## 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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		240000				R	
		34G292	B. WING	_		05/03/2019	
NAME OF	PROVIDER OR SUPPLIER			ı	STREET ADDRESS, CITY, STATE, ZIP CODE		
ROCKWOOD				4409 ROCKWOOD DRIVE			
				RALEIGH, NC 27612			
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		BE	(X5) COMPLETION DATE
	Drugs used for continuation be used only a client's individual prospecifically towards elimination of the beare employed.  This STANDARD is Based on record refailed to ensure drug inappropriate behavintegral part of the Bidirected towards the behaviors for which This affected 1 of 3 a is:  1. Client #4's use of an active treatment provided and the series of the series of the series of the use of Remeron 7.5mg, tak "for sleep". Additional dated 11/12/18 also in Melatonin for sleep. The use of Remeron plan.  Interview on 2/26/19 Disabilities Profession use of Remeron was active treatment plant.	rol of inappropriate behavior as an integral part of the ogram plan that is directed the reduction of and eventual chaviors for which the drugs on the drugs are used for the control of iors were used only as an echavior Support Plan (BSP) or reduction or elimination of the drugs were employed, audit clients (#4). The finding Remeron was not included in clan.  Client #4's current physician's or revealed an order for e one tab by mouth nightly all review of the client's BSP identified the use of The record did not include in a formal active treatment with the Qualified Intellectual anal (QIDP) confirmed the not included in a formal client #4's sleep	{W 3	12}	The noted deficiencies will be corrected by the following actions:  A. Clinical Supervisor will review all Behavior Support Plan's to ensure that any psychotrop medication administered has both a diagnosi targeted behaviors that warrant its administration of psychotropic medications is appropriate based on current displayed behaviors do not warrant con administration of medication, then the Clinica Supervisor will seek to titrate the dosage whe appropriate.  D. Behavior Support Plans/Guidelines will be to include target behaviors and their correspondedications. In addition, Behavior Support Pl will include strategies for promoting sleep for a who has been prescribed medications to addinissues in this area.  E. HRC and consent signatures will be obtained for all revised Behavior Support Plans.  F. Clinical Supervisor will monitor and docume monthly.  DHSR - Mental Health  MAY 1 3 2019  Lic. & Cert. Section	ic s and stion.  if the still viors.  Itinued lare  revised nding ans anyone ess	7/2/2019
	<ol><li>Strategies to addr behavior were not inc</li></ol>	ress client #4's sleep cluded in his BSP.					

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

Program Manager

TITLE

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.

PAIP

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	107 Silverson and an	TIPLE CONSTRUCTION NG	(X3) DA	(X3) DATE SURVEY COMPLETED	
34G292			34G292	B. WING			R	
	NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4409 ROCKWOOD DRIVE RALEIGH, NC 27612	05/03/2019 DDE		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION OF THE	DBF	(X5) COMPLETION DATE	
		Review on 5/3/19 of 11/12/18 revealed of failure to cooperate, destruction, physical Additional review of Melatonin for sleep. current physician's o order for Remeron 7 nightly "for sleep" an Melatonin gummies: before bedtime "for sclient #4's BSP did n to address his sleep.  Interview on 5/3/19 w Melatonin and Reme	client #4's BSP dated objectives to address his agitation, property aggression and elopement. The plan included the use of Further review of the client's orders dated 3/14/19 noted an .5mg, take one tab by mouth dianother order for two 2.5mg to be taken 2 hours sleep". Further review of ot include specific strategies issues.	{W 31:				