

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2024
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on April 3, 2024. The complaints were substantiated (intake #NC 00213812 and NC00213885). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,</p>	V 108		

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V 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 staff (Staff #1 and #2) had current first aid/cardiopulmonary resuscitation (CPR) training. The findings are:</p> <p>Review on 3/21/24 of Staff #1's personnel file revealed: -date of hire 12/15/20. -first aid training expired 12/17/21. -CPR training expired 12/7/23.</p> <p>Review on 3/21/24 of Staff #2's personnel file revealed: -date of hire 12/23/22. -first aid training expired 12/30/23.</p> <p>Interview on 3/20/24 with Staff #1 revealed: -she and Staff #2 were the only staff currently working at the facility. -they rotated shifts on Wednesday of every week. -worked 12 hours shifts from Wednesday to Wednesday. -staff awake hours were from 6:00 a.m. to 10:00 p.m.</p> <p>Interview on 3/20/24 with Staff #2 revealed:</p>	V 108		

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V 108	Continued From page 2 -staff worked "7 days on, 7 days off." -her shift started at "3:00 p.m. tonight (3/20/24) through 3:00 p.m. Wednesday (3/27/24)." -she and Staff #1 were the only 2 staff currently working at the facility. Interview on 3/22/24 with the Staffing Coordinator revealed: -she had worked for the licensee for 2 months. -was unable to find the updated first aid and CPR trainings for Staff #1 and #2.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement strategies to meet the needs of 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 3/21/24 of Client #1's record revealed: -date of admission 4/5/21. -diagnoses of Schizoaffective Disorder Depressive Type, Mild Alcohol Use Disorder, Gastroesophageal Reflux Disorder, and Allergic Rhinitis. -12/16/23 - Person-Centered Plan (PCP) - "What are the obstacles to meeting your goals? [Client #1] is struggling with his mental health and anxiety. His AVH (Auditory-Visual Hallucinations) have been a real challenge for him recently and causes significant barriers to meeting these goals..." -12/18/23 - "Crisis Prevention and Intervention Plan...Early signs that I am not doing well...[Client #1] will have increased AVH and erratic behavior. [Client #1] will have pressure speech and speak about inappropriate things for the conversa (text ends)...Ways that others can help me...Speak to [Client #1] and let him voice his command AVH to you. Direct [Client #1] to use his coping skills and be an active participant in them. Assist (text ends)...Ways that others can help me...Encourage [Client #1] to communicate with his family/Dad/Providers. Encourage [Client #1] to</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>take his PRN (as needed) medication. If needed consult provider to (text ends)...What has worked well with me...[Client #1] does well with connecting with family and preferred providers. [Client #1] has found effective PRN medication. These have been helpful in previous crisis situation. Redirect [Client #1] away from his AVH and onto appropriate items."</p> <p>-2/26/24 - "Care Plan...[Client #1] has difficulties at times managing MH (Mental Health) symptoms (including fixed beliefs/delusions)..."</p> <p>-there were no strategies on how to manage MH symptoms.</p> <p>-there were no updated strategies on how to address Client #1's continued inappropriate sexualized statements.</p> <p>Review on 3/21/24 and 3/25/24 of "T-Logs" (electronic staff shift notes) from 1/1/24 through 3/25/24 for Client #1 completed by Staff #1 and Staff #2 revealed:</p> <p>-1/9/24 - talked "...to staff about his shame...and how disgusted he felt about himself and the porn, the pedophile declaration and the bestiality..."</p> <p>-1/20/24 - Client #1 "...has been having a tough time dealing with his past. Unfortunately, he has been sharing his personal struggles with the other residents (Clients #2 and #3)...Staff members have already spoken to him and advised that he should speak with his crisis team, [Former Qualified Professional (QP)], or his father instead of confiding in the other residents..."</p> <p>-1/22/24 - Client #1 "...stated he was having a lot of problems with issues of his sexuality, pedophilia and racism..."</p> <p>-1/23/24 - Client #1 "...came to office and told staff he needed to talk, he had too much information to share. [Client #1's initials] has been talked to numerous times about disclosing inappropriate discussion about pedophilia etc.</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>Staff told [Client #1's initials] to stay back and stop it..."</p> <p>-2/12/24 - "...has been talking to the residents (Clients #2 and #3) about porn and other things he shouldn't be talking about to the other residents. The staff keeps reminding him of who he is to talk with about that type of thing and he walks away..."</p> <p>-3/12/24 - "...has started peeing on the bathroom walls again, not just behind the toilet but on all walls..."</p> <p>-3/18/24 - "...called (Staff #2) on her day off to discuss inappropriate topics about prison, hard core bikers, racism..."</p> <p>Interview on 3/20/24 with Client #1 revealed: -"I have a bit of a checkered past...I have mental health issues."</p> <p>Interviews on 3/20/24 and 4/1/24 with Client #2 revealed: -Client #1 had said "I'm a pedophile...Sorry, I was looking down your shirt...that he has raped a cat..." -Client #1 said to Client #3 "I'm a pedophile...10 years ago I did something...I raped a cat." Client #3 said something like "[Client #1] I don't want to hear that..." -Client #1 "knocks on my bedroom door and says 'Oh, I'm sorry, I'm a pedophile...'about a month ago..." -Client #1's sexualized comments and behaviors had been going on for "a while" and had "gotten worse in the last 2 months."</p> <p>Interview on 3/20/24 with Client #3 revealed: -"Everything is fine...trying to find a new place (facility) though."</p> <p>Interviews on 3/20/24 and 4/1/24 with Staff #1</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>revealed:</p> <ul style="list-style-type: none"> -Client #1 said "I need to tell you something...I need to tell you this...I used to watch porn when I was a kid...do you know I'm a pedophile? Do you know what that is?" I said 'yes,' and he then yelled, 'I am one.' -Client #1 stated he wanted to be "chemically castrated" that he was "racist and liked S&M (sadistic and masochistic)." -the licensee's Outpatient Behavioral Therapist (OBT) came to the facility and discussed the concerns regarding Client #1 and collected T-logs. -no strategies were developed or implemented to help manage Client #1's behavior. <p>Interviews on 3/20/24, 3/21/24, 3/25/24 and 3/27/24 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -"[Client #1] says inappropriate things at times...he says he's a pedophile..." -Client #1's comments about being a pedophile were "sporadic." -she documented Client #1's behaviors in the T-logs. -she addressed Client #1's comments by saying "...that's inappropriate...or that's not appropriate to discuss with clients..." -"...he knows who he needs to talk to about this." -she asked Client #1 "...if he needed to call crisis." -there "...was really no help with [Client #1]" and how to manage his behaviors. -the OBT came to the facility twice in the past few months, and discussed what we could do as a "household to make everyone comfortable." -no strategies were developed or implemented to address Client #1's behaviors. <p>Interview on 3/27/24 with the OBT revealed:</p> <ul style="list-style-type: none"> -he was asked to complete a clinical consultation 	V 112		

