

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

PRINTED: 08/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2025
NAME OF PROVIDER OR SUPPLIER MOUNTAIN RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 810 KING ARTHUR DRIVE GASTONIA, NC 28054		
(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 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to report and assure facility repairs were conducted. The finding is: Observations in the group home during the recertification survey from 7/28/25 - 7/29/25 revealed the following items in need of repair and/or replacement. In bedroom #6 the client had a tear about two inches in length in his recliner, both bathrooms need caulking in both showers alongside the lining of the tub and wall tiles, in bathroom #1 the toilet seat need to be replaced, and in bathroom #2 the sink is rusted, and air vents need to be cleaned. Further observations revealed in bedroom #5 the wall light switch fixture is broken, and a drawer is missing from the dresser. Continued observations revealed in bedroom #3 the window blind is broken. Subsequent observations revealed the love seats, sofas and recliners in the living room area stitches have been torn apart under the arm rests and the material torn in other areas. Interview with the qualified intellectual disabilities professional (QIDP) on 7/29/25 revealed she had not been made aware of the items that need to be replaced or repaired. Further interview with the QIDP revealed management will begin the repairs/replacement immediately.	W 104	Mountain Ridge ICF group home's governing body, Lutheran Services Carolinas, will exercise general policy, budget, and operating direction over the facility as evidenced by ensuring group homes complete a LSC Facility Environmental Inspection Residential Form by the 5th day of each month. Forms will be reviewed by LSC Quality Management and concerns will be addressed with group home management. Specific facility items to address for Mt. Ridge are: 1. Mt. Ridge's Program Director will purchase a new recliner for bedroom #6 for the client that resides in that unit. 2. Mt. Ridge's Program Director will schedule for the group home's maintenance man to address all concerns with both bathrooms #1 and #2 to include: -caulking both showers and the lining of tubs and wall tiles -replacing the toilet seat in bathroom #1 -removing the rust from needed areas or replacing the sink in bathroom #2 if necessary. -clean all bathroom air vents 3. Mt. Ridge's Program Director will schedule for the group home's maintenance man to replace the broken light switch in bedroom #5. 4. Mt. Ridge's Program Director will purchase a new dresser for bedroom #5. 5. Mt. Ridge's Program Director will schedule for the group home's maintenance man to replace the blinds in bedroom with a new set. 6. Mt. Ridge's Program Director will purchase new upholstered furniture for the living room to replace the current sofa, love seat, and recliners.	09/27/2025	
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)	W 125			

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

Tiffany Grant

TITLE

QP/Program Director

(X6) DATE

8/14/25

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 required to continued program participation.

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W 125	Continued From page 1 The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure the right of dignity for 1 of 5 audited clients (#4) in relation to the use of incontinence padding. The finding is: Observations in the group home 7/28-29/25 revealed an incontinence pad to be visible in client #4's personal chair located in the client's bedroom and living room recliner chair located in the living room. Continued observation revealed client #4 to sit in the living room recliner with the incontinence pad in place. Further observation revealed that client #4's chairs were the only chairs in the home to have an incontinence pad placed on the chair. Interview on 7/29/25 with the Home Manager (HM) revealed that an incontinence pad was placed in client #4's personal chair to prevent a toilet incident in the chair. Further interview with the HM verified that an incontinence pad should not have been placed in the client's chair.	W 125	Mt. Ridge ICF/IDD group home will ensure the rights of all clients. The facility will allow and encourage individual clients to exercise their rights as clients of the facility, and citizens of the United States, including the right to file complaints and the right to due process. Mt. Ridge's Program Director will schedule a Client Rights training for all group home staffs to include the program's house manager. The training shall include the right to dignity. LSC clinical professional(s) will provide and facilitate the training. Mt. Ridge's Program Director/Qualified Professional will ensure that client #4 has a treatment goal to address and support incontinence needs. The goal will be SMART (specific, measurable, attainable, relevant, and time-based) with interventions supporting its achievement. Further, staff will be provided with appropriate interventions such as the use of a toileting schedule and cautioned against such measures as the use of incontinence pads placed around community/shared living areas of the home.	09/27/2025	
W 167	PROFESSIONAL PROGRAM SERVICES CFR(s): 483.430(b)(2) The facility must have available enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan.	W 167	Mt. Ridge ICF/IDD group home will have available enough qualified professional interventions in accordance with the stated goals and objectives of every individual program plan. In such case of the need for psychological services to be consistently available, to update, revise, monitor and carry out behavioral interventions, The Program Director/QP will collaborate with LSC clinical professionals to	09/27/2025	

