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

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

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		34G003	B. WING _		1.0	C
	PROVIDER OR SUPPLIER SON RIDDLE DEVELO	PMENTAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD MORGANTON, NC 28655	1 12	/13/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	rs	W 00	0		
W 227	#NC00210367 and a on 12/13/23. Intake substantiated with n #NC00210759 was deficiencies cited. H	o deficiencies cited; Intake unsubstantiated with no lowever, deficiencies were ne recertification survey. RAM PLAN	W 22'	⁷ W227		
	objectives necessary as identified by the c required by paragrap This STANDARD is Based on observation interview the facility program plans (IPP)'s residing in Hemlock I	ram plan states the specific to meet the client's needs, comprehensive assessment of (c)(3) of this section. The finding section and the failed to assure the individual for 1 of 3 audit clients (#13) and behavioral guidelines to avioral needs. The finding		By January 10, 2024, a level A Behavior Plan will be implemented for #13 to provide direct support professi with consistent training methodology the reduction of verbal aggression as identified target behavior. During the psychology assessment to establish st. Behavioral Support plan, client #13 w assessed for the potential need to addriphysical aggression, Self- Injurious	onals for an ated vill be ress	1/10/24
	12/12/23 at 11:05am, of the unit after returnusing profanity and y into the living area. Shallway to the dining a South asked staff B fi	in Hemlock South on client #13 entered the door ning from class at Redwood telling at staff as she walked staff D walked her down the room. Staff D from Hemlock rom Hemlock North to help and set up for lunch as staff.		Behavior and/or crying as additional t behaviors. By January 31, 2024, training on Behavioral Support Plan guidelines w provided to direct support professiona serving client #13. This training will I documented on in-service rosters. Responsible Persons: Psychology Staf	ill be ls be	/31/24
	11:30am in the Hemlo	crvations on 12/12/23 at ck dining room, client #13 te her! I am going to hit her	e	RECEIVED JAN 8 2024	A	ā
BORATORY	DIRECTOR'S OR PROVIDER.	SUPPLIER REPRESENTATIVE'S SIGNAT	TIRE	DHSR-MH Licensure Sec		(6) DATE

An iciency 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 wing 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 program participation.

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

PRINTED: 12/15/2023 FORM APPROVED

STATEME	NT OF DEFICIENCIES		1			(OMB N	<u>0. 0938-039</u>
A' AN	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DA	ATE SURVEY
		34G003	B. WINC	ì				C
NAME OF	F PROVIDER OR SUPPLIER				NEET LEBERGE		12	2/13/2023
	SON RIDDLE DEVELO			300	REET ADDRESS, CITY, STATE ENOLA ROAD DRGANTON, NC 28655	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULI THE APPROP	DRF	(X5) COMPLETION DATE
i	During additional of following lunch at 1 observed to hit her hit times a few minutes South staff C relocated client #13 to other coliving area. Another of area and banged her the hallway as the notate of the hallway as	2:05pm, client #13 was lead with her hand several later. Staff B and Hemlock led several clients sitting near buches and chairs in the client walked out of the living head 4 times on a door in bise level rose in the area. 3 with the behavioral later and guidelines or a behavior later and guidelines or a behavior later and that she has a chotropic medications in the view revealed she exhibits and makes threats at least 3-4 ithout any identified cause. It aff are often cautioned later and severe	W 2	27				
3	3/13/01 prior to her ad	for client #13 was dated						

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

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

	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
				2		С
		34G003	B. WING _		12	/13/2023
	PROVIDER OR SUPPLIER SON RIDDLE DEVELO	PMENTAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD MORGANTON, NC 28655		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	DBE	(X5) COMPLETION DATE
W 227	Continued From page	, ,	W 22	.7		
	confirmed client #13 aggression and make she stated client #13	es professional (QIDP) does exhibit verbal verbal threats however, does not have behavioral help direct care staff replace these target				
W 242	those clients who lack skills essential for pri	am plan must include, for k them, training in personal vacy and independence	W 24	By January 10, 2024, formal treatment objectives will be implemented for cland client #10 to increase independent with napkin use at mealtimes.	lient #8	1/10/24
	personal hygiene, der bathing, dressing, gro of basic needs), until that the client is deve acquiring them. This STANDARD is Based on observation interviews, the facili was developed for 2 #10) residing in the 1 which addressed din	nited to, toilet training, atal hygiene, self-feeding, soming, and communication it has been demonstrated dopmentally incapable of a not met as evidenced by: ans, record review and ty failed to ensure training of 2 sampled clients (#8 and Hemlock residential area ing needs identified in the plans (IPP)'s to promote ce. The findings are:		By January 17, 2024, training on established formal treatment objective be provided to direct support professions serving clients #8 and #10. This train will be documented on in-service rose. Responsible Persons: Hemlock QIDP	res will ionals ning ters.	1/17/24
	Client #8 was eating divided plate, regular shirt protector. Clien napkin. Client #8 had shirt protector, aroun	ons on 12/12/23 at 5:23pm, in the dining room using a r spoon and was wearing a t #8 was not provided a d moderate spillage on his d his face and on the table he end of his meal, staff A in				