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V 112	<p>Continued From page 7</p> <p>at the facility. -he visited the facility once in January, February and March 2024. -had not met Client #1. -was told staff were "...struggling with what to do with [Client #1]." -did not "...have anything to do with.." developing strategies to help staff with Client #1's behaviors. -had not seen a treatment plan for Client #1's behaviors; "I have to believe there is one in place."</p> <p>Interviews on 3/21/24, 3/22/24 and 4/2/24 with the facility's IDD (Intellectual Developmental Disability) Regional Administrator/Qualified Professional (QP) revealed: -she was covering as the QP for the facility since the Former QP left on 3/15/24. -aware Client #1 told Client #3 he was "gay" and tried to go into the bathroom while Client #3 was in the shower in the same bathroom. -Client #3 was taking a shower and did not lock the bathroom door and Client #1 walked in on him. -Client #1 had said to Client #2 he "used to have sex with cats...and [Client #2's] cat was the one that got away." -Client #1 told Clients #2 and #3, "I want to get castrated...get my d**k cut off..." -while attending the licensee's day program, Client #1 told other client's and local delivery drivers, "I'm a pedophile." -had worked with Client #1 to take accountability for his actions, to re-build relationships with clients in the facility and when he had these thoughts and feelings to say this to the "right people." -not aware Client #1's treatment strategies had not been updated due to his on-going behaviors. -Client #1 had a CST (Community Support Team)</p>	V 112		

