

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER RIVERSIDE RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 353 ELM STREET FAIR BLUFF, NC 28439		
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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 3 audit clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of dining and objective implementation. The findings are:</p> <p>A. Observations in the home on 5/28/24 - 5/29/24 revealed client #2 setting his place at the table for meals and participating in self-medication administration. However, he did not attend the scheduled day program, and had no structured activities during extended periods of time. On 5/28/24 from 11:15am - 11:45am, he played Trouble and UNO at the dining table before lunch. After lunch, from 12:30pm - 3:50pm, he sat in his preferred chair in his room, wearing his headphones to listen to music and writing in his tablet. At 3:51pm he went for a brief walk outside and returned for medication administration. From 4:40pm to 5:40pm, he sat in his favorite chair again and listened to music. On 5/29/24 from 6:30am - 7:15am, he sat in his favorite chair and</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>listened to music as he colored before breakfast. After breakfast, he once again sat in his chair listening to music.</p> <p>Review on 5/28/24 of client #2's behavior support plan (BSP), dated 6/15/23, revealed he will likely do best when he is involved in functional, meaningful activities. He should have choices built into the daily schedule and should also have responsibilities to complete with advanced notice of changes in schedule.</p> <p>Review on 5/29/24 of the home activity schedule, posted in the dining area, revealed the following: * 9:15am - 10:00am Goal Training * 10:30am - 11:00am Exercise * 11:00am - 11:45am Group Activity * 1:15pm - 1:30pm Goal Training * 1:30pm - 2:00pm Janitor/Cleaning * 3:00 - 4:00pm Med Pass * 4:00pm - 4:30pm Snack/Toothbrushing * 5:00pm - 5:45pm Goal Training</p> <p>Interview on 5/29/24 with Staff A revealed the home must call in the mornings to see which day program they should attend or if they will need to do activities at home. If clients stay home, staff do activities in the home or go on an outing in the area to get out in the community.</p> <p>Interview on 5/29/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the home switches between two different day programs and sometimes activities at home. However, they should have a variety of meaningful activities for days they do not attend the day program.</p> <p>B. Observations in the home on 5/28/24 - 5/29/24</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>revealed client #2 had a communication picture board on his bedroom wall. However, it was not used by staff or client #2 to communicate. At no time was a Dyna Vox communication device used.</p> <p>Review on 5/28/24 of client #2's IPP, dated 10/18/23, revealed he is non-verbal but responds to yes or no questions by nodding his head. He uses a communication board at home and at the day program.</p> <p>Review on 5/29/24 of client #2's BSP, dated 6/15/23, revealed a consistent pictorial schedule is important in supporting him for clear expectations of schedule. When changes occur, they should be reviewed with him as early as possible.</p> <p>Review on 5/29/24 of client #2's Dyna Vox Guidelines, dated 7/11/14, revealed he uses the device to communicate with staff because he is unable to express his opinions using speech, gestures, or body language. Staff should ensure he uses it at snack time, when he is communicating leisure activity preferences, and in general conversation with staff and peers.</p> <p>Interview on 5/29/24 with Staff A revealed client #2 uses a Dyna Vox at the vocational program and a picture board is on his bedroom wall.</p> <p>Interview on 5/29/24 with Staff C revealed client #2 has a Dyna Vox on the bedroom wall.</p> <p>Interview on 5/29/24 with the QIDP revealed she does not know if client #2 uses a Dyna Vox, but the Life Skills Coach (LSC) would know.</p>	W 249			

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W 249	Continued From page 3 Interview on 5/29/24 with the LSC revealed client #2 uses a Dyna Vox at the vocational program. Further interview on 5/29/24 with the QIDP revealed the Dyna Vox guidelines were older. The QIDP confirmed that the guidelines were there to guide the use of the Dyna Vox, presently only in use at the day program. In addition, the device should be available for communication at home for guideline expectations, and staff should use the communication board in client #2's room.	W 249			
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i) The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Individual Program Plan (IPP) was reviewed as necessary after the client had successfully completed objectives. This affected 1 of 3 audit clients (#2). The findings are: Review on 5/28/24 of client #2's habilitation goals revealed a goal to independently complete his dental hygiene in 30 out of 30 days by 6/30/24. No progress monitoring could be located. Review on 5/28/24 of client #2's adaptive behavior inventory (ABI), dated 6/20/23, revealed he can perform some toothbrushing hygiene skills independently. Review on 5/29/24 of client #2's most recent	W 255			

