		AND HUMAN SERVICES				FORM	APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA					MB NO. 0938-0391		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G256	B. WING			06/03/2025	
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
RIVERSI	DE RESIDENTIAL				33 ELM STREET AIR BLUFF, NC 28439		
(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 CROSS-REFERENCED TO THE APPROPN DEFICIENCY)	BE	(X5) COMPLETION DATE
W 108	LAWS CFR(s): 483.410(b)	FEDERAL, STATE & LOCAL ) e in compliance with all	W 10	08			
	applicable provision laws, regulations ar and This STANDARD is Based on observat interviews, the facili with all applicable p pertaining to vehicle	ns of Federal, State and local and codes pertaining to safety, s not met as evidenced by: tions, document review and ity failed to ensure compliance provisions of state law e safety. This affected 1 of 3 ne facility van. The finding is:					
	During observations #3 was assisted to positioned in her wh her wheelchair to th tie down devices. A was observed on th	s in the home on 6/3/25, client load the facility van while heelchair. Staff C then secured he van using four wheelchair Ithough a wheelchair seat belt he van, the staff did not secure air using the seat belt					
		w with Staff C revealed they ent #3's wheelchair in this					
	(dated June 2023) of the individuals we seriously." Additiona "All CBC owned vel belts. These are im expected to be used motion. To clarify, we driven on our proper	f the facility's Driving Policy revealed, "The transportation e serve should be taken al review of the policy noted, hicles are outfitted with seat portant safety devices that are d whenever the vehicle is in whether a vehicle is being erty or on a public roadway, our tion is that our drivers and ts at all times."					
l							

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

TITLE

(X6) DATE

PRINTED: 06/04/2025

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.

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G256 B. WING 06/03/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 353 ELM STREET **RIVERSIDE RESIDENTIAL** FAIR BLUFF, NC 28439 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 108 Continued From page 1 W 108 Interview on 6/3/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all clients should be secured on the van using seat belts per the facility's policy. W 137 PROTECTION OF CLIENTS RIGHTS W 137 CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #6 had the right to access his personal belongings. This affected 1 of 3 audit clients. The finding is: During observations of medication administration in the home on 6/3/25, client #6's cell phone was noted to be locked in the medication closet. Once client #6 observed the cell phone in the closet, he asked the Medication Technician (MT2) if he could have it. The MT2 allowed the client to retrieve his cell phone and he left the medication area with it. Immediate interview with the MT2 revealed they keep client #6's cell phone locked away because of his inappropriate use of it. Review on 6/3/25 of client #6's record revealed he has mild intellectual disabilities. Additional review of the record indicated he requires an appointed guardian to assist with ensuring his rights. Interview on 6/2/25 with the Qualified Intellectual Disabilites Professional (QIDP) revealed she was

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G256 B. WING 06/03/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 353 ELM STREET **RIVERSIDE RESIDENTIAL** FAIR BLUFF, NC 28439 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 137 Continued From page 2 W 137 not aware that client #6's cell phone was kept locked in the medication closet. The QIDP indicated the client's cell phone should not be kept locked and out of his possession. W 240 INDIVIDUAL PROGRAM PLAN W 240 CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) included information to support them during dining. This affected 2 of 3 audit clients (#1 and #3). The findings are: During breakfast observations in the home on 6/3/25, client #1 and client #3 wore large hand towels draped around their neck and chest. At the meal, both clients had very little to no spillage on the towel. Interview on 6/3/25 with Staff D revealed they routinely apply the towels at meals to keep spillage from getting on the client's clothing. Review on 6/2/25 of client #1's IPP dated 10/7/24 and client #3's IPP dated 10/7/24 revealed no information regarding their need for clothing protectors at meals. Interview on 6/3/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she had not seen client #1 and client #2 wear clothing protectors. Additional interview confirmed there was no information in the client's IPP's regarding

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		· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING					
		240256	B. WING					
	PROVIDER OR SUPPLIER	34G256		TREET ADDRESS, CITY, STATE, ZIP COD		/03/2025		
RIVERSIDE RESIDENTIAL			35	353 ELM STREET FAIR BLUFF, NC 28439				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE		
W 240	Continued From pa	age 3	W 240					
W 249	their need for a clo PROGRAM IMPLE CFR(s): 483.440(d	MENTATION	W 249					
	formulated a client each client must re- treatment program interventions and s and frequency to s	erdisciplinary team has 's individual program plan, eceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the d in the individual program						
	Based on observa interviews, the faci received a continue consisting of neede as identified in the regarding use of ac	is not met as evidenced by: tions, record review and lity failed to ensure each client ous active treatment program ed interventions and services Individual Program Plan (IPP) daptive equipment. This it clients (#6). The finding is:						
	6/2/25 from 3:35pn wear eye glasses. be prompted or end During this time, cl such as watching t games. Additional 6/3/25 from 6:10an wear eye glasses r eye glasses. The c	servations in the home on n - 6:10pm, client #6 did not The client was not observed to couraged to wear eye glasses. ient #6 participated in activities elevision and playing table top observations in the home on n - 8:04am, client #6 did not hor was he encouraged to wear lient was noted to watch rough his cell phone and play						

