PRINTED: 02/24/2020 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	
34G048		B. WING			01/23/2020	
NAME OF PROVIDER OR SUPPLIER ROCKWELL 1 & 2				STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 152 EAST 6330 ROCKWELL, NC 28138	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETION DATE
W 227	objectives necessal as identified by the required by paragra. This STANDARD is Based on observatinterviews, the faciliperson-centered platraining to address non-compliance for The finding is: Observations the management of the finding is: Observations the finding is: Observations the management of the finding is: Observations the management of the finding is: Observations the finding is: Observations the finding is: Observations the management of the finding is: Observations the finding is: Observatio	ram plan states the specific ry to meet the client's needs, comprehensive assessment uph (c)(3) of this section. Is not met as evidenced by: ion, record review, and staff ity failed to ensure the an (PCP) included objective needs relative to 1 of 3 sampled clients (#5). Is orning of 1/23/2020 at 9:30 #5 to get into the agency van belt, immediately moving the placing it behind his back as	W 22	*		
ARORATOR)		I client #5 does not have ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE

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

(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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		34G048	B. WING		01.	/23/2020	
NAME OF PROVIDER OR SUPPLIER ROCKWELL 1 & 2			•	STREET ADDRESS, CITY, STATE, ZIP COD HIGHWAY 152 EAST 6330 ROCKWELL, NC 28138			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		OULD BE	(X5) COMPLETION DATE	
W 227	use. Interview with Disabilities Profess verified that client # seat belt during var with the QIDP confi benefit from formal	ge 1 o address proper seat belt the Qualified Intellectual ional (QIDP) on 1/23/2020 5 should properly wear his i transports. Further interview rmed that client #5 could training objectives to address seat belt during van	W 2	227			
W 249	PROGRAM IMPLE CFR(s): 483.440(d) As soon as the inte formulated a client's each client must re- treatment program interventions and so and frequency to su	_	W 2	249			
	Based on observatinterviews, the facililisted in the personimplemented as preequipment (cervica clients (#3). The fir Observations in the from 2:15 PM to 3:0 positioned at a table playing a music actinterviews.	s not met as evidenced by: cion, record review, and staff ity failed to ensure objectives centered plan (PCP) were escribed relative to adaptive I collar) for 1 of 3 sampled ading is: group home on 1/22/2020 00 PM revealed client #3 e in the living room while ivity with staff. Further					
	and foot brace attac	ched to the handle of his point during the observation					

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		34G048	B. WING	·····	01	/23/2020
NAME OF PROVIDER OR SUPPLIER ROCKWELL 1 & 2				STREET ADDRESS, CITY, STATE, ZIP CO HIGHWAY 152 EAST 6330 ROCKWELL, NC 28138	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 249	PM revealed client staff. Further obse client #3 to transition medication administrom the medication #3 was observed was loosely fastene observations at 6:0 positioned at the didinner meal with state observation at 6:15 collar for client #3 to At that time, staff of from the floor and properties wheel chair. Observations in the from 7:30 AM to 8:2 in the living room an activity with staff. Frevealed staff D to around client #3's in the medication administration administration administration from the floor and properties with the medication administration administration from the floor and properties with the medication administration administration from the floor and properties are properties and properties and properties are properties and prope	rations from 4:30 PM to 5:50 #3 completing an activity with rvation at 5:50 PM revealed on with staff support to the stration room. Upon return administration room, client rearing a cervical collar which red around his neck. Continued to PM revealed client #3 nner table participating in the reaff assistance. Further PM revealed the cervical collar of all from his neck to the floor. If picked up the cervical collar placed it on the handle of client respectively. The participate in a music further observation at 8:30 AM place the cervical collar reck and transition the client to a finistration room. In a for client #3 on 1/23/2020 contered plan (PCP) dated review of the PCP revealed equipment to include: a gait et, high-sided dish, dycem wirt protector, ted hose, wheel red and upper chest harness. The PCP revealed client #3 roical collar during the day and during his shower, at meal	W 2	49		

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W 249	1/23/2020 revealed cervical collar off or Interview with the C Professional (QIDP goals and objective interview with the C	ge 3 Iome Manager (HM) on that client #3 can have his casionally to rest his neck. Qualified Intellectual Disabilities) verified that client #3's PCP s are current. Further IDP confirmed that client #3 rvical collar on as prescribed.	W 2	249			