

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

PRINTED: 12/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AT PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2023
NAME OF PROVIDER OR SUPPLIER J. IVERSON RIDDLE DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD MORGANTON, NC 28655		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS A recertification and complaint survey for Intake #NC00210367 and #NC00210759 was completed on 12/13/23. Intake #NC00210367 was substantiated with no deficiencies cited; Intake #NC00210759 was unsubstantiated with no deficiencies cited. However, deficiencies were cited as a result of the recertification survey.	W 000			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to assure the individual program plans (IPP)'s for 1 of 3 audit clients (#13) residing in Hemlock had behavioral guidelines to address identified behavioral needs. The finding is: During observations in Hemlock South on 12/12/23 at 11:05am, client #13 entered the door of the unit after returning from class at Redwood using profanity and yelling at staff as she walked into the living area. Staff D walked her down the hallway to the dining room. Staff D from Hemlock South asked staff B from Hemlock North to help get client #13 seated and set up for lunch as staff D left the dining room. During continued observations on 12/12/23 at 11:30am in the Hemlock dining room, client #13 cried and yelled, "I hate her! I am going to hit her and knock her down."	W 227	W227 By January 10, 2024, a level A Behavioral Support Plan will be implemented for client #13 to provide direct support professionals with consistent training methodology for the reduction of verbal aggression as an identified target behavior. During the psychology assessment to establish stated Behavioral Support plan, client #13 will be assessed for the potential need to address physical aggression, Self- Injurious Behavior and/or crying as additional target behaviors. By January 31, 2024, training on Behavioral Support Plan guidelines will be provided to direct support professionals serving client #13. This training will be documented on in-service rosters. Responsible Persons: Psychology Staff	1/10/24 1/31/24	

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

TITLE

(X6) DATE

Director, SMO

12/28/23

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 227	<p>Continued From page 1</p> <p>During additional observations on 12/12/23 following lunch at 12:05pm, client #13 was observed to hit her head with her hand several times a few minutes later. Staff B and Hemlock South staff C relocated several clients sitting near client #13 to other couches and chairs in the living area. Another client walked out of the living area and banged her head 4 times on a door in the hallway as the noise level rose in the area.</p> <p>Interview on 12/12/23 with the behavioral program specialist (BPS) revealed client #13 does not have behavioral guidelines or a behavior support program (BSP). Further interview revealed client #13 has a diagnosis of undifferentiated Schizophrenia and that she has a history of taking psychotropic medications in the past. Additional interview revealed she exhibits verbal aggression and makes threats at least 3-4 times a week often without any identified cause. The BPS stated that staff are often cautioned before taking client #13 into the community because client #13 can be verbally aggressive and may try to hit others.</p> <p>Review on 12/12/23 of client #13's IPP dated 4/6/23 revealed she has a diagnosis of Undifferentiated Schizophrenia and Severe Intellectual disabilities. Further review of the IPP revealed client #13 has no BSP and behavioral guidelines. There is a section in her IPP that indicates if client #13 yells, cries or vocalizes or hits herself, that she is unhappy and staff need to change up the activity to something she is interested in.</p> <p>Review of records on 12/13/23 revealed the last Psychology evaluation for client #13 was dated 3/13/01 prior to her admission on 3/25/03.</p>	W 227			

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W 227	Continued From page 2	W 227			
W 242	<p>Interview on 12/12/23 with the qualified intellectual disabilities professional (QIDP) confirmed client #13 does exhibit verbal aggression and make verbal threats however, she stated client #13 does not have behavioral support guidelines to help direct care staff consistently work to replace these target behaviors with more socially appropriate behaviors.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure training was developed for 2 of 2 sampled clients (#8 and #10) residing in the Hemlock residential area which addressed dining needs identified in the individual program plans (IPP)'s to promote personal independence. The findings are:</p> <p>A. During observations on 12/12/23 at 5:23pm, Client #8 was eating in the dining room using a divided plate, regular spoon and was wearing a shirt protector. Client #8 was not provided a napkin. Client #8 had moderate spillage on his shirt protector, around his face and on the table around his plate. At the end of his meal, staff A in</p>	W 242	<p>W242 By January 10, 2024, formal treatment objectives will be implemented for client #8 and client #10 to increase independence with napkin use at mealtimes.</p> <p>By January 17, 2024, training on established formal treatment objectives will be provided to direct support professionals serving clients #8 and #10. This training will be documented on in-service rosters.</p> <p>Responsible Persons: Hemlock QIDP</p>	1/10/24 1/17/24	