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		9		O. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DA	ATE SURVEY MPLETED
		34G003	B. WING		13	C 2/13/2023
	PROVIDER OR SUPPLIER ON RIDDLE DEVELO	PMENTAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD MORGANTON, NC 28655		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED (CROSS-REFERENCED TO THE APPROPRIED (CROSS-REFERENCE))	DBE	(XS) COMPLETION DATE
	face as he left the tanoticed on a nearby During observations 8:04am, client #8 w scooping french toas left hand. Client #8 He was not offered a moderate spillage or face. He was not off his meal, staff C in I #8's shirt protector to left the dining room t During observations 5:11pm, client #8 wa regular spoon and w He was wearing a sh offered a napkin. He potatoes, slaw and je spillage around his n around his plate. At t Hemlock North used to wipe off his face. Review on 12/11/23 of dated 6/12/23 reveale use a napkin during of Interview on 12/12/2 intellectual disabilities revealed staff should with a napkin. Furthe has not been conside napkin to become mo	d his shirt protector to wipe his ble. A stack of napkins was ledge. so of breakfast on 12/11/23 at as eating in the dining room st, sausage and grits with his was wearing a shirt protector. a napkin. Client #8 had a the table and around his fered a napkin. At the end of Hemlock North used client wipe off his face before he table. of supper on 12/11/23 at as using a divided plate, as wearing a shirt protector. Firt protector but was not awas served sloppy joes, ello. Client #8 had moderate mouth, on the table and the end of his meal, staff D in client #8's clothing protector of client #8's clothing protector. So of client #8's life skills tracker ed he requires prompts to lining. 3 with the qualified es professional (QIDP) offer and assist client #8 red for training to use a pre independent at mealtime.	W 242			
		as assisted to his table and				

I OMINI MI INO Y LL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ONLY PLAN OF CORRECTION DISPOSITION NUMBER DISPOSITION NUM	OD. 17							
AND PLANY OF CORRECTION (X1) PROVIDER SUPPLIER 34G003 ME 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 DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 242 Continued From page 4 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. During observation on 12/12/23 of lunch at 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. 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. Additional observation revealed at both meals that a stack of napkins was sitting nearby on a	CENT	TERS FOR MEDICARE	& MEDICAID SERVICES				IO 0938-0301	
ME OF PROVIDER OR SUPPLIER J. IVERSON RIDDLE DEVELOPMENTAL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD MORGANTON, NC 28655 [CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 242 Continued From page 4 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. During observations on 12/12/23 of lunch at 11:51am staff B in Hemlock South assisted string in since the 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. During additional observation on 12/12/23 of lunch revealed that 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. Additional observation revealed at both meals that a stack of napkins was stitting nearby on a	STATEM: AND PLA	ENT OF DEFICIENCIES AN OF CORRECTION				(X3) D.	ATE SURVEY	-
ME OF PROVIDER OR SUPPLIER J. IVERSON RIDDLE DEVELOPMENTAL CENTER SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 242 Continued From page 4 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 place setting. Client #10 was not offered a napkin. 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 beams in front of him. Staff B from Hemlock North assisted client #10 with putting his shirt protector on. He was not offered a napkin. During additional observation on 12/12/23 of lunch revealed that 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. Additional observation revealed at both meals that a stack of napkins was stitting nearby on a			34G002	D. WING			С	
J. IVERSON RIDDLE DEVELOPMENTAL CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 242 Continued From page 4 staff A from Hemlock South put a clothing protector on client #10 after removing his placesetting. Client #10 had moderate spillage around his face and around his placesetting believe 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. During additional observation on 12/12/23 of lunch at protector on. He was not offered a napkin. During additional observation on 12/12/23 of lunch revealed that client #10 with putting his shirt protector on. He was not offered a napkin. 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. Additional observation revealed at both meals that a stack of napkins was sitting nearby on a	ME	OF PROVIDER OR SUPPLIER	340003	B. WING_		1	2/13/2023	
(X4) ID PREFIX TAG (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 242 Continued From page 4 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. During observations on 12/12/23 of lunch at 11:51 am staff B in Hemlock South saisted 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. 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. Additional observation revealed at both meals that a stack of napkins was sitting nearby on a						i		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 242 Continued From page 4 staff A from Hemlock South put a clothing protector on client #10 had moderate spillage around his face and around his placesetting. Client #10 was not offered a napkin. 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. 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. Additional observation revealed at both meals that a stack of napkins was sitting nearby on a								
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. During observations on 12/12/23 of lunch at 11:51 am 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. 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. Additional observation revealed at both meals that a stack of napkins was sitting nearby on a	PREFIX	X (EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE	
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. 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	W 24	staff A from Hemlo protector on client # protective helmet. C spillage around his find placesetting. Client During observations 11:51am staff B in H#10 with removing his sanitizing his hands a at his place setting wingreen beans in front on North assisted client # protector on. He was During additional oblunch revealed that c around his face, place his meal and pushed 12 noon. Staff B from #10's shirt protector to Additional observation that a stack of napkin ledge in the dining reclient #10's place sett. Review of records on skills tracker dated 6/requires a prompt to use the staff should with a napkin. Further	ck South put a clothing #10 after removing his Client #10 had moderate face and around his #10 was not offered a napkin. on 12/12/23 of lunch at Iemlock South assisted client is helmet with faceguard, and setting his inner lip plate ith chicken, potato salad and of him. Staff B from Hemlock #10 with putting his shirt not offered a napkin. eservation on 12/12/23 of lient #10 had some spillage to setting. Client #10 finished his plate away from him at the North Hemlock used client to wipe his face. on revealed at both meals as was sitting nearby on a soom but was not available at sing. 12/12/23 of client #10's life #22/23 revealed client #10 use a napkin. 3 with the qualified s professional (QIDP) offer and assist client #10 interview on 12/12/23	W 24.				

