

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

PRINTED: 01/15/2025
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 01/08/2025	
NAME OF PROVIDER OR SUPPLIER RIVERVIEW HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1793 RIVERVIEW ROAD LINCOLNTON, NC 28092			
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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on record review, observation and interview, the facility failed to assure privacy was maintained for 1 of 6 clients (#6) during toileting. The finding is:</p> <p>Observations in the group home on 1/8/25 at 8:18 AM revealed client #6 to stand up from a living room chair and go to the rear-hall bathroom, leaving the door opened. Continued observations revealed the client urinated in the toilet and exited the bathroom with his pants unzipped and exposed. Further observation revealed client #6 to enter the living room exposed and to zip up pants prior to sitting into the living room chair. Observations did not revealed staff availability to assist client #6 with toileting.</p> <p>Review of the records on 1/8/25 for client #6 revealed a person-centered plan (PCP) dated 9/13/24. Review of the plan revealed training objectives relative to wiping off the dining room table after mealtimes daily, identify a penny, nickel and dime, select appropriate clothes for the weather/season, count by 10's, and tolerate staff assisting him with his gait belt/drop harness for safety. Additionally, the PCP states that the client needs to always be monitored while in the bathroom due to his seizure diagnosis to prevent injury.</p> <p>Interview on 1/8/25 with the qualified intellectual disabilities professional (QIDP) confirmed that staff should follow all interventions for client #6</p>			W 130			

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 130	Continued From page 1 relative to toileting. Continued interviews with the QIDP confirmed that staff should have been in close contact with the client and assisted the client with maintaining privacy during toileting.	W 130			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure clients were provided opportunities for client choice for 6 of 6 clients (#1, #2, #3, #4 #5, #6). The findings are: A. The facility failed to ensure opportunities for client choice relative to medication administration. For example: Morning observations on 1/8/25 at 7:15AM revealed the home manager (HM) to prompt client #4 to enter the medication room to prepare for medication administration. Continued observation revealed staff C to knock on the medication room and enter the room during medication administration for client #4. Further observation revealed staff C to interrupt the medication administration for client #4 to ask "how do you want your eggs, do you want ketchup on your eggs?". Additional observation revealed the home manager to continue with medication administration for client #4 without addressing the staff. Interview with the home manager (HM) on 1/8/25 revealed staff should have waiting until the end of the medication administration for client #4 to ask	W 247			

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W 247	<p>Continued From page 2</p> <p>about his food choices. Interview with the qualified intellectual disabilities professional (QIDP) on 1/8/25 revealed that staff have been trained to respect the privacy of clients and to not interrupt the medication administration process.</p> <p>B. The facility failed to ensure opportunities for client choice relative to mealtimes. For example:</p> <p>Afternoon observations in the facility on 1/7/25 at 5:00PM revealed staff to set the table and place the food onto the table to prepare for the dinner meal. Continued observations at 5:15PM revealed clients to sit at the dining table and participate in the dinner meal. Further observation revealed staff to cut all of the clients food without prompting or hand over hand assistance. At no point during the observation were clients given the opportunity to make food choice and assist with preparing their plates.</p> <p>Morning observations on 1/8/25 at 7:15AM revealed staff to prepare the clients plates, add jelly and butter to the food, and to cut the food in the kitchen area. Continued observations revealed staff to place the plates on the dining table and call the clients to the table to prepare for the breakfast meal. Continued observations at 7:30AM revealed clients to sit at the dining table and participate in the breakfast meal. At no point during the observations did staff ask clients about food choices, condiments, or to assist with cutting their food during the breakfast meal.</p> <p>Interview with the QIDP on 1/8/25 revealed staff should have prompted the clients to assist with making food and condiment choices during mealtimes. Continued interview with the QIDP verified staff should have prompted the clients to</p>	W 247			

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W 247	Continued From page 3 assist with cutting their food using hand over hand assistance as necessary.	W 247			
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 observation, interviews, and record review, the facility failed to assure a continuous active treatment program was implemented for 2 of 6 clients (#1 and #6) relative to prescribed glasses and drop harness. The findings are: A. The facility failed to provide prescribed gait belt for client #2. For example: Observations in the facility 1/7/25-1/8/25 during recertification survey client #1 was observed to participate in the dinner meal, breakfast meal, setting the table, coloring activity, and medication administration. Continued observations revealed that at no time was client #1 observed to wear her prescribed glasses. Further observations revealed that at no time was staff observed to provide client #1 with prescribed glasses. Review of the record on 1/8/25 for client #1 revealed a person-centered plan (PCP) dated	W 249			