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V 112	<p>Continued From page 8</p> <p>whose role was to "step-in" to develop a treatment plan.</p> <p>-the CST since disbanded and she "didn't even know" the CST disbanded at first.</p> <p>-another CST was to be put in place, this never happened, "it fell on us" to develop strategies to assist with Client #1.</p> <p>-this would have been the former QP's responsibility.</p> <p>Review on 4/3/24 of the Plan of Protection dated 4/3/24 written by the IDD Regional Administrator/QP revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>1.) Staff Training for Mental Health Specifics; Courses Include Advanced Crisis Response; Crisis Response, Prevention and Intervention Planning; Columbia-Suicide Severity Rating Scale; Introduction to Mental Illness, Introduction to Substance Related Disorders, Working with Co-Occurring Disorders, and Trauma Informed Care-This is assigned to staff within their Computer Based Training Program and will be completed prior next shift.</p> <p>2.) Meeting will be scheduled for 4/3/24 at 3:30 at the Riverview Group home with members of direct support staff, Residential Team Lead, members of Behavioral Health 356 (licensee outpatient program), and Administrator to explore opportunities for crisis support offered to persons supported and direct support staff.</p> <p>3.) Addendum will be added to person's supported plans by designated QP and Care Manager to develop a more in depth comprehensive Crisis Plan and all staff and persons supported will attend and acknowledge these changes.</p> <p>4.) Residential Team Lead will increase clinical supervision at Riverview by completing three</p>	V 112		

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V 112	<p>Continued From page 9</p> <p>onsite assessments weekly (Interaction, Mealtime, and/or Medication) ensuring a healthy and safe environment starting on 4/4/2024. This will be ongoing and a standing procedure within the home and ongoing monthly indefinitely.</p> <p>5.) Clinical oversight from the clinical team will be increased starting on 4/3/2024 to ensure health and safety of persons supported are present, respectful and therapeutic to all members of the home. This will allow time for discussion of any thoughts, feelings or concerns of nontherapeutic relationships or conflicts within the home. This will be monitored weekly indefinitely to set a presence of the health and safety in the home.</p> <p>Describe your plans to make sure the above happens.</p> <p>1.) Administrator will meet with all direct support professionals on 4/2/2024 and aid them in completing their trainings assigned by 4/5/2024.</p> <p>2.) Administrator will ensure agenda and next steps are developed through direct care plan with team members.</p> <p>3.) Addendums will be added to all persons supported plans to ensure crisis interventions are accessible and present and acknowledgements are received no later than 4/5/24. These will be kept in (electronic medical record) under case notes for staff follow up and also a copy will be given to each guardian and each person supported.</p> <p>4.) Assessments will be collected by the clinical team, reviewed and maintained with the Administrator in the main office as well as copies kept in the home in the office.</p> <p>5.) Clinical oversight will be completed through one-on-one meetings with the residents to offer safe spaces for any concerns regarding health and safety and documented through case notes with electronic health record."</p>	V 112		

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V 112	Continued From page 10 Client #1 had diagnoses of Schizoaffective Disorder Depressive Type, Mild Alcohol Use Disorder, Gastroesophageal Reflux Disorder, and Allergic Rhinitis. The facility did not update Client #1's treatment plan to include strategies to address his increased sexualized comments. Client #1 repeatedly and continually made statements to staff and other clients about being a pedophile, raping a cat, liking S&M, and desiring to be castrated. Client #1 walked in on Client #3 while he was showering. Staff #1 and #2 continued to re-direct Client #1 to no avail. The strategies documented in the 12/18/23 crisis plan were ineffective and did not meet Client #1's needs. No updated treatment strategies were developed and implemented to address Client #1's behaviors. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.	V 118		