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

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

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	23		A. BUILL	-			С	
		34G003	B. WING			12/	13/2023	
	PROVIDER OR SUPPLIER ON RIDDLE DEVELO	PMENTAL CENTER		3	street address, city, state, zip code 300 enola road Morganton, nc 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 249 W 249	formulated a client's each client must rectreatment program of interventions and seand frequency to su objectives identified plan. This STANDARD is Based on observation interviews, the facility sampled clients (#3 continuous active tradaptive equipment. A. The facility failed prescribed silicone may be facility so that client #3 particity 12/11/23 and break following adaptive obtain the during the facility so that client #3 particity 12/11/23 and break following adaptive obtain the observations we client #3 with a silicoprotector.	disciplinary team has a individual program plan, seive a continuous active consisting of needed ervices in sufficient number pport the achievement of the d in the individual program. Is not met as evidenced by: ons, record reviews, and ity failed to ensure two and #9) received a eatment program relative to. The findings are: Ito provide client #3 with that and clothing protector: dinner and breakfast meal curvey 12/11-12/13 revealed pated in the dinner on fast meal on 12/12/23 with the equipment: a sectional plate,	W 2 W 2	249	W249 By January 10, 2024, Occupational Twill complete a reassessment of clier for mealtime adaptive equipment neemaximize resident independence. By January 17, 2024, Occupational Twill provide updated mealtime guide training to direct support professional serve client #9. This training will be documented on in-service rosters. QI will update client #9's Person Center Plans to reflect updated recommendate by January 17, 2024, Occupational Twill provide mealtime training to direct support professionals who serve client This training will be documented on service rosters. Responsible Persons: Pine Occupation Therapist, Pine QIDP	th #9 eds to Therapy line ls who DP ed tions. Therapy ect at #3.	1/17/24	