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		AND HUMAN SERVICES			FORM	06/04/2025 APPROVED			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		` '	TIPLE CONSTRUCTION	(X3) DATE	MB NO. 0938-0391 (X3) DATE SURVEY COMPLETED				
		34G256	B. WING _		06/03/2025				
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
RIVERSIDE RESIDENTIAL			353 ELM STREET FAIR BLUFF, NC 28439						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIN (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE			
W 249	PROVIDER OR SUPPLIER         DE RESIDENTIAL         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 4 eye glasses and had gotten them from the doctor. When asked if he wears his eye glasses, the client removed them from a pouch and put them on.         Interview on 6/3/25 with Staff F confirmed client #6 has eye glasses and he wears them all the time. The staff noted he needs prompting to wear his eye glasses.         Review on 6/2/25 of client #6's IPP dated 9/4/24 revealed an objective to care for his glasses daily for 30 consecutive days (implemented 7/18/24). Additional review of the record identified guidelines for wearing his eye glasses. The eye glasses guidelines dated 5/15/23 noted, "[Client #6] needs to wear his eyeglasses daily. Staff needs to continue to encourage [Client #6] to put his glasses on after he has completed his morning grooming routine. [Client #6] wears his glasses while he is reading, watching television, or performing an arts & crafts activity."         Interview on 6/3/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 should be prompted to wear his eye glasses at all times.		W 24	1/49					

