STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G297	A. BUILDING _____ B. WING _____	03/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROANOKE PLACE	704 CAROLINA AVENUE AHOSKIE, NC 27910

(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 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to train 1 of 3 audit clients (#6) in handwashing. The finding is: Client #6 did not have training in the basic skill of handwashing. During observations on 3/10/2020, at 6:10pm, client #6 was escorted to the bathroom to wash his hands before the meal. He barely wet his hands (with no soap) and left. Staff A did not prompt him to return or wash his hands more thoroughly. During observations on 3/11/2020, at 6:40am, client #6 was prompted to wash his hands before the meal. He barely wet them (with no soap) and staff B did not try to get him to wash more thoroughly. Interview with staff A, on 3/10/2020, revealed he did not try to get client #6 to wash his hands better because it would cause a behavior. He stated, "That's what he does and we can't ask him to do more or he 'll have behaviors."	W 242		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G297	A. BUILDING _____ B. WING _____	03/11/2020

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W 242	Continued From page 1 Review of client #6's individual program plan (IPP) dated 10/25/19 revealed no training in handwashing. Review of his adaptive behavior inventory dated 2/19/2020 revealed only partial independence at washing his hands. Interview with the qualified intellectual disabilities professional (QIDP) on 3/11/2020 revealed client #6 has not had any training on handwashing and confirmed that he may benefit from such training.	W 242		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to assure a pill was not given after it was dropped on the floor. This affected 1 non-audit clients (#5). The finding is: Client #5 dropped his medication and staff picked it up and gave it to him. During observations on 3/10/2020 at 3:45pm, client #5 dropped his clonidine pill. It landed on the floor beside his foot. Staff A picked up the pill and gave it to client #5 who swallowed it. Interview on 3/11/2020 with staff A revealed he should not have given client #5 a pill that was dropped on the floor and he did not know why he had done that. Interview on 3/11/2020 with the qualified	W 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G297	A. BUILDING _____ B. WING _____	03/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROANOKE PLACE	704 CAROLINA AVENUE AHOSKIE, NC 27910

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W 454	Continued From page 2 intellectual disability professional (QIDP) confirmed staff should not give dropped pills to clients.	W 454		