STREET ADDRESS, CITY, STATE, 2IP CODE 34G003 ME OF PROVIDER OR SUPPLIER 34G003 STREET ADDRESS, CITY, STATE, 2IP CODE 300 ENGLA ROAD MORGANTON, NC 28655 MORGANTON, NC 28655			THIR HOUSELINGER TROBE			PUBL	ATTKUVED
ME OF PROVIDER OR SUPPLIER 346003 ME OF PROVIDER OR SUPPLIER J. IVERSON RIDDLE DEVELOPMENTAL CENTER SUMMARY STATEMENT OF DEEPCIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR SC IDENTIFYING INFORMATION W 249 Continued From page 6 revealed an individual habilitation plan (IHP) dated 27/723. Continued review of the IHP revealed an occupational therapy evaluation dated IJ 24/23 for client #9 with prescribed adaptive equipment. B. The facility failed to provide client #9 with prescribed small fork. For example: 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. Review of records on 12/13/23 for client #9 revealed an Cupyational therapy evaluation dated 3/14/23. Continued review of the IHP revealed an occupational therapy evaluation dated 3/14/23 for client #9 revealed an Cupyational therapy evaluation dated 3/14/23 for client #9 revealed an Cupyational therapy evaluation dated 3/14/23. Continued review of the IHP revealed an occupational therapy evaluation dated 3/14/23. Continued review of the IHP revealed an occupational therapy evaluation dated 3/14/23. Continued review of the IHP revealed an occupational therapy evaluation dated 3/14/23. Continued glass, regular knife, small fork and spoon with small bowl, elevated surface for good mealtime posture.	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		O		
J. IVERSON RIDDLE DEVELOPMENTAL CENTER SIMMARY STATEMENT OF DEFICIENCES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSCIDENTIFYING INFORMATION) W 249 Continued From page 6 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 elient #3 to be prescribed a sectional plate, silicone mat, adult clothing protector, built up handle spoon, and a regular cup for mealtime support. B. The facility failed to provide client #8 with his prescribed adaptive equipment. B. The facility failed to provide client #8 with prescribed and three provides dient interview with the GIDP confirmed that staff should have provided client #8 with his prescribed adaptive equipment. B. 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. Review of records on 12/13/23 for client #9 Prevealed an inHP 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 adaption with small bowl, elevated surface for good mealtime posture.			4. Year of the control of the contro				
J. I.VERSON RIDDLE DEVELOPMENTAL CENTER SUMMARY STATEMENT OF DEFICIENCES (EACH DEPERINCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) W 249 Continued From page 6 revealed an individual habilitation plan (IHP) dated 2/7/23, Continued review of the IHP revealed an occupational therapy evaluation dated II.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. B. The facility failed to provide client #9 with prescribed small fork. For example: 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. Review of records on 12/13/23 for client #9 revealed an 1HP 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, rigular glass, regular knife, small fork and spoon with small bowl, elevated surface for good mealtime posture.			34G003	B. WING		12	Salar de Martin Mariana
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATION YOR LSC IDENTIFYING INFORMATION.) W 249 Continued From page 6 revealed an individual habilitation plan (IHP) dated 2/7/23. Continued review of the IHP revealed an occupational therapy evaluation dated 1/2/4/23 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. 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 #9 with prescribed andaptive equipment. B. The facility failed to provide client #9 with prescribed interview with the QIDP confirmed that staff should have provided client #9 with prescribed small fork, For example: 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. Review of records on 12/13/23 for client #9 revealed an inner lip plate, regular glass, regular knife, small fork and spoon with small bowl, clevated surface for good mealtime posture.	ME OF	PROVIDER OR SUPPLIER	L	S	TREET ADDRESS, CITY, STATE, ZIP CODE	12	11312023
REGIX TAG REGULATORY OR ISCIDENTIFYING INFORMATION) W 249 Continued From page 6 revealed an individual habilitation plan (IHP) dated 27/723. Continued review of the IHP revealed an occupational therapy evaluation dated 1/2/4/23 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. 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. B. The facility failed to provide client #9 with prescribed small fork. For example: 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. 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.	J. IVERS	ON RIDDLE DEVELO	PMENTAL CENTER	1			
revealed an individual habilitation plan (IHP) dated 27/723. 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. 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. B. The facility failed to provide client #9 with prescribed small fork. For example: 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. 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.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETION
Interview with the QIDP on 12/13/23 confirmed the PCP for client #9 to be current. Continued		revealed an individu dated 2/7/23. Contin revealed an occupati dated 1/24/23 for clissectional plate, silico protector, built up ha cup for mealtime su Interview with the Q Professional (QIDP PCP for client #3 to interview with the C should have provide adaptive equipment B. The facility failed prescribed small for Observations of the during the facility st that client #9 particibreakfast meal with equipment: inner lip cup, spoon, raised b time during the obset to provide client #9 Review of records on revealed an IHP date of the IHP revealed a evaluation dated 3/14 prescribed an inner lip regular knife, small for bowl, elevated surface posture. Interview with the QII interview	al habilitation plan (IHP) ued review of the IHP onal therapy evaluation ent #3 to be prescribed a one mat, adult clothing undle spoon, and a regular pport. ualified Intellectual Disability) on 12/13/23 confirmed the be current. Continued QIDP confirmed that staff ed client #3 with his prescribed to provide client #9 with k. For example: dinner and breakfast meal urvey 12/11-12/13 revealed pated in the dinner meal and the following adaptive or plate, silicone mat, a regular lack box, and a napkin. At no ervations were staff observed with a small fork. 12/13/23 for client #9 d 4/4/23. Continued review n occupational therapy w/23 for client #9 to be p plate, regular glass, ork and spoon with small the for good mealtime	W 249			

FURINI AFFRUYED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING _ C B. WING _ 34G003 12/13/2023 ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD J. IVERSON RIDDLE DEVELOPMENTAL CENTER MORGANTON, NC 28655 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 249 Continued From page 7 W 249 should have provided client #9 with his prescribed adaptive equipment during all meals.



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



