

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

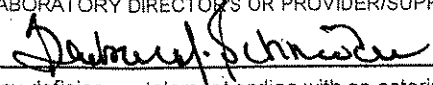
PRINTED: 05/16/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2008
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NAME OF PROVIDER OR SUPPLIER J. IVERSON RIDDLE DEVELOPMENTAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD MORGANTON, NC 28655
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(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
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W 254	<p>483.440(e)(2) PROGRAM DOCUMENTATION</p> <p>The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews with facility staff on 5/14/08, the facility failed to incorporate a significant event that may impact his life into client #1's record. This affected 1 of 1 clients (#1). The finding is:</p> <p>Client #1 received body rubs while in a state of partial undress.</p> <p>Interviews with staff on 5/14/08 relayed the client receives visits approximately twice a week from a family member. During the visits, client #1's outer clothing is removed and his extremities and back are rubbed with body lotion by the family member. An additional interview with direct care staff conveyed that staff are intermittently present during these times and continuously available. Further interview with staff confirmed this routine has occurred for years.</p> <p>Additional interviews on 5/14/08 confirmed that managment staff were aware but the situation had not been formally assessed and discussed by the team.</p> <p>During record review on 5/14/08 of client #1's record, no evidence was found showing an assessment or description of this event.</p>	W 254	<p><i>W254 The facility must document significant events that contribute to an overall understanding of the client's on going level and quality of functioning.</i></p> <p style="text-align: right;">RECEIVED MAY 27 2008</p> <p style="text-align: right;">DHSR-MH License Section</p> <p>On 5/15/08 following the ICF complaint survey in order to assure Client #1's protection and right to privacy, a meeting was held with the guardian/family member who visits Client #1 regularly, usually twice a week, and provides body rubs during these visits. The Elm QDDP and Advocate met with the guardian and requested that body rubs <u>not</u> be provided by the guardian until the facility received more specific information resulting from the 5/14/08 ICF complaint survey. As noted in the W254 citation, the guardian/family member has provided "body rubs with lotion while in a state of partial undress" to Client #1 during visits. The facility failed to document this significant event in order to contribute to an overall understanding of the Client's on going level and quality of functioning. The documentation of the meeting on 5/15/08 is attached.</p> <p style="text-align: center;"><i>(continued on page 1A-#1 Insert)</i></p>	
W 264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE	W 264		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Acting Director	(X6) DATE 5/23/08
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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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NAME OF PROVIDER OR SUPPLIER J. IVERSON RIDDLE DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 ENOLA ROAD MORGANTON, NC 28655	
(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 264	Continued From page 1 The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to assure the human rights committee (HRC) reviewed and monitored an event which involved potential client protection and rights issues. This affected 1 of 1 audit (#1). The finding is: The HRC was not apprised of an event regarding potential protection and rights issues for client #1. Review on 5/14/08 of client #1's chart revealed rights restrictions in the areas of behavior intervention including medication and restraints. There was no information in client #1's chart that privacy issues had been questioned by the team and protection of client #1's rights had been reviewed. Interview with management on 5/14/08 revealed no documentation of concerns regarding client #1's rights during visitations had been completed, nor had any information concerning the team discussion of protecting these rights been presented to the HRC.	W 264	<i>W264 The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</i> By 6/13/08 the Human Rights and Advocacy Committee will be apprised of Client #1 receiving body rubs in a state of partial undress and specifically the Elm teams actions to address potential client protection and rights issues related to this significant event. By 6/13/08 and on an on going basis the Human Rights and Advocacy Committee will be apprised of significant events that have a potential protection and rights issues for every JIRDC client. By 6/13/08 the Elm team will receive education and consultation from the Director of Social Work on guardianship rights (and limitations). By 6/13/08 all QDDPs, Social Workers and Advocates will receive education by the Director of Social Worker on guardianship rights (and limitations).	6/13/08 6/13/08 6/13/08 6/13/08

(page 1A-#1 Insert)

By 6/5/08 the Elm team, including guardian and Advocacy, will formally discuss Client #1 receiving body rubs while in a state of partial undress. An assessment of the medical and therapeutic benefit of body rubs, and the client's response to the body rubs, will be completed by Occupational Therapy, Nursing and Psychology prior to the 6/5/08 team meeting. Advocacy will be present to insure the client's rights are protected and that the right to privacy is duly considered and honored.

6/05/08

By 6/13/08, specific guidelines as to the provision of body rubs and application of lotion will be developed and clearly documented in the client's record following the 6/5/08 team meeting and the assessments completed by OT, Nursing and Psychology. The guidelines will be presented to all responsible parties including the guardian/family member with documentation of the date and time of the presentation.

6/13/08

By 6/13/08 monitoring will be the responsibility of the QDDP and the Elm supervisors to insure the guidelines for Client #1's body rubs are being followed. Monitoring will occur and be documented on a weekly basis.

6/13/08

(continued on page 1A-#2 Insert)

(page 1A-#2 Insert)

By 6/13/08 all QDDPs Centerwide will be provided an inservice by the Director of Quality Assurance on the necessity of documenting significant events which would contribute to an overall understanding of the clients' on going level and quality of functioning. Monitoring will occur through the Utilization Chart Review process.

6/13/08