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V 118	<p>Continued From page 11</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure medications were administered on a physician's order and MARs were kept current for 2 of 3 audited clients (Clients #1 and #3). The findings are:</p> <p>Review on 3/21/24 of Client #1's record revealed: -date of admission 4/5/21. -diagnoses of Schizoaffective Disorder Depressive Type, Mild Alcohol Use Disorder, Gastroesophageal Reflux Disorder (GERD), and Allergic Rhinitis. -5/25/23 - physician's order for Lamotrigine (mood stabilizer) 100 milligrams (mg) 1 tablet every day. -6/7/23 - list of medications on the electronic</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>medical record revealed Lamotrigine 100 mg "refills denied." -12/7/23 - physician's order revealed client "may participate in self-administration of medications."</p> <p>Observation on 3/20/24 at 11:41 a.m. of Client #1's medications revealed: -Lamotrigine 100 mg was not among the client's current medications.</p> <p>Review on 3/20/24 and 3/21/24 of Client #1's MARs from 1/1/24 through 3/20/24 revealed: -Lamotrigine 100 mg was listed on the January, February, and March 2024 MARs. -client initialed from 1/1/24 through 3/20/24 to indicate he self-administered Lamotrigine 100 mg daily.</p> <p>Interview on 3/20/24 with Client #1 revealed: -he went to the staff office, staff unlocked the closet where his medications were kept. -staff handed him the basket containing his medications and he picked up the bubble packs to determine which medication to take depending on the time. -he signed off on the MAR without double checking if he was taking the right medication. -"To be honest, I get up at 7:00 a.m. (to take medications) and just write (his initials) ...pop the pills (out of the bubble packs), take, and go back to bed." -Staff #1 was present this morning (3/20/24) when he took his medications.</p> <p>Review on 3/21/24 of Client #3's record revealed: -date of admission 2/9/12. -diagnoses of Paranoid Schizophrenia, Borderline Intelligence, Autism Spectrum Disorder, GERD, Asthma, Diabetes Mellitus Type II, and Heart Murmur.</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>-12/7/23 - physician's order revealed client "may participate in administration of his own medications."</p> <p>-1/18/24 - physician's order - Omega 3 Fish Oil (heart disease) 2000 mg 1 capsule every day.</p> <p>Observation on 3/20/24 at 12:23 p.m. of Client #3's medications revealed: -Omega 3 Fish Oil 1000 mg 2 capsules (2000 mg) every day - dispensed 2/13/24.</p> <p>Review on 3/20/24 and 3/21/24 of Client #3's MARs from 1/1/24 through 3/20/24 revealed: -Omega 3 Fish Oil 2000 mg was not listed from 1/18/24 through 2/29/24.</p> <p>Interview on 3/20/24 with Client #3 revealed: -he administered his own medications and staff watched him while he did this.</p> <p>Review on 3/21/24 of Staff #1's personnel file revealed: -date of hire 12/15/20. -title Direct Support Professional (DSP) II. -medication administration training 12/17/20.</p> <p>Review on 3/21/24 of Staff #2's personnel file revealed: -date of hire. -title DSP II. -medication administration training 1/13/23.</p> <p>Interviews on 3/20/24 with Staff #1 and Staff #2 revealed: -the clients' medications were kept locked in the staff room. -at medication time, staff got the medications out, and handed the clients' their baskets. -staff watched the clients during self-administration of medications.</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>Interview on 3/22/24 with the facility's Intellectual Developmental Disability (IDD) Regional Administrator/Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Client #1 had been very "blasé" about taking his medications, he "gets the MAR out and just scribbles," and was not really "active" in wanting to take his medications. -she stated "should he (Client #1) be self-administering...part of that process is knowing what you take, the names of the medications, why you are taking them, and if you are taking it (medications) correctly." <p>Interviews on 3/27/24 and 4/2/24 with the facility's Registered Nurse revealed:</p> <ul style="list-style-type: none"> -worked for the licensee since November 2023. -the physician who ordered Client #1's Lamotrigine has since retired. -Client #1 would have been prescribed Lamotrigine as a "mood stabilizer." -she was "not aware" of why Client #1's Lamotrigine was on the MAR but not in the facility, or why Client #3's Omega 3 Fish Oil was not on the MAR once it was ordered on 1/18/24. -after researching the electronic medical record she determined Client #1's Lamotrigine was never administered due to the medication being denied to be filled. -she was "not sure" why this remained on the MAR or why the physician was not notified. -she contacted Client #1's current physician to discontinue the medication and said it "should have been discontinued a long time ago." -Client #3's Omega 3 Fish Oil was shipped to the licensee's office on 1/23/24 and started 1/26/24, according to the electronic medical record system (this was not reflected on the January MAR). -the pharmacy sent medications along with the 	V 118		

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V 118	<p>Continued From page 15</p> <p>MARs on the 20th of every month. -she was "not sure" why the Omega 3 Fish Oil was not listed on the MAR until March 2024.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 4/3/24 of the Plan of Protection dated 4/3/24 written by the IDD Regional Administrator/QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 1.) Nursing will compare and cross reference Paper MARS, Physician Orders and EMAR (electronic) system to ensure all medications are accurate and accounted for on 4/3/2024. Medications will be reviewed monthly through medication administration and medication room assessments. 2.) Retraining of all direct support staff of proper procedures for medication administration and self-administration guidelines will be completed on 4/3/2024. 3.) Direct Support Professionals will be in-serviced on how to use EMAR to buddy check person's supported self-administration of medications. 4.) All person's supported will be reevaluated for assessment of self-administration of medications on 4/3/2024 during AM Med (medication) pass. Any changes will be noted, and training provided according to assessment findings.</p> <p>Describe your plans to make sure the above happens. 1.) All orders will be reviewed for accuracy and signed by Nursing and Administrator to ensure accountability within the medication</p>	V 118		