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W 249	<p>Continued From page 4</p> <p>10/24/24. Review of the PCP revealed a consultation for an annual diabetic eye exam. Continued review of the consultation revealed that client #1 was prescribed glasses to wear full time.</p> <p>Interview on 1/8/25 with the qualified intellectual disabilities professional (QIDP) verified that client #1's PCP was current. Continued interview confirmed that client #1 should have been provided with her prescribed glasses.</p> <p>B. The facility failed to provide prescribed drop harness for client #6. For example:</p> <p>Morning observations in the facility on 1/8/25 at 8:00 AM revealed client #6 to participate in the breakfast meal. Continued observations revealed client #6 to move from the kitchen to the living room with staff assistance. Further observations at 8:17 AM revealed staff to assist client #6 to sit in a chair in the living room and the staff returned to the dining room. Subsequent observations at 8:18 AM revealed the client to get out of the chair and walk to the bathroom in the rear hallway, use the bathroom and return to the living room chair. At no time during the observations was client #6 assisted by staff to go to the bathroom.</p> <p>Review of the record on 1/8/25 for client #6 revealed a person-centered plan (PCP) dated 9/13/24. Review of the PCP revealed a physical therapy evaluation dated 9/13/24 for client #6 to wear a harness during waking hours with contact guard assistance. Continued review of the PCP revealed that client #6 requires constant supervision while in the bathroom to ensure safety.</p>	W 249			

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W 249	Continued From page 5 Interview on 1/8/24 with the QIDP verified that client #6's PCP was current. Continued interview confirmed that client #6 should have been provided with contact guard assistance from staff while walking to the bathroom to ensure the client's safety.	W 249			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all interventions to manage inappropriate behavior were incorporated into an active treatment program for 1 of 6 clients (#1). The finding is: Observations during the 1/7/25-1/8/25 recertification survey revealed client #1 to participate in various activities such as a coloring activity, setting the table, and participating in mealtime activities without her eyeglasses. Observations did not reveal staff to prompt client #1 to wear eyeglasses during various activities. Review of the record for client #1 on 1/8/25 revealed a person-centered plan (PCP) dated 10/24/24 which indicated the following program goals: glasses toleration, exercise goal, count by 20's, prepare frozen food item, use the dryer, and sequencing patterns. Review of the record did not reveal consents relative to HRC or legal guardian approval to lock client #1's eyeglasses in the medication room.	W 288			

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W 288	Continued From page 6 Subsequent review of the record for client #1 revealed a behavior support plan (BSP) dated 11/15/23 which indicated the following target behaviors: un-cooperation, violent and/or psychotic talk, physical aggression, and false allegations. Review of the BSP did not reveal behavior interventions relative to restricting access to the client's eyeglasses. Interview with the home manager (HM) on 1/8/25 revealed client #1 will often hide her eyeglasses in her room as she does not like to wear them. Continued interview with the HM revealed client #1 has hidden her eyeglasses in her room for at least one month. Continued interview with the HM revealed staff locked client #1's eyeglasses in the medication room so that she would not hide them in her room. Interview with the qualified intellectual disabilities professional (QIDP) on 1/8/25 revealed she was not aware that staff were locking up client #1's eyeglasses in the medication room. Continued interview with the QIDP verified that the eyeglasses restriction is not an approved intervention that has been reviewed by the core team, legal guardian, or the human rights committee (HRC). Interview with the QIDP also revealed all of client #1's program goals and interventions are current. Further interview with the QIDP verified that client #1 has a program goal to tolerate her eyeglasses however the client does not have any approved interventions relative to locking her eyeglasses in the medication room.	W 288			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure	W 369			

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W 369	<p>Continued From page 7</p> <p>that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 2 of 6 clients (#1, #3). The finding is:</p> <p>Morning observations in the facility on 1/8/25 at 9:05AM revealed staff to prompt client #1 to transition to the medication room to prepare for medication administration. Continued observations revealed client #1 to receive the following medication outside of the prescribed timeframe: Levothyroxine 125mcg. Observations did not reveal client #1 to receive medications before the breakfast meal as prescribed.</p> <p>Subsequent observations at 9:20AM revealed staff to escort client #3 to the medication room to prepare for medication administration. Continued observations revealed client #3 to receive the following medications outside of the prescribed timeframe: Levothyroxine (100mcg) and Omeprazole CAP 20mg. Further observations at 9:20AM revealed client #3 to receive Levothyroxine (100mcg) after the breakfast meal.</p> <p>Review of the record for client #1 revealed a physician's order dated 1/8/25 which indicated that the client should have received Levothyroxine (125mcg) on an empty stomach. Further review of the record for client #1 revealed a medication administration record (MAR) which indicated that the client received the Levothyroxine (125mcg) at 9:05AM, which is outside of the prescribed timeframe.</p> <p>Review of the record for client #3 on 1/8/25</p>	W 369			

