STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G250	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEFIELD HOME	**730 FISHER RIDGE DRIVE , MONROE, North Carolina, 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
W0249	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 interviews, the facility failed to ensure that individual program plan (IPP) objectives critical to the health and safety of all clients in the group home were implemented immediately following discussions by the interdisciplinary team (IDT). This situation affected 6 clients in the home (#1, #2, #3, #4, #5, #6). The finding is: Observations in the group home on 5/11/26 revealed client #1 to be in his bedroom with no staff present or in the immediate area of the bedroom. Further observation revealed clients #2, #3, #4, #5 and #6 to be present in the group home and involved in afternoon activities including watching television in the living room, wandering around the home, and having snacks in the dining room. Continued observation revealed 3 staff present in the group home and involved in various activities including preparing snacks, assisting clients and working on electronic devices. Subsequent observations revealed client #1 to leave his bedroom and go to the living room, where 3 other clients were relaxing. At no time was there a staff person within arm's reach of client #1 during observations. Review of records on 5/11/26 revealed a progress note entered by the psychologist assistant (LTSS) on 4/13/26 indicating that the IDT had met that day to review the behavior support plan (BSP) for client #1. Further record review revealed a new BSP for client #1 dated 4/14/26 which includes, among other guidelines, "One to one staffing during waking hours for at least 60 days will be in effect. Staff will always	W0249		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G250	A. BUILDING B. WING	05/11/2026

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W0249	Continued from page 1 remain within arm's reach of client #1 and position themselves in a way so if client #1 becomes upset, they can intervene before he touches a peer." Continued record review revealed an in-service training report dated 4/13/26 which contains the identical language and is signed by 3 direct support professionals (DSP). Subsequent record review revealed 2 in-service training reports dated 4/15/26 which both state, "Explained that a 1:1 staff member must be assigned to client #1 on the staff assignment sheet, and the staff must know they have been assigned to him. If the assigned person needs a break or must step away, another staff must assume responsibility for client #1 during that time, until the originally signed staff returns." The in-service reports are signed by 8 DSPs, the residential team leader (RTL) and the residential manager (RM). Interview on 5/11/26 with the RM revealed that her understanding is that the 1:1 staff responsibility is to be aware of where client #1 is in the home and be available to meet client #1's needs, and to intervene if client #1 becomes aggressive toward others. The RM stated that client #1 has not had aggressive behaviors in the home and that she did not understand that the 1:1 staff need to be within arm's reach of client #1 during all waking hours. Interview with the Vice President of Operations on 5/11/26 confirmed that the 1:1 staff described in the current BSP is required to remain within arm's reach of client #1 during all waking hours.	W0249		