STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G232	A. BUILDING _____ B. WING _____	R 04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHRIDGE RESIDENTIAL	**68 MITCHELL FORD ROAD CLARKTON, NC 28433**

(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 revisit was conducted on 4/1/25 for deficienicies cited on 1/27 - 1/28/25. Two deficiencies were not corrected. A complaint survey was also completed for intake #NC00228229. The complaint was unsubstantiated, however, one related deficiency was cited. The facility remains out of compliance.	{W 000}		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure all allegations were thoroughly investigated. The finding is: Review on 4/1/25 of a facility investigation dated 3/7/25 revealed the Clinical Supervisor had been contacted by Bladen Co. DSS regarding a call she had received. The DSS staff stated she received an anonymous call that "a community member witnessed [Accused staff] hitting [Client #1] and cursing at him in the Food Lion Grocery Store of Elizabethtown on March 6, at 2:15pm." The report noted management staff at the identified grocery store had been interviewed and reviewed video footage for investigators. The report indicated the store manager "did not see anyone hit anyone" while reviewing a specific portion of the store's video surveillance tape. Additional review of the investigation revealed staff working on March 6 were interviewed and indicated the accused staff did not take client #1 to the grocery store or work with the client on March 6. However, one staff revealed during his	W 154		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 154	Continued From page 1 interview that he himself had gone to a different grocery store with client #1 on March 6. Further review of the investigation did not indicate investigators had interviewed management staff at the second grocery store or attempted to check for video footage from the store. Review of the investigation also revealed other than client #1, no other clients were interviewed regarding the allegations. Interview on 4/1/25 with the Quality Management Director (one of two investigators) confirmed the second store discovered during the course of the investigation had not been considered for inclusion in the investigation. Additional interview indicated only client #1 was interviewed since he was the only client identified in the allegation.	W 154		
{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 observation and interviews, the facility failed to ensure a clean and sanitary environment was maintained. This potentially affected all clients residing in the home. The finding is: During morning observations in the home on 1/28/25 at 6:59am, client #6 had a toileting accident while seated on the couch in the living room. The client's clothing and the cushion on the couch were soiled with urine. Staff D left the area with client #6 to change his clothing and later returned to the living room with a paper towel. The staff used the paper towel to wipe the urine	{W 454}		

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{W 454}	Continued From page 2	{W 454}		

off the couch cushion. No cleaning agents were used to clean and/or disinfect the couch. At 7:07am, client #6 was prompted to return to the same seat on the couch.

Interview on 1/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed after a toileting accident, the staff should "sanitize" the couch cushion and/or remove it.

Interview on 1/28/25 with the Nurse B confirmed urine should be cleaned with a cleaning solution.

During the follow-up survey on 4/1/25, Staff K wore the same pair of latex gloves from 7:16am - 7:44am while performing various meal preparation tasks. The staff continued to wear the gloves after handling raw sausage patties and touching numerous items and surfaces in the kitchen.

Interview on 4/1/25 with Staff K revealed she had not been trained to wear latex gloves during meal preparation tasks but this was her personal preference.

Review on 4/1/25 of the facility's policy for Handwashing and Glove Use (Revised 01/2024) revealed, "Hand hygiene shall be conducted routinely especially: ...Before, during, and after preparing food ...Gloves should be worn when: Exposure to blood or any other body fluids, excretions or secretions are likely."

Interview on 4/1/25 with the QIDP indicated staff have not been trained to wear gloves during meal preparation and this practice was not identified in the facility's policy.

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{W 460} {W 460}	Continued From page 3 FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 5 audit clients (#3 and #4) received their specially-prescribed diets. The findings are: A. During dinner observations in the home on 1/27/25 at 6:01pm, client #4 served himself a single serving of all food items including five chicken tenders, carrots, pinto beans, and ice cream. During breakfast observations in the home on 1/28/25 at 7:38am, client #4 served himself a single serving of oatmeal, one slice of toast, and one cup of applesauce. Interview on 1/27 - 1/28/25 with Staff F and Staff K revealed they follow specific diets posted on the refrigerator in the home (which indicated client #4 receives double portions at meals). Review on 1/27/25 of client #4's Nutritional Evaluation dated 10/28/24 revealed he consumes a regular heart healthy diet with "double portions at all meals". Interview on 1/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 should be served double portions at meals as indicated. B. During observations of medication	{W 460} {W 460}		

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{W 460}	Continued From page 4	{W 460}		

administration in the home on 1/28/25 at 7:19am, client #3 ingested his medications with water. The water was not thickened.

Review on 1/27/25 of client #3's Nutritional Evaluation dated 9/20/24 noted he consumes a regular consistency diet with "honey thick liquids".

Interview on 1/28/25 with the Home Manager (HM) indicated client #3 should have his medication with applesauce or thickened water.

Interview on 1/28/25 with the QIDP confirmed client #3 should ingest thickened liquids as indicated.

During the follow-up survey on 4/1/25, Client #3 was assisted to serve himself a glass of orange juice. The orange juice was not a nectar thick consistency. Client consumed the orange juice without added thickner.

Interview on 4/1/25 with Staff K indicated client #3 consumes thickened drinks with his meals.

Review on 4/1/25 of client #3's Nutritional Evaluation dated 9/20/24 noted he consumes "honey thick liquids".

Interview on 4/1/25 with the QIDP confirmed client #3's liquids should be thickened as indicated.