

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

PRINTED: 12/08/2023
FORM APPROVED
OMB NO. 0938-0391

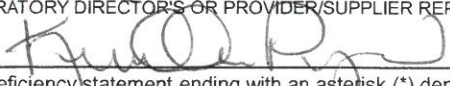
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2023
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1793 RIVERVIEW ROAD LINCOLNTON, NC 28092
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W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure staff were adequately trained to administer goals and objectives for 2 of 6 clients (#2, #4). The finding is:</p> <p>A. Observation in the group home on 11/18/23 between 3:45 PM and 5:45 PM revealed client #2 to be present in the home following his return from school. Continued observation revealed client #2 to go outside briefly to ride a scooter, speak to his parents on the phone, and otherwise to wander around the home speaking to people and looking for things to do. Further observation revealed that client #2 requested to assist staff with preparing dinner but was told by staff that there was nothing for him to do. Subsequent observation revealed client #2 to set his own plate on the table for dinner but not to participate any further in setting the table. Additional observation revealed that at no time did any staff attempt to engage client #2 in completing any goals set forth in the Person-Centered Plan created for him or prompt him to engage in a productive activity.</p> <p>Record review on 11/28/23 revealed a Person Centered Plan dated 5/16/23 for client #2 which includes the following goals: ride his scooter for 30 minutes a day, walk for 30 minutes, complete his laundry routine 2 days per week, take the trash out daily, sweep the kitchen daily, pick an event to attend in the community once a month,</p>	W 189	<p>The QIDP will provide training of staff during monthly house meetings on PCP program's focusing on effectively administering two client's programs per month for 3 months.</p>	02/12/24
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DHSP-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 12/20/23
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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 189	<p>Continued From page 1</p> <p>follow a recipe once a month, set the table for dinner every night, make a grocery list of the items he needs for his recipe, plan a house activity weekly for his peers.</p> <p>In an interview with client #2 on 11/28/23 the client stated that, to his recollection, he has not chosen nor followed a recipe, made a grocery list for a specific recipe, picked a community event, nor planned a house activity for his peers since he arrived at the home on 4/7/23. The client further stated that he would like to be involved in planning and preparing meals for the home, specifically, using the stove and oven and not just taking things out of the microwave.</p> <p>Interview with the Qualified Developmental Disability Professional (QIDP) and the Behavior Analyst on 11/29/23 confirmed that client #2's goals are current, and that staff should be properly trained to administer client #2's goals consistently. Continued interview revealed that the facility could not produce evidence of staff training on the specific goals for client #2. Subsequent interview confirmed that staff should be trained to prompt clients every 10-15 minutes to participate in a productive activity.</p> <p>B. Observations in the group home on 11/28/23 between 4:25 PM and 5:45 PM revealed client #4 to return from an outing at 4:25 PM and to go straight to his room where he remained until approximately 5:14 PM. Continued observation revealed client #4 to interact with staff at around 5:14, asking about drinks and dessert, then to return to his room until approximately 5:30, when he went into the dining room. Except for the brief interaction at around 5:14 PM, no staff interacted with client #4 or offered him any meaningful</p>	W 189			

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W 189	<p>Continued From page 2 activity between 4:25 PM and 5:30 PM.</p> <p>Observations in the group home on 11/29/23 between 6:25 AM and 8:57 AM revealed client #4 to be in his bedroom from 6:25 AM until 8:31 AM. Continued observation revealed staff to have no interaction with client #4 from 6:25 AM until 8:22 AM when the client was verbalizing loudly from his room. Further observation revealed staff to exchange words with client #4 from 8:22 AM until the client entered the dining room in his pajamas and ate breakfast at 8:31 AM. Subsequent observation revealed client #4 to finish breakfast at 8:38 AM, take his dishes to the kitchen, then enter the medication room for his morning meds, after which client #4 returned to his bedroom and indicated he was not going to get on the van to go to the vocational center. Additional observations revealed that client #4 did not get on the van to go to the vocational program.</p> <p>Record review on 11/29/23 revealed a Person-Centered Plan (PCP) for client #4 dated 11/14/23 which includes a goal of attending the vocational program daily, being 85% successful, for two consecutive progress periods by 9/1/24. Continued record review revealed a Behavior Support Plan (BSP) for client #4 dated 10/18/18 which identifies a target behavior of refusing to get on the van for work, for which the original objective date of 12/1/19 has been manually changed to 12/1/23. Further review revealed a mini-team note dated 5/2/22 which sets out a morning routine for client #4 to include, "Once client #4 exits his room he should be fully dressed (minus shoes if necessary) and brought directly to the med room for his first med, he then can return to his room until he is able to have breakfast. After breakfast, client #4 should avoid going back</p>	W 189			