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W 167	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to assure psychological services were consistently available to update, revise, monitor and carry out behavioral interventions in accordance with the behavior support plans (BSPs) of 5 of 5 audited clients (#1, #2, #3, #4 and #5) as evidenced by interview and record verification. The findings are: A. Review of client #1's record on 7/29/25 revealed a BSP dated 9/2/23. Further review revealed the client to have a BSP to reduce episodes of disruptive behavior during which a target behavior is displayed to no more than 3 episodes per month for 6 consecutive months. Continued review of the BSP revealed the following targeted behaviors listed as self injury behavior, aggression, property destruction/misuse, and elopement. Subsequent review of the BSP revealed alarms are to be activated on client #1's bedroom door and exit doors to alert staff. Locked gate on the yard fence at the group home is also needed. Additional review revealed restrictive therapeutic walk or holds may be used as specified to prevent injury, ensure safety, or to prevent major property destruction. Additional review revealed client #1 is currently prescribed psychotherapeutic medications to assist with disruptive behaviors. Interview with the qualified intellectual developmental professional (QIDP) on 7/29/25 substantiated by record verification revealed the facility has been without a contracted psychologist for quite some time. Further interview with the QIDP revealed it has been a challenge to identify a psychologist in the area who will provide services. Continued interview	W 167	Continued from page 2 identify and hire a consulting licensed psychologist. The Program Director/Qualified Professional will conduct routine Interdisciplinary Team meetings to allow the consultative review and progress update discussions. Prog Dir/QP will ensure that a licensed psychologist is staffed as a specialized consultant on the IDT. Prog Dir/QP will ensure the annual and as needed revisions to the BSP are completed in a timely fashion by the consulting psychologist. Once submitted, Prog Dir/QP will present the BSP to the Human Rights Committee and guardian of the individuals and obtain signatures of approval and consent.		

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W 167	Continued From page 3 with the QIDP revealed there is no qualified professional available to review the behavioral data to determine progress or to make revisions/updates as needed to the BSP. B. Review of client #2's record on 7/29/25 revealed a BSP dated 9/13/23. Further review revealed the client to have a BSP to reduce indicators of agitation to no more than a total of 71 per month for 6 consecutive months. Continued review revealed the following target behavior listed as agitation. Interview with the QIDP on 7/29/25 substantiated by record verification revealed the facility has been without a contracted psychologist for quite some time. Further interview with the QIDP revealed it has been a challenge to identify a psychologist in the area who will provide services. Continued interview with the QIDP revealed there is no qualified professional available to review the behavioral data to determine progress or to make revisions/updates as needed to the BSP. C. Review of client #3's record on 7/29/25 revealed a BSP dated 9/30/20. Further review revealed the client to have a BSP to decrease episodes of disruptive behavior during with a target behavior is displayed to no more than 3 episodes per month for 6 consecutive months. Continued review revealed the following target behavior listed as aggression, property destruction/misuse, and self injury. Subsequent review revealed that benign personal restraint will be used for 10 seconds if client #3 does not respond to the verbal prompt and continues to attempt to engage in SIB such as biting or hitting himself.	W 167			

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W 167	Continued From page 4 Additional review revealed that if needed to ensure his safety, an NCI approved therapeutic hold will be used until he is calm for 1 full minute as described above as an intervention for aggression or property destruction. Continued review revealed client #3 is currently prescribed psychotherapeutic medications to assist with disruptive behaviors. Interview with the QIDP on 7/29/25 substantiated by record verification revealed the facility has been without a contracted psychologist for quite some time. Further interview with the QIDP revealed it has been a challenge to identify a psychologist in the area who will provide services. Continued interview with the QIDP revealed there is no qualified professional available to review the behavioral data to determine progress or to make revisions/updates as needed to the BSP. D. Review of client #4's record on 7/29/25 revealed a BSP Summary dated 2021-2022. Further review of the summary revealed target behavior listed as verbal aggression/loud vocalizations. Continued review revealed alarms activated on exit doors. Subsequent review did not reveal an actual completed BSP for surveyor to review. Interview with the home manager (HM) on 7/29/25 revealed all documentation relative to client #4's BSP has been provided to surveyors. Further interview with the QIDP substantiated by record verification, revealed the facility has been without a contracted psychologist for quite some time. Continued interview with the QIDP revealed it has been a challenge to identify a psychologist in the area who will provide services. Subsequent interview with the QIDP revealed there is no	W 167			