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FORM H-1700 (REV. 10-2019)
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W 242	<p>Continued From page 3</p> <p>Hemlock North used his shirt protector to wipe his face as he left the table. A stack of napkins was noticed on a nearby ledge.</p> <p>During observations of breakfast on 12/11/23 at 8:04am, client #8 was eating in the dining room scooping french toast, sausage and grits with his left hand. Client #8 was wearing a shirt protector. He was not offered a napkin. Client #8 had moderate spillage on the table and around his face. He was not offered a napkin. At the end of his meal, staff C in Hemlock North used client #8's shirt protector to wipe off his face before he left the dining room table.</p> <p>During observations of supper on 12/11/23 at 5:11pm, client #8 was using a divided plate, regular spoon and was wearing a shirt protector. He was wearing a shirt protector but was not offered a napkin. He was served sloppy joes, potatoes, slaw and jello. Client #8 had moderate spillage around his mouth, on the table and around his plate. At the end of his meal, staff D in Hemlock North used client #8's clothing protector to wipe off his face.</p> <p>Review on 12/11/23 of client #8's life skills tracker dated 6/12/23 revealed he requires prompts to use a napkin during dining.</p> <p>Interview on 12/12/23 with the qualified intellectual disabilities professional (QIDP) revealed staff should offer and assist client #8 with a napkin. Further interview revealed client #8 has not been considered for training to use a napkin to become more independent at mealtime.</p> <p>B. During observations on 12/12/23 of supper at 5:30pm, client #10 was assisted to his table and</p>	W 242		
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W 242	<p>Continued From page 4</p> <p>staff A from Hemlock South put a clothing protector on client #10 after removing his protective helmet. Client #10 had moderate spillage around his face and around his placesetting. Client #10 was not offered a napkin.</p> <p>During observations on 12/12/23 of lunch at 11:51am staff B in Hemlock South assisted client #10 with removing his helmet with faceguard, sanitizing his hands and setting his inner lip plate at his place setting with chicken, potato salad and green beans in front of him. Staff B from Hemlock North assisted client #10 with putting his shirt protector on. He was not offered a napkin.</p> <p>During additional observation on 12/12/23 of lunch revealed that client #10 had some spillage around his face, place setting. Client #10 finished his meal and pushed his plate away from him at 12 noon. Staff B from North Hemlock used client #10's shirt protector to wipe his face.</p> <p>Additional observation revealed at both meals that a stack of napkins was sitting nearby on a ledge in the dining room but was not available at client #10's place setting.</p> <p>Review of records on 12/12/23 of client #10's life skills tracker dated 6/22/23 revealed client #10 requires a prompt to use a napkin.</p> <p>Interview on 12/12/23 with the qualified intellectual disabilities professional (QIDP) revealed staff should offer and assist client #10 with a napkin. Further interview on 12/12/23 revealed client #10 has not been considered for formal training to use a napkin to increase his independence at mealtime.</p>	W 242		
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W 249 W 249	Continued From page 5 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 ensure two sampled clients (#3 and #9) received a continuous active treatment program relative to adaptive equipment. The findings are: A. The facility failed to provide client #3 with prescribed silicone mat and clothing protector: For example: Observations of the dinner and breakfast meal during the facility survey 12/11-12/13 revealed that client #3 participated in the dinner on 12/11/23 and breakfast meal on 12/12/23 with the following adaptive equipment: a sectional plate, built handle spoon, a cup, and a napkin. Continued observation revealed the client to brace his plate with his elbows and eat his meal with his built spoon and fingers. At no time during the observations were staff observed to provide client #3 with a silicone mat and an adult clothing protector. Review of records on 12/13/23 for client #3	W 249 W 249	W249 By January 10, 2024, Occupational Therapy will complete a reassessment of client #9 for mealtime adaptive equipment needs to maximize resident independence. By January 17, 2024, Occupational Therapy will provide updated mealtime guideline training to direct support professionals who serve client #9. This training will be documented on in-service rosters. QIDP will update client #9's Person Centered Plans to reflect updated recommendations. By January 17, 2024, Occupational Therapy will provide mealtime training to direct support professionals who serve client #3. This training will be documented on in-service rosters. Responsible Persons: Pine Occupational Therapist, Pine QIDP	1/10/24 1/17/24 1/17/24

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W 249	<p>Continued From page 6</p> <p>revealed an individual habilitation plan (IHP) dated 2/7/23. Continued review of the IHP revealed an occupational therapy evaluation dated 1/24/23 for client #3 to be prescribed a sectional plate, silicone mat, adult clothing protector, built up handle spoon, and a regular cup for mealtime support.</p> <p>Interview with the Qualified Intellectual Disability Professional (QIDP) on 12/13/23 confirmed the PCP for client #3 to be current. Continued interview with the QIDP confirmed that staff should have provided client #3 with his prescribed adaptive equipment.</p> <p>B. The facility failed to provide client #9 with prescribed small fork. For example:</p> <p>Observations of the dinner and breakfast meal during the facility survey 12/11-12/13 revealed that client #9 participated in the dinner meal and breakfast meal with the following adaptive equipment: inner lip plate, silicone mat, a regular cup, spoon, raised black box, and a napkin. At no time during the observations were staff observed to provide client #9 with a small fork.</p> <p>Review of records on 12/13/23 for client #9 revealed an IHP dated 4/4/23. Continued review of the IHP revealed an occupational therapy evaluation dated 3/14/23 for client #9 to be prescribed an inner lip plate, regular glass, regular knife, small fork and spoon with small bowl, elevated surface for good mealtime posture.</p> <p>Interview with the QIDP on 12/13/23 confirmed the PCP for client #9 to be current. Continued interview with the QIDP confirmed that staff</p>	W 249		

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W 249	Continued From page 7 should have provided client #9 with his prescribed adaptive equipment during all meals.	W 249		