

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

PRINTED: 06/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G256		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2025	
NAME OF PROVIDER OR SUPPLIER RIVERSIDE RESIDENTIAL				STREET ADDRESS, CITY, STATE, ZIP CODE 353 ELM STREET FAIR BLUFF, NC 28439			
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W 108	<p>COMPLIANCE W FEDERAL, STATE & LOCAL LAWS CFR(s): 483.410(b)</p> <p>The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to safety, and This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure compliance with all applicable provisions of state law pertaining to vehicle safety. This affected 1 of 3 clients (#3) riding the facility van. The finding is:</p> <p>During observations in the home on 6/3/25, client #3 was assisted to load the facility van while positioned in her wheelchair. Staff C then secured her wheelchair to the van using four wheelchair tie down devices. Although a wheelchair seat belt was observed on the van, the staff did not secure client #3's wheelchair using the seat belt provided.</p> <p>Immediate interview with Staff C revealed they normally secure client #3's wheelchair in this manner.</p> <p>Review on 6/3/25 of the facility's Driving Policy (dated June 2023) revealed, "...The transportation of the individuals we serve should be taken seriously." Additional review of the policy noted, "All CBC owned vehicles are outfitted with seat belts. These are important safety devices that are expected to be used whenever the vehicle is in motion. To clarify, whether a vehicle is being driven on our property or on a public roadway, our company's expectation is that our drivers and clients use seat belts at all times."</p>		W 108				

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 108	Continued From page 1 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 108			
W 137	PROTECTION OF CLIENTS RIGHTS 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	W 137			

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W 137	Continued From page 2 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 137			
W 240	INDIVIDUAL PROGRAM PLAN 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	W 240			

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W 240	Continued From page 3	W 240			
W 249	<p>their need for a clothing protector.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) regarding use of adaptive equipment. This affected 1 of 3 audit clients (#6). The finding is:</p> <p>During evening observations in the home on 6/2/25 from 3:35pm - 6:10pm, client #6 did not wear eye glasses. The client was not observed to be prompted or encouraged to wear eye glasses. During this time, client #6 participated in activities such as watching television and playing table top games. Additional observations in the home on 6/3/25 from 6:10am - 8:04am, client #6 did not wear eye glasses nor was he encouraged to wear eye glasses. The client was noted to watch television, scroll through his cell phone and play table top games.</p> <p>Interview on 6/3/25 with client #6 revealed he has</p>	W 249			

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W 249	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."	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 observation, record review and interviews, the facility failed to ensure a technique to address client #6's inappropriate behavior was	W 288			

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W 288	<p>Continued From page 5</p> <p>included in a formal active treatment program. This affected 1 of 3 audit clients. The finding is:</p> <p>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.</p> <p>Immediate interview with the MT2 revealed they keep client #6's cell phone locked away because of his inappropriate use of it.</p> <p>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.</p> <p>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.</p>	W 288			
W 368	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by:</p>	W 368			

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W 368	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 medications. 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.	W 368			
W 436	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: During observations throughout the survey on 6/2	W 436			

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W 436	Continued From page 7 - 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 Disabilities Professional (QIDP) indicated client #1 currently does not have eye glasses as recommended at her last vision appointment.	W 436			
W 441	EVACUATION DRILLS 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	W 441			

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W 441	Continued From page 8 Interview on 6/3/25 with the Qualified Intellectual Disabilities Professional (QIDP) indicated staff are trained to conduct fire drills at different times across shifts. The QIDP acknowledged the fire drills conducted on first and third shifts were not varied throughout the shift.	W 441			