

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

PRINTED: 04/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2023
NAME OF PROVIDER OR SUPPLIER NEW RIVER COTTAGE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 82 DAVIS LANE SPARTA, NC 28675		
(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 observations and interviews, the facility failed to ensure privacy during personal care for 1 of 3 sampled clients (#1). The finding is:</p> <p>Observations in the facility on 4/25/23 at 5:05 PM revealed staff A to undress client #1 in the bedroom with the door open. Continued observations revealed staff A to escort client #1 to the bathroom unclothed with only an adult brief on his body. Further observation revealed staff A to take off client #1's adult brief in the bathroom to prepare him for his shower as the bathroom door remained open. This surveyor intervened and closed the bathroom door and requested that staff respect client #1's privacy during personal care.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 4/26/23 revealed all staff have been trained to respect the privacy of clients during personal care. Continued interview with the QIDP revealed staff are to assist with maintaining the client's privacy and prevent client #1 from wandering around unclothed. Continued interview with the QIDP revealed staff should respect the privacy of clients during toileting and personal care.</p>	W 130			

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.