 with the facility nurse	W 381			

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W 381	Continued From page 2 confirmed that all controlled medications should be double locked. Additional interview revealed all controlled medications are required to be kept locked in a secured lock box and then locked inside the medication closet.	W 381			
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 interviews, the facility failed to ensure 1 of 3 audit clients (#6) were taught to use and make informed choices about the use of eyeglasses. The finding is:  During observations at the home throughout the survey on 5/8/23 through 5/9/23, client #6 was not wearing eyeglasses. At no time was staff observed encouraging client #6 to put his glasses on.  Review on 5/8/23 of client #6's health progress note written on 8/2/22 stated client #6 has myopia and glasses should be worn full time.  Interview on 5/9/23 with Staff A revealed client #6 should be wearing his eyeglasses during waking hours and staff should encourage him to put them on.  Interview on 5/9/23 with the facility nurse revealed client #6 does have eyeglasses and should be	W 436			

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W 436	Continued From page 3 wearing them while awake. The nurse also confirmed that client #6 should be prompted by staff to put them on if he is not wearing them.	W 436			