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V 118	<p>Continued From page 16</p> <p>administration process. These will be obtained and maintained with the Administrator.</p> <p>2.) Inservice's will be administered and trained by Nursing and Administrator.</p> <p>3.) Direct Support Professionals will sign off on EMAR system starting on 4/2/2024 to ensure self-administration of medication is complete and accurate. This will be done at every medication administration time indefinitely and reviewed by Nursing daily to ensure that all medications are following the six fundamental rights of medication administration.</p> <p>4.) Administrator will evaluate all person's supported to ensure appropriate means of self-administration is still appropriate and retraining is offered to all person's supported should they need additional assistance to safely pass their medications."</p> <p>Client #1 had diagnoses of Schizoaffective Disorder Depressive Type, Mild Alcohol Use Disorder, Gastroesophageal Reflux Disorder (GERD), and Allergic Rhinitis. Client #3 had diagnoses of Paranoid Schizophrenia, Borderline Intelligence, Autism Spectrum Disorder, GERD, Asthma, Diabetes Mellitus Type II, and Heart Murmur. Client #1 was ordered Lamotrigine for mood stabilization on 5/25/23, however this medication was never filled, and thus the client never took this medication. The physician was not notified the Lamotrigine could not be filled. Lamotrigine was on Client #1's January, February, and March 2024 MARs and the client signed indicating he self-administered this medication. Client #1 acknowledged he did not pay much attention and just initialed the MAR, took his medications, and went back to bed. Client #3 was ordered Omega 3 fish oil on 1/18/24 for heart disease. This was not listed on the MAR until 3/1/24.</p>	V 118		

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V 118	Continued From page 17 This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291		

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V 291	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure coordination of care was maintained between the facility and Registered Nurse (RN) who was responsible for treatment/habilitation affecting 1 of 3 audited clients (Client #3) and failed to ensure clients had activity opportunities based on their choices and needs affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Finding #1:</p> <p>Review on 3/21/24 of Client #3's record revealed: -date of admission 2/9/12. -diagnoses of Paranoid Schizophrenia, Borderline Intelligence, Autism Spectrum Disorder, Gastroesophageal Reflux Disease, Asthma, Diabetes Mellitus Type II, and Heart Murmur. -12/7/23 - physician's order "Complete Blood Sugars (BS) Twice Daily...Call Nursing If Blood Sugar Is Less Than 60 Or Greater Than 250." -Vital Signs - BS readings over 250 were: 2/24/24 - 7:33 a.m. 257, 2/24/24 8:06 p.m. 294, 2/25/24 7:41 p.m. 257, 3/7/24 8:25 p.m. 267, 3/8/24 7:36 p.m. 254, 3/11/24 8:51 p.m. 275.</p> <p>Interview on 3/25/24 with Staff #2 revealed: -thought she was to notify nursing if Client #3's BS was over 300.</p> <p>Interview on 3/22/24 with the licensee's RN revealed: -she had not been notified of Client #3's BS being</p>	V 291		

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V 291	<p>Continued From page 19</p> <p>over 250 since employment with the agency.</p> <p>Finding #2:</p> <p>Observation on 3/20/24 at 4:09 p.m. revealed: -no scheduled activity calendar posted anywhere in the facility.</p> <p>Interviews on 3/20/24 with Clients #1, #2 and #3 revealed: -there were no activities at the facility. -the weeks were "kind of the same."</p> <p>Interviews on 3/20/24 with Staff #1 and Staff #2 revealed: -there were not many activities since Covid-19 outbreak. -tried to have "a tv (television) night...movie night...games...things that cost no money." -clients loved to go to the zoo or take a nature hike.</p> <p>Interview on 3/22/24 with the Intellectual Developmental Disability Regional Administrator/Qualified Professional revealed: -there were no structured activities and no budget for activities. -the clients could go to the gym, garden, or do other things around the facility.</p>	V 291		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p>	V 364		

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V 364	<p>Continued From page 20</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of</p>	V 364		

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V 364	<p>Continued From page 21</p> <p>commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make</p>	V 364		

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V 364	<p>Continued From page 22</p> <p>reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p>	V 364		

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V 364	<p>Continued From page 23</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for</p>	V 364		

