STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G068	A. BUILDING B. WING	**04/13/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW HOME	**1793 RIVERVIEW ROAD , LINCOLNTON, North Carolina, 28092**

(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
W0262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is NOT MET as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that restrictive techniques were monitored and reviewed annually by the human rights committee (HRC) for 5 of 5 audited clients (#1, #2, #3 #4 and #5). The findings are: A. The facility failed to ensure restrictive techniques were monitored and reviewed annually. For example: Observations throughout the recertification survey period from 2/9/26 - 2/10/26 revealed that the refrigerator and pantry in the home are locked due to food seeking behaviors by one client. Review of client records on 2/10/26 revealed no evidence that the Human Rights Committee (HRC) had reviewed, consented to, or monitored the locked refrigerator and pantry for any of the 5 clients. Interview with the qualified intellectual disabilities professional (QIDP) on 2/10/26 revealed that signed consent forms regarding the locked refrigerator and pantry could not be located during the survey. Continued interview with the (QIDP) verified HRC rights limitation consent forms for all clients should be updated and signed by the HRC annually. B. The facility failed to ensure that client #3's restrictive techniques were monitored and reviewed annually. For example:	W0262		

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 reverse for further 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.

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

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W0262	Continued from page 1 Observations throughout the recertification survey period from 2/9/26 - 2/10/26 revealed an audio-visual monitor to be present and turned on in client 3#'s bedroom. The monitor receiver was located in the living room of the home and visible by anyone in the room. Review of client #3's record on 2/10/26 revealed a person-centered plan (PCP) dated 10/2/25 which states the video monitor is necessary for client #3's safety due to the risk of client #3 falling while getting in and out of bed. Continued record review revealed no evidence that the HRC had reviewed, consented to, or monitored the use of the video monitor annually, as required. Interview with the QIDP on 2/10/26 revealed that signed consent forms could not be located during the survey. Continued interview with the QIDP verified HRC rights limitation consent forms for all clients should be updated and signed by the HRC annually. A follow-up survey was completed on 4/13/26 regarding all deficiencies cited during the 2/10/26 recertification survey. During the follow-up survey, signed consent forms could not be located for all clients.	W0262		
W0263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is NOT MET as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that restrictive techniques were monitored and reviewed annually by the court appointed guardians for 4 of 5 surveyed clients (#1, #2, #3 and #5). The findings are: A. Observations throughout the recertification survey period from 2/9/26 - 2/10/26 revealed that the refrigerator and pantry in the home are locked due to food seeking behaviors by one client. Review of client records on 2/10/26 revealed no	W0263		

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W0263	Continued from page 2 evidence that the duly appointed guardians of clients #1, #2, #3 or #5 had been advised of or consented to the locked refrigerator and pantry. Interview with the qualified intellectual disabilities professional (QIDP) on 2/10/26 revealed that signed consent forms for clients #1, #2, #3 and #5 regarding the locked refrigerator and pantry could not be located during the survey. Continued interview with the (QIDP) verified that guardians must be advised of and consent to all restrictions of rights prior to the restrictions being implemented. B. Observations throughout the recertification survey period from 2/9/26 - 2/10/26 revealed an audio-visual monitor to be present and turned on in client 3#'s bedroom. The monitor receiver was located in the living room of the home and visible by anyone in the room. Review of client #3's record on 2/10/26 revealed a person-centered plan (PCP) dated 10/2/25 which states the video monitor is necessary for client #3's safety due to the risk of client #3 falling while getting in and out of bed. Continued record review revealed no evidence that client #3's guardian had been advised of nor consented to the use of the video monitor, as required. Interview with the QIDP on 2/10/26 revealed that a signed consent form could not be located during the survey. Continued interview with the QIDP verified that guardians must be advised of and consent in writing to all restrictions of clients' rights. A follow-up survey was completed on 4/13/26 regarding all deficiencies cited during the 2/10/26 recertification survey. During the follow-up survey, signed consent forms could not be located for all clients.	W0263		
W0368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is NOT MET as evidenced by: Based on observations, record review and interviews,	W0368		

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W0368	Continued from page 3 the facility failed to ensure that all medications were administered in accordance with physicians' orders. The finding is: Morning observations in the group home revealed client #1 to enter the medication room at 7:15 AM along with staff A. Continued observations revealed staff A to prepare the following medications for client #1: Escitalopram 10mg, Benztropine .5mg, Quetiapine 400mg, Lithium carb 150mg, Senna-Time 17.2mg, Citracal, Levothyroxine 125mcg, PEG 3350 powder, Ensure, Ciclopirox, ammonium lactate. Further observation revealed all pills and capsules, including the Levothyroxine, to be placed in a single cup and swallowed by the client at 7:25 AM. Continued observation revealed client #1 to leave the medication room and go directly to the dining room table, where she began eating her breakfast at 7:38 AM. Review of records revealed a physician's order dated 7/2/24 which states, "LEVOTHYROXIN TAB 125mcg - TAKE 1 TABLET EVERY MORNING FOR HYPOTHYROIDISM (TAKE 30 MINUTES BEFORE BREAKFAST OR OTHER MEDICATIONS) Schedule: DAILY AT 07:30." Interview with the facility nurse on 2/10/26 confirmed the physician's order is current and that the Levothyroxine should have been administered to client #1 at least 30 minutes prior to administering her other medications and breakfast and that it was a medication error to administer it along with the other medications and 13 minutes before breakfast. A follow-up survey was completed on 4/13/26 regarding all deficiencies cited during the 2/10/26 recertification survey. During the follow-up survey, documentation of medication administration observations could not be located.	W0368		