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W 255	Continued From page 4 habilitation evaluation, dated 10/12/17, revealed a history of the same dental hygiene goal, to correctly complete his dental hygiene once per day for 30 consecutive sessions. The goal was implemented in 2016. Review on 5/29/24 of the most recent habilitation progress note, completed by the Life Skills Coach (LSC) and dated 7/9/19, revealed client #2 met 100% criterion in May, 2019. However, the goal was never changed and no further monitoring documentation was located. . Interview on 5/29/24 with the LSC revealed she had started working in the position last year and was still completing assessments toward changing goals. Interview on 5/29/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she does not write goals or track the progress. When asked how she monitors progress to determine goals for the upcoming year, the QIDP revealed the team discusses progress and decides. The QIDP was unaware of client #2's goals or that he had met his goals.	W 255			
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program	W 257			

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W 257	<p>Continued From page 5</p> <p>Plan (IPP) was reviewed and revised as needed after 1 of 3 audit clients (#2) failed to progress towards identified objectives. The finding is:</p> <p>Review on 5/28/24 of client #2's training goal documentation revealed objectives to independently transfer food in a serving container for 30 out of 30 days and administer medications for 30 our of 30 days.</p> <p>Additional review of available progress notes, dated 7/9/2019, revealed no progress notes since 2019 by the life skills coach (LSC) and no current Qualified Intellectual Disabilities Professional (QIDP) review. In addition, client #2 had the following goals implemented in 2017:</p> <ul style="list-style-type: none"> *Correctly transfer food in a serving container at evening meals once per day for 30 out of 30 days with the highest progress noted at 92% in 2018 *Independently administer his medication for 30 out of 30 consecutive days with limited progress toward criteria <p>Interview on 5/29/24 with the LSC revealed no progress notes were available, and goals had not been updated.</p> <p>Interview on 5/29/24 with the QIDP revelaed she does not write goals or track progress. The team discusses and decides when goals should be changed at annual meetings. The LSC writes the goals.</p>	W 257			

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W 460	<p>Interview on 2/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the objectives needed to be revised for lack of progress.</p> <p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure clients received a modified and specially-prescribed diet as indicated. This affected 1 or 3 audit clients (#4). The findings are:</p> <p>During lunch observations in the home on 5/28/24, client #4 was served and consumed one serving of roast, one serving of peas, and one serving of broccoli - cauliflower mix. Dinner observations on 5/28/24 revealed client #4 was served and consumed one small serving of roasted turkey, one serving of rice, and one serving of mixed vegetables. He was not offered an extra portion of meat or protein.</p> <p>During breakfast observation in the home on 5/29/24, client #4 was served and consumed one serving of scrambled eggs, one serving of grits, and two pieces of toast with sugar-free jelly. He was not offered an extra portion of protein.</p> <p>Review on 5/28/24 of client #4's individual program plan (IPP), dated 6/22/23, revealed he is</p>	W 460			

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W 460	<p>Continued From page 7</p> <p>diabetic, but no dietary information was included.</p> <p>Review on 5/28/24 of client #4's nutritional evaluation, dated 4/15/24, revealed a prescribed heart-healthy diet with low concentrated sweets and an extra serving of meat at each meal.</p> <p>Interview on 5/29/24 with the Staff A revealed client #4 receives an extra portion of meats at meals.</p> <p>Interview on 5/29/24 with Staff B revealed client #4 should receive an extra portion of meat or protein at meals if he wants.</p> <p>Interview on 5/29/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 should have received an extra portion of meats.</p>	W 460			