

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

PRINTED: 03/27/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/26/2019
NAME OF PROVIDER OR SUPPLIER ROSEANNE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 900 ROSEANNE DR KINSTON, NC 28504		
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained regarding the use of latex gloves. This potentially affected all clients residing in the home. The finding is:</p> <p>Staff were not sufficiently trained regarding the use of latex gloves.</p> <p>During lunch observations in the home on 3/25/19, the home manager (HM) was observed wearing latex gloves while providing hand over hand assistance for a client to serve himself his food. Further observations revealed Staff C also providing hand over hand assistance for a client to serve his food, while wearing latex gloves.</p> <p>During dinner meal preparations in the home on 3/25/19, Staff A was observed putting on latex gloves and handing a client a napkin to place at his place setting. Further observations revealed Staff A putting on another pair of latex gloves, turning on the water in the kitchen, wetting a dishcloth and handing then the dishcloth to a client; that client then proceeded to wipe off his mat.</p> <p>During breakfast observations in the home on 3/26/19, Staff B who was assisting the clients with serving themselves their breakfast was wearing</p>	W 189			

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

TITLE

(X6) DATE

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 189	<p>Continued From page 1 latex gloves.</p> <p>During an interview on 3/25/19, Staff A stated she put on the gloves because she had touched a wheelchair and did not want to contaminate anything while in the kitchen.</p> <p>During an interview on 3/26/19, Staff B revealed she was wearing the gloves because she was helping more than one person and wanted to prevent cross contamination between the clients. Additional interview revealed she was told to do this by the home manager (HM) when she was first hired.</p> <p>During an interview on 3/26/19, the qualified intellectual disabilities professional (QIDP) revealed there was no policy indicating staff should wear latex gloves while assisting clients during their meals.</p>	W 189			