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V 364	<p>Continued From page 24</p> <p>it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure clients had the right to receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least 6 hours a day. The findings are:</p> <p>Observation on 3/25/24 at 1:45 p.m. revealed: -a sign posted on the front door of the facility, "ALL VISITS MUST BE SCHEDULED WITH STAFF THANK YOU!! (NO SAME DAY VISITS)." -a sign posted on the bulletin board in the dining room, "RIVERVIEW HOUSE RULE ON VISITATION IT IS MANDATORY IF YOU HAVE VISITOR (FAMILY OR FRIEND(S) YOU MUST GIVE STAFF 48 HOURS NOTICE RESPECT YOUR HOUSEMATES' PRIVACY!"</p> <p>Review on 3/22/24 of the facility's policy "Visitation and Tour Policies" last revised July 2009 revealed: -"Legal representative or authorized members of each individual's immediate family may visit the individual at any time of the day without providing prior notice of the visit." -"Approval for Visitation: Members of the community and legal representative will be</p>	V 364		

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V 364	<p>Continued From page 25</p> <p>encouraged to contact the Administrator or QP (Qualified Professional) to arrange visits to a home or work site."</p> <p>Interviews on 3/20/24 with Clients #1, #2 and #3 revealed: -having no visitors started with Covid-19 outbreak, "but it never ended." -could have visitors, but had "to do 48-hour notice to staff...and we are not supposed to have visitors inside due to Covid."</p> <p>Interview on 3/20/24 with Staff #1 revealed: -she was told visitors needed to give 48-hours notice. -this had been in place since Covid-19 and didn't know if this had changed.</p> <p>Interview on 3/20/24 with Staff #2 revealed: -"All we ask for is to let us know (if going to visit)...gives us a heads up." -"Visitors can come in as long as known (they were coming)."</p> <p>Interview on 3/22/24 with the Intellectual Developmental Disability Regional Administrator/QP revealed: -the visitation policy had not changed, visitors could come "anytime." -one legal guardian/father of a client was asked to give "a little bit of a notice." -he "would just come in and walk through the house (facility), go to his (the client's) bedroom, look through the kitchen, looking at the food...just asked him to give a heads up."</p>	V 364		
V 513	27E .0101 Client Rights - Least Restrictive Alternative	V 513		

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V 513	<p>Continued From page 26</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide services that promoted a safe and respectful environment. The findings are:</p> <p>Finding #1: Review on 3/21/24 of Client #1's record revealed: -date of admission 4/5/21. -diagnoses of Schizoaffective Disorder Depressive Type, Mild Alcohol Use Disorder, Gastroesophageal Reflux Disorder (GERD), and</p>	V 513		

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V 513	<p>Continued From page 27</p> <p>Allergic Rhinitis.</p> <p>Review on 3/21/24 of Client #2's record revealed: -date of admission 4/20/20. -diagnoses of Bipolar Disorder, Post-Traumatic Stress Disorder, Attention-Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder, "Mental Disorder," Encephalopathy, and Traumatic Brain Injury with Stable Encephalopathy.</p> <p>Review on 3/21/24 of Client #3's record revealed: -date of admission 2/9/12. -diagnoses of Paranoid Schizophrenia, Borderline Intelligence, Autism Spectrum Disorder, GERD, Asthma, Diabetes Mellitus Type II, and Heart Murmur.</p> <p>Review on 3/21/24 and 3/25/24 of "T-Logs" (electronic staff shift notes) from 1/1/24 through 3/25/24 for Client #1 completed by Staff #1 and Staff #2 revealed: -1/20/24 - Client #1 "...has been having a tough time dealing with his past. Unfortunately, he has been sharing his personal struggles with the other residents (Clients #2 and #3)...Staff members have already spoken to him and advised that he should speak with his crisis team, [Former Qualified Professional (QP)], or his father instead of confiding in the other residents..." -2/12/24 - "...has been talking to the residents (Clients #2 and #3) about porn and other things he shouldn't be talking about to the other residents. The staff keeps reminding him of who he is to talk with about that type of thing and he walks away..."</p> <p>Interview on 3/20/24 with Client #1 revealed: -"I have a bit of a checkered past...I have mental health issues."</p>	V 513		

