

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

PRINTED: 05/03/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G292</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R <b>05/03/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROCKWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4409 ROCKWOOD DRIVE RALEIGH, NC 27612</b>		
(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 312}	<p><b>DRUG USAGE</b> CFR(s): 483.450(e)(2)</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure drugs used for the control of inappropriate behaviors were used only as an integral part of the Behavior Support Plan (BSP) directed towards the reduction or elimination of behaviors for which the drugs were employed. This affected 1 of 3 audit clients (#4). The finding is:</p> <p>1. Client #4's use of Remeron was not included in an active treatment plan.</p> <p>Review on 5/3/19 of client #4's current physician's orders dated 3/14/19 revealed an order for Remeron 7.5mg, take one tab by mouth nightly "for sleep". Additional review of the client's BSP dated 11/12/18 also identified the use of Melatonin for sleep. The record did not include the use of Remeron in a formal active treatment plan.</p> <p>Interview on 2/26/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the use of Remeron was not included in a formal active treatment plan.</p> <p>2. Strategies to address client #4's sleep behavior were not included in his BSP.</p>	{W 312}	<p>The noted deficiencies will be corrected by the following actions:</p> <p>A. Clinical Supervisor will review all Behavior Support Plan's to ensure that any psychotropic medication administered has both a diagnosis and targeted behaviors that warrant its administration.</p> <p>B. This review will also be used to determine if the administration of psychotropic medications is still appropriate based on current displayed behaviors.</p> <p>C. If the current behaviors do not warrant continued administration of medication, then the Clinical Supervisor will seek to titrate the dosage where appropriate.</p> <p>D. Behavior Support Plans/Guidelines will be revised to include target behaviors and their corresponding medications. In addition, Behavior Support Plans will include strategies for promoting sleep for anyone who has been prescribed medications to address issues in this area.</p> <p>E. HRC and consent signatures will be obtained for all revised Behavior Support Plans.</p> <p>F. Clinical Supervisor will monitor and document monthly.</p> <p><b>DHSR - Mental Health</b></p> <p><b>MAY 13 2019</b></p> <p><b>Lic. &amp; Cert. Section</b></p>		7/2/2019

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.

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

PRINTED: 05/03/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G292</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/03/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROCKWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4409 ROCKWOOD DRIVE</b> <b>RALEIGH, NC 27612</b>		
(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 312}	Continued From page 1  Review on 5/3/19 of client #4's BSP dated 11/12/18 revealed objectives to address his failure to cooperate, agitation, property destruction, physical aggression and elopement. Additional review of the plan included the use of Melatonin for sleep. Further review of the client's current physician's orders dated 3/14/19 noted an order for Remeron 7.5mg, take one tab by mouth nightly "for sleep" and another order for two Melatonin gummies 2.5mg to be taken 2 hours before bedtime "for sleep". Further review of client #4's BSP did not include specific strategies to address his sleep issues.  Interview on 5/3/19 with the confirmed the Melatonin and Remeron were used for sleep and were in place without specific strategies to address client #4's sleep behaviors.	{W 312}			