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					FORM	06/04/2025 APPROVED 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ì í		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
34G256		B. WING			06/03/2025			
ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE				
DE RESIDENTIAL		353 ELM STREET FAIR BLUFF, NC 28439						
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE		
PROVIDER OR SUPPLIER DE RESIDENTIAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 included in a formal active treatment program. This affected 1 of 3 audit clients. The finding is: During observations of medication administration in the home on 6/3/25, client #6's cell phone was noted to be locked in the medication closet. Once client #6 observed the cell phone in the closet, he asked the Medication Technician (MT2) if he could have it. The MT2 allowed the client to retrieve his cell phone and he left the medication area with it. Immediate interview with the MT2 revealed they keep client #6's cell phone locked away because of his inappropriate use of it. Review on 6/2/25 of client #6's Behavior Support Plan (BSP) dated 7/22/24 revealed an objective to exhibit 3 or fewer challenging behaviors per month for 11 consecutive months. The plan included a behavior of attempting to use his cell phone inappropriately. Additional review of the BSP did not include a technique of locking client #6's cell phone to address his inappropriate behaviors. Interview on 6/3/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's BSP does not include a technique of locking away his eye glasses to address his inappropriate behaviors. DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with								
	RS FOR MEDICARE OF DEFICIENCIES F CORRECTION PROVIDER OR SUPPLIER DE RESIDENTIAL SUMMARY STA (EACH DEFICIENCY REGULATORY OR LA Continued From pa included in a forma This affected 1 of 3 During observations in the home on 6/3/ noted to be locked client #6 observed to asked the Medication could have it. The N retrieve his cell pho area with it. Immediate interview keep client #6's cell of his inappropriate Review on 6/2/25 o Plan (BSP) dated 7 to exhibit 3 or fewent month for 11 conse included a behavior phone inappropriate BSP did not include #6's cell phone to a behaviors. Interview on 6/3/25 Disabilities Profess #6's BSP does not in away his eye glasse behaviors. DRUG ADMINISTR CFR(s): 483.460(k)	F CORRECTION       IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:         34G256         PROVIDER OF RESIDENTIAL         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 5         included in a formal active treatment program. This affected 1 of 3 audit clients. The finding is:         During observations of medication administration in the home on 6/3/25, client #6's cell phone was noted to be locked in the medication closet. Once client #6 observed the cell phone in the closet, he asked the Medication Technician (MT2) if he could have it. The MT2 allowed the client to retrieve his cell phone and he left the medication area with it.         Immediate interview with the MT2 revealed they keep client #6's cell phone locked away because of his inappropriate use of it.         Review on 6/2/25 of client #6's Behavior Support Plan (BSP) dated 7/22/24 revealed an objective to exhibit 3 or fewer challenging behaviors per month for 11 consecutive months. The plan included a behavior of attempting to use his cell phone inappropriately. Additional review of the BSP did not include a technique of locking client #6's cell phone to address his inappropriate behaviors.         Interview on 6/3/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's BSP does not include a technique of locking away his eye glasses to address his inappropriate behaviors.         DRUG ADMINISTRATION CFR(s): 483.460(k)(1)	RS FOR MEDICARE & MEDICAID SERVICES         OF DEFICIENCIES F CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MUL A. BUILE         34G256       B. WING         PROVIDER OR SUPPLIER       JUD         DE RESIDENTIAL       B. WING         Continued From page 5       ID         Included in a formal active treatment program. This affected 1 of 3 audit clients. The finding is:       W2         During observations of medication administration in the home on 6/3/25, client #6's cell phone was noted to be locked in the medication closet. Once client #6 observed the cell phone in the closet, he asked the Medication Technician (MT2) if he could have it. The MT2 allowed the client to retrieve his cell phone and he left the medication area with it.         Immediate interview with the MT2 revealed they keep client #6's cell phone locked away because of his inappropriate use of it.         Review on 6/2/25 of client #6's Behavior Support Plan (BSP) dated 7/22/24 revealed an objective to exhibit 3 or fewer challenging behaviors per month for 11 consecutive months. The plan included a behavior of attempting to use his cell phone inappropriately. Additional review of the BSP did not include a technique of locking client #6's cell phone to address his inappropriate behaviors.         Interview on 6/3/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's BSP does not include a technique of locking away his eye glasses to address his inappropriate behaviors.         DRUG ADMINISTRATION CFR(s): 483.460(k)(1)       W 3	RS FOR MEDICARE & MEDICAID SERVICES         OF DEFICIENCIES F CORRECTION       (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:       (X2) MULTIPL A. BUILDING         34G256       B. WING         PROVIDER OR SUPPLIER       3         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 5 included in a formal active treatment program. This affected 1 of 3 audit clients. The finding is:       W 288         During observations of medication administration in the home on 6/3/25, client #6's cell phone was noted to be locked in the medication closet. Once client #6 observed the cell phone in the closet, he asked the Medication Technician (MT2) if he could have it. The MT2 allowed the client to retrieve his cell phone and he left the medication area with it.       Immediate interview with the MT2 revealed they keep client #6's cell phone locked away because of his inappropriate use of it.         Review on 6/2/25 of client #6's Behavior Support Plan (BSP) dated 7/22/24 revealed an objective to exhibit 3 or fewer challenging behaviors per month for 11 consecutive months. The plan included a behavior of attempting to use his cell phone inappropriately. Additional review of the BSP did not include a technique of locking client #6's ScIP does not include a technique of locking away his eye glasses to address his inappropriate behaviors.       W 368         Interview on 6/3/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's BSP does not include a technique of locking away his eye glasses to address his inappropriate behaviors.       W 368	MENT OF HEALTH AND HUMAN SERVICES       Of         SFOR MEDICARE & MEDICAID SERVICES       OI         OP DEFICIENCIES       (X1) PROVIDERSUPPLERICUA IDENTFICATION NUMBER.       (X2) MULTIPLE CONSTRUCTION A BUILDING         ROVIDER OR SUPPLIER       346256       B. WING         DE RESIDENTIAL       STREET ADDRESS, CITY, STATE, ZIP CODE 333 ELM STREET       STREET ADDRESS, CITY, STATE, ZIP CODE 333 ELM STREET         SUMMARY STATEMENT OF DEFICIENCIES (EACH DERICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       ID PROVIDERS PLAN OF CORRECTION (EACH ORRECTION THE APPROPE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       ID PROVIDERS PLAN OF CORRECTION (EACH ORRECTION THE APPROPE DEFICIENCY)         Continued From page 5 included in a formal active treatment program. This affected 1 of 3 audit clients. The finding is:       ID PROVIDERS PLAN OF CORRECTION (EACH ORRECTION CORRECTION (EACH ORRECTION THE APPROPE DEFICIENCY)         During observations of medication administration in the home on 6/3/25, client #6's cell phone was noted to be locked in the medication retrieve his cell phone and he left the medication retrieve his cell phone locked away because of his inappropriate use of it.       W 288         Review on 6/2/25 of client #6's Behavior Support Phone inappropriately. Additional review of the BSP did not include a technique of locking away his ey glasses to address his inappropriate behaviors.       W 368         Interview on 6/3/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's BSP does not include a technique of locking away his e	MENT OF HEALTH AND HUMAN SERVICES       FORM.         SFOR MEDICARE & MEDICAID SERVICES       OMB NO.         OF DEFICIENCIES       OMB NO.         OF CORRECTION       INIT PROVIDERSUPPLERICUA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION       (X3) DATA         A BULDING       34G256       B. WING       06//         PROVIDER OR SUPPLER       33 ELM STREET       33 ELM STREET         PAR RELIFF, NC 28439       PROVIDERS PLAN OF CORRECTION       06//         SUMMARY STATEMENT OF DEFICIENCIES       IP       IP         RESIDENTIAL       STREET ADDRESS, CITY, STATE, 2/P CODE       33 ELM STREET         FORMULATORY OR LSC IDENTFYING INFORMATION)       IP       IP       IP         REGULATORY OR LSC IDENTFYING INFORMATION)       IP       IP       IP         Continued From page 5       W 288       IP       IP       IP         Included in a formal active treatment program.       W 288       IP       IP       IP         Continued From page 5       W 288       IP       IP		