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V 513	<p>Continued From page 28</p> <p>Interview and observation on 3/20/24 at 1:15 p.m. with Client #2 and a second interview on 4/1/24 revealed:</p> <ul style="list-style-type: none"> -got along with housemates "when they're not nasty." -the client's neck turned red and blotchy. -Client #1 "makes me feel really uncomfortable...if you noticed my neck gets red when I'm upset...it's to the point I have bad dreams of him..." -Client #1 said "I'm a pedophile...Sorry, I was looking down your shirt...that he has raped a cat..." -Client #1 "knocks on my bedroom door and says 'Oh, I'm sorry, I'm a pedophile'...about a month ago..." -Client #1's sexualized comments and behaviors had been going on for "a while" and had "gotten worse in the last 2 months." -"I don't want to be around here...I don't feel comfortable around here...I just want to leave and go to my room...that's why I'm moving out..." -"[Client #1] said to [Client #3], 'I'm a pedophile...10 years ago I did something...I raped a cat.' [Client #3] said something like '[Client #1], I don't want to hear that...'" -Client #3 kept his bedroom door locked because of Client #1. <p>Interview on 3/20/24 with Client #3 revealed:</p> <ul style="list-style-type: none"> -"Everything is fine...trying to find a new place (facility) though." <p>Interviews on 3/20/24 and 4/1/24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -"[Client #1] said, 'I need to tell you something...I need to tell you this...I used to watch porn when I was a kid...do you know I'm a pedophile? Do you know what that is?' I said 'yes,' and he then yelled, 'I am one.'" 	V 513		

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V 513	<p>Continued From page 29</p> <p>-Client #1 stated he wanted to be "chemically castrated," that he was "racist, and liked S&M (sadistic and masochistic)."</p> <p>-there "is a rift in the group (of clients in the facility)...[Client #1] makes everyone uncomfortable..."</p> <p>-she "feels very uncomfortable leaving the house (facility) if (Client #1) is here and (Client #3) and now the new guys (clients)...because I don't know what (Client #1) will do...he says he raped a 15 year old girl..."</p> <p>Interviews on 3/20/24, 3/21/24, 3/25/24 and 3/27/24 with Staff #2 revealed:</p> <p>-Client #1 "says inappropriate things at times...he says he's a pedophile...this will set (Client #3) off and he will stay in his room...there is tension in the house."</p> <p>-Client #1's comments about being a pedophile were "sporadic."</p> <p>Interviews on 3/21/24, 3/22/24 and 4/2/24 with the facility's IDD (Intellectual Developmental Disability) Regional Administrator/QP revealed:</p> <p>-aware Client #1 told Client #3 he was "gay" and there was an incident of Client #1 entering the bathroom when Client #3 was in the shower.</p> <p>-Client #1 told Client #2 he "used to have sex with cats...and [Client #2's] cat was the one that got away...."</p> <p>-had worked with Client #1 to take accountability for his actions, to re-build relationships with clients in the facility and when he had these thoughts and feelings regarding sexualized issues that he should voice these only to the "right people."</p> <p>Finding #2: Observation and interview on 3/20/24 at 4:09 p.m. with Staff #1 revealed:</p>	V 513		

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V 513	<p>Continued From page 30</p> <ul style="list-style-type: none"> -a small refrigerator in the staff office . -there were 2 cartons of milk, several yogurts and other food items. -a large pantry in the kitchen with a second refrigerator and various food items on the shelves. -the refrigerator in the kitchen included 2 containers of lactose free milk, both with client initials on them, and various food items. -there was no milk in the refrigerator for the remaining clients in the facility. -Staff #1 stated the jugs of milk for all the clients were kept in the staff office due to having "2 big milk drinkers (clients) in the house (facility)." -Staff #1 would put the milk in the kitchen refrigerator in the morning and "some folks (clients) get it and drink all of it in that same morning." -the clients "can always ask" for the milk. -the staff office remained locked during the night. -at times, she locked the pantry door at night as a couple of clients would "eat everything" throughout the night. <p>Interviews on 3/20/24 with Clients #1 and #2 revealed:</p> <ul style="list-style-type: none"> -the milk was locked in the staff office and clients had to ask for it if they wanted some. -milk was kept in the office as staff "don't want them (clients) to drink it all." -"We can ask them (staff) to put a jug (of milk) in the fridge (refrigerator)." <p>Interview on 3/25/24 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -milk was kept in the staff office, "1 gallon will be gone in an hour" if it was left in the kitchen refrigerator. <p>Interview on 3/22/24 with the IDD Regional Administrator/QP revealed:</p>	V 513		