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W 369	<p>Continued From page 8</p> <p>revealed a MAR which indicated that the client received Levothyroxine (100mcg) and Omeprazole (20mg) at 9:20AM, which is outside of the prescribed timeframe. Continued review of the record for client #3 revealed a physician's order dated 1/8/25 which indicated the client should receive Levothyroxine (100mcg) at 7:30AM on an empty stomach. Review of the physician's order also revealed client #3 should receive Omeprazole CAP (20mg) at 7:30AM as prescribed.</p> <p>Interview with the home manager (HM) on 1/8/25 revealed client #3 is usually the last one to receive his medications due to refusal to take his medications. Continued interview with the HM revealed the delay in client #3 receiving his medications was also due to seizure activity earlier that morning.</p> <p>Interview with the facility nurse on 1/8/25 revealed clients #1 and #3 should have received the Levothyroxine medication on an empty stomach. Continued interview with the facility nurse revealed clients should receive their medications within the window of time as prescribed.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/8/25 revealed client #3 exhibits behaviors during medication administration, therefore the client is last on the list to receive medication. Continued interview with the QIDP revealed clients should receive their medications according to the timeframes as prescribed.</p>	W 369			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)	W 436			

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W 436	<p>Continued From page 9</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure that adaptive equipment was furnished as prescribed relative to eyeglasses for 1 of 3 sampled clients (#4). The finding is:</p> <p>Observations throughout the 1/7/25-1/8/25 recertification survey revealed client #4 to participate in various activities to include participating in a color activity, participating in mealtimes and medication administration, and other activities without his eyeglasses. Continued observations did not reveal staff to prompt client #4 to wear his eyeglasses throughout the day as prescribed.</p> <p>Review of the record for client #4 on 1/8/25 revealed a person-centered plan (PCP) dated 10/8/24, which indicated that the client should wear his eyeglasses during the day due to mild cataracts. Continued review of the record for client #4 revealed an eyeglasses prescription and vision consult dated 4/8/24, which indicated the client wears bifocal lenses and should wear his eyeglasses continuously.</p> <p>Interview with the home manager on 1/8/25 revealed that client #4 does not like to wear his eyeglasses and will take them off as soon as he is prompted to wear them. Interview with nursing services and the qualified intellectual disabilities professional (QIDP) on 1/8/25 verified that client</p>	W 436			

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W 436	Continued From page 10 #4's eyeglasses prescription is current. Continued interview with the QIDP verified that staff should have prompted client #4 to wear his eyeglasses daily as prescribed.	W 436			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of record and interview, the facility failed to show evidence quarterly fire drills were conducted with each shift of personnel relative to first, second, and third shift. The finding is: Review of the facility fire drill reports from 1/2024 through 12/2024 revealed missing fire drills for a total of 7 of 12 months (1/24, 4/24, 5/24, 6/24, 7/24, 8/24 and 12/24). Further review of the fire drill reports revealed a first shift drill conducted on 11/8/24 and 10/29/24, second shift drill conducted on 2/16/24 and a third shift drill completed on 3/19/24. There was no additional documentation available relative to first, second, and third shift drills during the review year. Interview with the qualified intellectual disabilities professional (QIDP) on 1/8/25 confirmed facility fire drills should have been conducted quarterly for each shift. Continued interview with the QIDP confirmed that there was no additional documentation to reflect the missing drills were conducted during the review year.	W 440			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by:	W 473			

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W 473	<p>Continued From page 11</p> <p>Based on observation and interview, the facility failed to ensure food was served at an appropriate temperature for 6 of 6 clients (#1, #2, #3, #4, #5, #6) residing in the facility for 1 of 2 meals observed. The finding is:</p> <p>Morning observations in the facility on 1/8/25 at 6:45 AM revealed staff to prepare the breakfast meal for the clients. Continued observations revealed staff to prepare the clients' plates and to remain on the kitchen counter uncovered. The breakfast meal consisted of scrambled eggs, two slices of turkey bacon, and a toasted bagel cut in half pieces. Additional observations revealed the food to remain on the kitchen countertop for approximately 25 minutes.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/8/25 revealed staff should have kept the food covered and warm until it was ready to be served. Continued interview with the QIDP revealed staff have been trained to prepare and serve menu items at an appropriate temperature prior to serving to the clients.</p>	W 473			