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W 167	Continued From page 5 qualified professional available to review the behavioral data to determine progress or to make revisions/updates as needed to the BSP. E. Review of client #5's record on 7/29/25 revealed a BSP dated 8/29/21. Further review revealed the client to have a BSP to decrease episodes of disruptive behavior when a target behavior is displayed to be no more than 2 episodes per month for 6 consecutive months. Continued review revealed the following target behaviors listed as aggression and property destruction/misuse. Subsequent review revealed NCI or other approved therapeutic hold will be used immediately if needed to ensure safety, prevent injury or to prevent major property destruction or at other times when a safe area in not immediately available, or if there is imminent danger to the client or others in the environment due to his behavior. Interview with the QIDP on 7/29/25 substantiated by record verification, revealed the facility has been without a contracted psychologist for quite some time. Further interview with the QIDP revealed it has been a challenge to identify a psychologist in the area who will provide services. Continued interview with the QIDP revealed there is no qualified professional available to review the behavioral data to determine progress or to make revisions/updates as needed to the BSP.	W 167			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by:	W 369			

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W 369	Continued From page 6 Based on observations, record reviews and interviews, the facility failed to assure all drugs were administered without error for 1 of 5 audited clients (#4) observed during medication administration. The finding is: Observations in the home on 7/29/25 at 7:11 AM revealed client #4 to enter the medication administration room and prepare for medication administration. Continued observations revealed the staff to obtain the medications from the cart, educate the client and punch medications into medicine cup. Further observations revealed client #4 to be administered Baclofen 10MG, Olanzapine 5MG, and Levetiracetam 500 MG with a cup of water. Review of records for client #4 on 7/29/25 revealed physician's orders (PO) dated 6/6/25. Review of the PO's revealed medications prescribed at 8:00 AM to be Olanzapine 5MG, Baclofen 10 MG, Boost Breeze Wild Berry Liquid, Docusate SOD 100 MG take 1 capsule by mouth twice a day (Do Not Crush), Levetiracetam 500 MG, Vitamin D3 50,000 Unit (1.25MG) take 1 capsule by mouth once a week. Continued review of PO's revealed that on 5/19/25 client #4's nutritional supplement changed to Kate Farms twice a day. Client #4 did not receive prescribed nutritional supplement (Kate Farms) and prescribed Docusate SOD 100 MG. Interview with the facility nurse on 7/29/25 confirmed that client #4's PO's to be current. Further interview with the facility nurse confirmed that the staff should have administered all prescribed medications.		Mountain Ridge shall have in place a system for drug administration that will assure that all drugs, including those that are self-administered are administered without error. Mountain Ridge's identified system utilizes the assistance of a buddy. The Buddy system will require a co-worker, to verify that all medications (to include prescribed nutritinal supplements) have been administer and documented. Daily, immediatly after each and all medication passes (AM,PM) a second staff member on shift will inspect all medication bubble packs to ensure each day's med is no longer present. (Note that tablets are popped out of numbered bubbles that correspond with the current day's date.) Additionally, the buddy will inspect the MAR to ensure all documentation (initials, PRN descriptions, etc.) is present. Mountain Ridge will provide trainings to staff members administering medications annually and when a need for corrective action is identified.	09/27/2025	
W 436	SPACE AND EQUIPMENT	W 436			

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NAME OF PROVIDER OR SUPPLIER

MOUNTAIN RIDGE GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**810 KING ARTHUR DRIVE
GASTONIA, NC 28064**

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W 436 Continued From page 7
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 interview, the facility failed to ensure that prescribed adaptive equipment was maintained for 1 of 5 audited clients (#4). The finding is:

Observation in the group home during recertification survey 7/28-29/25 revealed client #4 to participate in the dinner meal and breakfast meal with the following adaptive equipment a divided plate. Further observations revealed that staff did not at any time provide the client with his adaptive utensil.

Review of records for client #4 on 7/29/25 revealed an individual habilitation plan (IHP) dated 1/21/25. Continued review of the IHP revealed a nutritional assessment (NA) dated April, May, June 2025 for the client to be prescribed a divided plate and adaptive fork.

Interview with the qualified intellectual disabilities professional (QIDP) on 7/29/25 confirmed that client #4's NA was current. Further interview with the QIDP confirmed that staff should have provided the client with his prescribed adaptive equipment.

W 436 Mountain Ridge shall furnish, maintain in good repair, and teach its clients to use and make informed choices about the use of dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by the IDT as needed by the client.

In such case as a divided plate and an adaptive fork being identified as a needed device, Prog Dir/QP will write a goal for the individual to be implemented by staff. The goal shall be SMART (specific, measurable, attainable, relevant and time based) with interventions supporting the its achievement. Staff members will document the clients daily progress and Prog Dir/QP will monitor and report its quarterly outcome. Materials needed for goal will continuously be available for client's use.

09/27/2025