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		AND HUMAN SERVICES				FORM	06/04/2025 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION					E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G256	B. WING			06/	03/2025
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
RIVERSI	DE RESIDENTIAL				53 ELM STREET AIR BLUFF, NC 28439		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 368 W 436	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 Based on observation, record review and interview, the facility failed to ensure client #3 received medications in accordance with physician's orders. This affected 1 of 4 clients observed receiving medication. The finding is: During observations of medication administration in the home on 6/2/25 at 4:05pm, client #3 received one drop of Artificial Tears in each eye. Immediate interview with the Medication Technician (MT) confirmed one drop was administered in each eye. Review on 6/3/25 of client #3's Medication Administration Record (MAR) for 5/1/25 - 5/31/25 revealed an order for Artificial Tears, "instill two drops in each eye three times daily" at 8am, 4pm and 8pm. Interview on 6/3/25 with Nurse A confirmed the order for Artificial Tears was current and client #3 should have received two drops per eye. SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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 ensure client #1 was furnished eye glasses as needed. This affected 1 of 3 audit clients. The finding is:		W 3				
	-	s throughout the survey on 6/2					

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G256 B. WING 06/03/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 353 ELM STREET **RIVERSIDE RESIDENTIAL** FAIR BLUFF, NC 28439 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 436 Continued From page 7 W 436 - 6/3/25, client #1 did not wear eye glasses. Client #1 was not prompted or encouraged to wear eye glasses. Review on 6/2/25 of client #1's Individual Program Plan (IPP) dated 10/7/24 revealed. "Functional vision with glasses." Additional review of the client's vision examination report dated 12/10/24 revealed, "Eye health evaluation, Glasses Rx, if needed...C/O blurred vision at near and distance." Additional review of the report included a prescription for eye glasses. Interview on 6/3/25 with the Nurse A revealed she was not sure if client #1 has eye glasses and no eye glasses have been obtained for client #1 as of the 12/10/24 appointment. Interview on 6/3/25 with the Qualified Intellectual Disabilites Professional (QIDP) indicated client #1 currently does not have eye glasses as recommended at her last vision appointment. W 441 **EVACUATION DRILLS** W 441 CFR(s): 483.470(i)(1) and under varied conditions to-This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure fire drills were conducted at varied times across shifts. The finding is: Review on 6/2/25 of the facility's fire drills for May 2024 - May 2025 revealed drills were conducted at the following times: First shift: 9:15am, 10:20am, 10:39am, 10:18am Third shift: 1:35am, 1:20am, 1:13am, 1:08am, 1:00am

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		AND HUMAN SERVICES					FORM	06/04/2025 APPROVED 0938-0391
						(X3) DATE SURVEY COMPLETED		
		34G256	B. WING	G			06/	03/2025
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE	E, ZIP CODE		
RIVERSI	DE RESIDENTIAL				353 ELM STREET FAIR BLUFF, NC 28439			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD O THE APPROPF	BE	(X5) COMPLETION DATE
W 441	Continued From pa	ige 8	W 4	441				
	Disabilities Profess are trained to condu across shifts. The 0	with the Qualified Intellectual ional (QIDP) indicated staff uct fire drills at different times QIDP acknowledged the fire first and third shifts were not he shift.						

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