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W 189	Continued From page 3 into his room because once he does behaviors tend to follow. Client #4 should be the last person to receive his meds and then the house should depart for the VOC Center." Interview with the Qualified Intellectual Disability Professional (QIDP) and the Behavior Specialist revealed that the facility could not produce evidence of staff training on the specific goals for client #4. Continued interview confirmed that the goals contained in the PCP of client #4 are current and that staff should be training those goals daily. Further interview confirmed that the mini-team note for client #4 dated 5/2/22 should have been incorporated into the client's BSP and that staff should be training this objective daily. Subsequent interview confirmed that staff should be trained to prompt clients every 10-15 minutes to participate in a productive activity.	W 189			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to implement training objectives and provide a continuous active treatment program to engage 6 out of 6 clients	W 249	The QIDP will be providing training at each house meeting regarding individual's programs and how to effectively run them. Training will be provided for two individual's per month for the next 3 months,	02/12/24	

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W 249	<p>Continued From page 4 (#1, #2, #3, #4, #5, #6) during large periods of unstructured leisure time.</p> <p>Observations in the group home between 3:45 PM and 5:30 PM revealed client #1 to sweep her bedroom and hallway for approximately 60 minutes with minimal interaction from staff, and client #2 to spend roughly 90 of 105 minutes wandering around the home speaking to people and looking for things to do. Continued observations revealed client #3 to sit on a reclining couch in the living room with a sheet of paper and a crayon from 3:45 PM until 5:30 PM except for 2 bathroom breaks with no other staff interaction. Further observation revealed client #4 and client #6 to return from an outing at approximately 4:25 PM, with client #4 then staying in his room and client #6 sitting in the living room with a magazine with minimal staff interaction until 5:30 PM. Subsequent observations revealed client #5 to spend approximately 95 of 105 minutes in his bedroom with minimal staff interaction and no prompts to engage in productive activities.</p> <p>Record review revealed that each client has a current Person-Centered Plan containing training objectives appropriate to the home living enrolment.</p> <p>Interview with the Qualified Intellectual Disability Professional (QIDP) and the Behavior Specialist confirmed that staff should be aware of clients' training objectives and should prompt clients every 10-15 minutes to participate in a productive activity.</p>	W 249		
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)	W 260		

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W 260	Continued From page 5 At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: The facility failed to assure the behavior support plans (BSPs) for 4 of 6 clients in the group home (#1, #3, #4 and #6) were reviewed and revised annually as required as evidenced by interview and record verification. The finding is: Review of client #1's record, substantiated by interview with the behavior analyst on 11/29/23 revealed the most current BSP available for review was completed on 3/28/16. Further review of client's record revealed the objective date was changed from 3/1/17 to 3/1/24. Review of client #3's record, substantiated by interview with the behavior analyst revealed the most current BSP available for review was completed on 5/5/22. Further review of client's record revealed the objective date was changed from 4/1/23 to 4/1/24. Review of client #4's record, substantiated by interview with the behavior analyst revealed the most current BSP available for review was completed on 10/18/18. Further review of client's record revealed the objective date was changed from 12/1/19 to 12/1/24. Review of client #6's record, substantiated by interview with the behavior analyst revealed the most current BSP available for review was completed on 9/30/20. Further review of client's record revealed the objective date was changed from 10/1/21 to 10/1/24.	W 260	Behavior Analysis will update, review, and revise all Behavior Support Plans annually	02/12/24	

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W 260	Continued From page 6 Subsequent interview with the behavior analyst on 11/29/23 revealed clients #1, #3, #4 and #6's BSP's are being updated and awaiting review and signatures from the psychologist. Continued interview with the behavior analyst revealed guardians and HRC have to also review and provide signatures for approval. Further interview confirmed BSP's needs to be reviewed and revised annually as required.	W 260		
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) 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 observation, record review and interview, the facility failed to ensure that restrictive techniques were monitored and reviewed annually by the human rights committee (HRC) for 5 of 6 clients (#1, #3, #4, #5, #6). The finding is: Observations throughout the recertification survey period from 11/28/23 - 11/29/23 revealed a latched fence and exterior door alarms to chime as staff, clients and surveyors entered and exited the group home. Review of client records on 11/29/23 for clients #1, #3, #4, #5 and #6 revealed expired signed consents ranging from 8/31/22 through 10/13/22 from HRC relative to a latched fence and alarms on exit doors. Interview with the qualified intellectual	W 262	The QIDP will ensure that all restrictive techniques will be reviewed by the HRC and consents signed related to all restrictions	02/12/24

