DEPARTMENT OF HEALTH AND HUMAN SERVICES										
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO.	0938-0391				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		Сом	E SURVEY IPLETED				
		34G232	B. WING _			C 07/10/2024				
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE						
NORTHRIDGE RESIDENTIAL				68 MITCHELL FORD ROAD CLARKTON, NC 28433						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE				
W 000	INITIAL COMMENTS		W 00	/ 000						
W 153	A complaint survey was completed on 7/10/24 for intake #NC00217703. The allegation was substantiated without deficiency and a related deficiency was cited. STAFF TREATMENT OF CLIENTS		W 15	3						
	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to immediately notify the state agency, once an allegation of neglect was reported. This affected 1 of 1 audit client (#6). The finding is: Review on 7/10/24 of the Incident Response Improvement System (IRIS) revealed the Qualified Intellectual Disabilities Professional (QIDP) filed the initial incident report with the state on 5/13/24. In the report, it was alleged that Staff B witnessed Staff A sleep on a sofa in the house on 5/9/24 when Staff A was responsible to supervise client #6. Staff B reported the incident to the Home Manager (HM) on 5/9/24, who waited until 5/10/24 to report to the QIDP. An additional review on 7/10/24 of a 2nd IRIS report filed by the QIDP revealed on 7/4/24 client #6 had an unknown injury to his ankle that needed investigation. The QIDP filed the report to the state (LMO) on 7/9/24.									

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 07/18/2024

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.

DEPART CENTE	PRINTED: 07/18/2024 FORM APPROVED DMB NO. 0938-0391							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
34G232		B. WING			C 07/10/2024			
NAME OF PROVIDER OR SUPPLIER				S	STREET ADDRESS, CITY, STATE, ZIP CODE	-		
NORTHRIDGE RESIDENTIAL			68 MITCHELL FORD ROAD CLARKTON, NC 28433					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 153	Review on 7/10/24 and Exploitation Re QIDP will notify the phone immediately that involved a pote protocols should be and state entities. S specific incident rep agency within 24 ho Interview on 7/10/24 had trouble uploadi Interview on 7/10/24 when the QIDP was position, he receive consultant within th conduct an investig	of the facility's Abuse, Neglect, porting Policy revealed the the Quality Management via of being aware of an incident ential internal investigation. All a followed for reporting to local Staff will complete a State port and send it to the State ours. 4 with the QIDP revealed he	W	153				

FORM CMS-2567(02-99) Previous Versions Obsolete