STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G250	A. BUILDING _____ B. WING _____	10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEFIELD HOME	730 FISHER RIDGE DRIVE MONROE, NC 28110

(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 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 observations, record review and interview, the facility failed to ensure 1 of 3 sampled clients (#6) received a continuous active treatment program consisting of needed interventions as identified by their person-centered plan (PCP). The finding is: Observation in the group home on 10/28/25 at 8:45 AM revealed client #6 to enter the medication room for medication administration. Continued observation revealed staff to retrieve and identify each of the client's medications before popping them into a medication cup. Further observation revealed staff to hand client #6 the medication cup and a glass of water, and for the client to take her medication independently. At no time was client #6 offered an opportunity to participate in her medication administration. Review of client #6's record on 10/28/25 revealed a PCP dated 1/3/25 which indicated a training objective for the client to participate in medication administration with no more than two partial physical prompts. Continued review of the training	W 249	Residential Manager will retrain all staff on ensuring that all clients have education and an opportunity to participate in each medication pass. RM or Designee will conduct weekly medication observations 2X weekly for 5 weeks. RM or designee will document shift observations on a Monarch shift observation form Target completion date: 12/26/2025 RECEIVED NOV 17 2025 DHSR-MH Licensure Sect	

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

Kevin Clark, Vice President of Operations — 11/12/2025

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.

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W 249	Continued From page 1 objective indicated client #6's specific tasks include: follow staff prompts and redirections, wash hands, locate her picture on medication basket, with staff assistance position blister pack over medication cup, push the pill out of the blister back into the cup, consume medication with water, place medication cup in the trash. Interview with home manager on 10/28/25 confirmed client #6's training objectives are current. Continued interview with the home manager confirmed staff should have provided client #6 the opportunity to participate in her medication administration.	W 249	This page intentionally left blank	
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 interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 of 3 sampled clients (#3). The finding is: Observations throughout survey on 10/27/25 - 10/28/25 revealed client #3 to participate in dinner preparation, dinner meal, breakfast meal, dishes to the sink, packing lunch boxes and an outing. Further observations did not reveal client #3 to wear a right hand splint. Continued observations did not reveal staff to prompt client #3 to wear a right hand splint.	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 436	Continued From page 2 Review of records on 10/27/25 for client #3 revealed an occupational therapy (OT) assessment dated 6/16/25. Further review revealed an OT plan of care to include demonstrating improved range of motion and pain management by tolerating resting hand splint to right hand 6-8 hours daily, within six months to a year. Interview with the home manager (HM) on 10/28/25 confirmed client #3's assessments are current. Further interview with the HM revealed client's right hand splint order has been dropped off to her primary care physician's office in 9/25 for signature and had not been returned to the facility. Continued interview with the HM verified client #3 did not have her adaptive equipment as prescribed.	W 436	RM or designee will follow up with client #3's primary care provider along side OT to ensure that client #3 receives her adaptive equipment RM or designee will inservice all staff on updated equipment use when received Once adaptive equipment is received and staff are trained staff will complete daily documentation of wearing adaptive equipment During shift observations RM or Designee will ensure that client #3 is wearing her adaptive equipment daily and document on the shift observation form Target completion date 12/26/2025	