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W 262	Continued From page 7	W 262			
W 263	developmental professional (QIDP) on 11/29/23 revealed that updated signed consent forms could not be located during the survey. Continued interview with the QIDP verified HRC limitation consent forms for all clients should be updated and signed by the HRC annually. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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 observations, record review and interviews, the facility failed to ensure restrictive techniques were reviewed and approved by the legal guardians for 5 of 6 clients (#1, #3, #4, #5, #6). The finding is: Observations throughout the recertification survey period from 11/28/23 - 11/29/23 revealed a latched fence and exterior door alarms to chime as staff, clients and surveyors entered and exited the group home. Review of client records on 11/29/23 for clients #1, #3, #4, #5 and #6 revealed expired signed consents ranging from 8/31/22 through 10/13/22 from the legal guardians relative to a latched fence and alarms on exit doors. Interview with the qualified intellectual developmental professional (QIDP) on 11/29/23 revealed that updated signed consent forms could not be located during the survey. Continued interview with the QIDP verified HRC limitation consent forms for all clients should be updated	W 263	The QIDP will ensure that all restrictive techniques are to be reviewed, and consents signed by the guardian related to latched fence and the alarms on the exit doors	02/12/24	

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W 263	Continued From page 8 and signed by the legal guardian annually.	W 263			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is: During observations in the home on 11/28/23 from 3:45 PM to 5:45 PM, staff B was observed to wear plastic gloves while assisting with preparing dinner in the kitchen. Continued observations revealed at 5:10 PM staff B to assist client #6 in the livingroom area, pat him on the shoulder while wearing the same plastic gloves. Further observations revealed staff B to wipe her nose, enter the kitchen area to prepare serving bowls, then place them on the cart while wearing the same plastic gloves. Subsequent observations revealed staff B to begin writing in the substitution book before handing it over to another staff while wearing the same plastic gloves. Interview with the qualified intellectual disabilities professional (QIDP) on 11/29/23 revealed that gloves are worn by some staff while some staff do not. The QIDP confirmed that staff should change gloves and wash their hands regularly.	W 454	The Nursing Department will provide In-Service training on Infection Control Measures and the prevention of cross-contramination.	02/12/24	
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv)	W 475			

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W 475	<p>Continued From page 9</p> <p>Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all appropriate utensils were provided to 3 out of 6 clients (#1, #5, #6) for 2 out of 2 meals. The finding is:</p> <p>Observation in the group home on 11/28/23 at 5:30 PM revealed place settings for each client to include a fork and spoon, but no knife. Continued observation revealed client #1, client #5 and client #6 to participate in the dinner meal which included chicken legs, mashed potatoes, and green beans. Further observation revealed staff at no time provided a knife to any of the clients.</p> <p>Observation in the group home on 11/2/23 at between 7:35 AM and 8:31 AM revealed place settings for client #1 and client #5 including a fork, but no knife and a setting for client #6 including a spoon but no knife. Continued observation revealed client #1, client #5 and client #6 to participate in the breakfast meal which included grits and whole sausage patties. Further observation revealed staff at no time provided a knife to any of the clients.</p> <p>Record review revealed an Adaptive Behavior Inventory (ABI) dated 11/3/23 for client #1 which indicates she is capable of independently using a knife during meals. Continued record review revealed an ABI dated 6/26/23 for client #5 which indicates he is capable of independently using a knife during meals and an ABI dated 8/14/23 for client #6 which indicates he is capable of independently using a knife during meals.</p>	W 475	The QIDP will provide In-Service Training on providing all appropriate utensils for each meal being served	02/12/24	

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W 475	Continued From page 10 Interview with the Qualified Intellectual Disability Professional (QIDP) and the Behavior Specialist confirmed that each client is capable of independently using a knife during meals and should be provided with one when appropriate to the food being served.	W 475		