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V 513	<p>Continued From page 31</p> <p>-she was not aware of any food being locked up at the facility. -there should be "no locked food." -she was aware of a client who would drink coffee and eat sugar all day long and perhaps this was why staff locked up the food. -clients should have access to food at all times, this would be taken to the human rights committee if it was necessary to limit access.</p> <p>Review on 4/3/24 of the Plan of Protection dated 4/3/24 written by the IDD Regional Administrator/QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 1.) All person's supported and guardians will be informed and acknowledge to call if they feel unsafe or need immediate assistance on 4/2/2024. As well as direct support professionals to understand who to call. 2.) House Meetings will be implemented with all persons supported, team leads, direct support staff, and administrator to occur every Wednesday during shift transitions at 3:00pm. These meetings will include group discussions to give report and establish weekly agenda including activities, menus, appointments, issues concerns and general house guidelines. This will be offered as a safe space for all individuals to discuss concerns, acknowledge changes, and offer feedback. This will also be a time where requests and needs may be discussed. Chances will be offered before and after for one-on-one meetings to discuss things that individuals may not feel comfortable discussing with the group. The first of these meetings will be held on 4/3/24. 3.) Meeting will be scheduled for 4/3/24 at 3:30 at the Riverview Group home with members of direct support staff, Residential Team Lead, members of Behavioral Health 356 (licensee</p>	V 513		

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V 513	<p>Continued From page 32</p> <p>outpatient program), and Administrator to explore opportunities for crisis support offered to persons supported and direct support staff. This will include immediate crisis response concerns as well as other resources that can be utilized in the event of crisis.</p> <p>Describe your plans to make sure the above happens.</p> <ol style="list-style-type: none"> 1.) Administrator will visit Riverview and get signed acknowledgements from all person supported that they understand that in the event of an emergency or crisis who they are to contact to ensure health and safety is a priority. 2.) Administrator will lead and guide the first 4 of these transitional weekly house meetings to ensure they are completed, thorough and comprehensive to the health and safety of person's supported and direct support professionals. The Residential Team Lead will be responsible to manage these meetings after the first four going on indefinitely. 3.) Administrator will create a comprehensive list of resources with members of behavioral health 356 and develop meaningful plans in the event of health and safety concerns in the home. This will be posted in the home for ease of access for individuals experiencing a crisis or needing further resources. This list will be completed no later than 4/17/2024." <p>Clients served by the facility had diagnoses including Schizoaffective Disorder Depressive Type, Bipolar Disorder, Post-Traumatic Stress Disorder, Mental Disorder, Traumatic Brain Injury, Paranoid Schizophrenia, Borderline Intelligence, and Autism Spectrum Disorder. Client #1 repeatedly made sexualized comments to Clients #2 and #3 regarding being a pedophile, raping a cat, liking S&M, and desiring to be castrated. For</p> 	V 513		

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V 513	<p>Continued From page 33</p> <p>comfort, Client #2 would retreat to the safety and solitude of her bedroom and recently revealed she wanted to move out of the facility. Client #1 revealed his sexual preference to Client #3 and walked into the bathroom while Client #3 was showering. Client #3 stayed in his bedroom and kept his door locked. Staff #1 and #2 acknowledged Client #1 has made them, and the clients, uncomfortable. The continuous sexualized comments by Client #1 has created an unsafe and disrespectful environment.</p> <p>This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.</p>	V 513		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p>	V 536		

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V 536	<p>Continued From page 34</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). 	V 536		

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V 536	<p>Continued From page 35</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing,</p>	V 536		

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V 536	<p>Continued From page 36</p> <p>reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2024
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806
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(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) COMPLETE DATE
V 536	<p>Continued From page 37</p> <p>failed to ensure 2 of 3 audited staff (Staff #1 and #2) had completed annual training on alternatives to restrictive interventions. The findings are:</p> <p>Review on 3/21/24 of Staff #1's personnel file revealed: -date of hire 12/15/20. -RHA (licensee) ProAct - expired 1/9/24</p> <p>Review on 3/21/24 of Staff #2's personnel file revealed: -date of hire 12/23/22. -RHA ProAct - scheduled 12/29/22 - "not started."</p> <p>Interview on 3/27/24 with Staff #2 revealed: -she believed the most recent ProAct training she attended was in January 2024.</p> <p>Interview on 3/22/24 with the Staffing Coordinator revealed: -she had worked for the licensee for 2 months. -was unable to find updated RHA ProAct trainings for Staff #1 and #2.</p>	V 536		