

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

PRINTED: 09/26/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/23/2024
NAME OF PROVIDER OR SUPPLIER RIDGEFIELD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 730 FISHER RIDGE DRIVE MONROE, NC 28110		
(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	{W 000}			
W 120	<p>A follow-up was completed on 9/23/24 for the deficiency cited on 7/22/24. The deficiency is being recited because no plan of correction documentation was provided by the facility. During the follow-up on 9/23/24 an additional deficiency was cited.</p> <p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure that outside services met the needs of client #1. The finding is:</p> <p>Observations at the group home on 9/23/24 at 11:58 AM revealed client #1 to walk up the driveway and enter the group home that was unlocked. Continued observations revealed that the school bus drove away. Further observations revealed that client #1 remained in the group home unattended until staff arrived. Subsequent observations at 12:02 PM revealed that the residential manager (RM) arrived at the home and the surveyor notified RM that client #1 was in the home alone.</p> <p>Interview on 9/23/24 with the RM revealed that client #1 arrives at the group home at approximately 12:00 PM. Continued interview with the RM revealed that the bus driver should not leave the client if a staff member is not present. Further interview revealed that the RM was at the store purchasing supplies and upon</p>	W 120			

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 120 {W 154}	<p>Continued From page 1 returning to the group home noticed the bus leaving.</p> <p>Interview on 9/23/24 with the qualified intellectual disabilities professional (QIDP) confirmed that client #1 arrives at the group home on the bus on school days. Continued interview with the QIDP confirmed that staff should be at the group home when client #1 arrives and exits the school bus.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on review of facility records, documentation, and interviews, the facility failed to ensure an injury of unknown origin was thoroughly investigated after immediately becoming aware of a reported incident. The finding is:</p> <p>Interview on 7/22/24 with residential manager (RM) revealed that the RM was informed of an injury of unknown origin regarding client #1 on 5/29/24. Continued interview with RM revealed that staff A reported a gash over the left eye of client #1. Staff A reported that it was unknown when the incident occurred. The RM also revealed speaking with staff B to receive a photo of a bruise to the back of client #1's head on the left side. Staff A transported the client to the emergency room (ER).</p> <p>Subsequent interview with the RM revealed that client #1 was evaluated at the ER 5/29/24 with a negative CT scan and a diagnosis of Hematoma of the scalp.</p>	W 120 {W 154}			

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{W 154}	Continued From page 2 Interview on 7/22/24 with the qualified intellectual disabilities professional (QIDP) revealed that an injury of unknown origin occurred on 5/29/24 regarding client #1. Continued interview with QIDP revealed that an internal investigation was not conducted. Interview on 7/22/24 with the ICF Director verified that the facility did not investigate an injury of unknown origin for the 5/29/24 incident regarding client #1. Continued interview with the ICF Director revealed that the Quality Management department reviews all incidents and decides if the incident meets the criteria to investigate an injury of unknown origin. Review on 7/22/24 of ER report for client #1 dated 5/29/24 revealed an ER visit for a head injury. Continued review of the report revealed that client #1 was diagnosed with Hematoma of the scalp. The facility did not investigate injury of unknown origin as statements from incident report were inconsistent regarding client #1's injury and the incident occurrence was unknown. Subsequent review of records on 7/22/24 for client #1 revealed a Person-Centered Plan dated 5/8/24. Continued review of records revealed a diagnosis for the client to have Intellectual Developmental Disabilities (IDD) Severe, Conduct Disorder, Hiatal Hernia, and Seizure Disorder. Further review revealed client #1 ambulates with a wheelchair and is verbal; however, hard to understand due to talking so fast. Additional review on 7/22/24 of the facility policy and procedure manual regarding the reporting	{W 154}			

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{W 154}	Continued From page 3 and the conducting of investigations dated 11/17/23. Continued review of policy reveals that the facility is dedicated to providing quality of services and insuring safety and security of the individuals supported by thoroughly investigating internal and external complaints, injuries of unknown origin, and allegations of abuse, neglect, and exploitation. During the follow-up survey completed on 9/23/24, the facility failed to provide documentation for the plan of correction. The deficiency is being recited.	{W 154}		