

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

PRINTED: 03/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2020
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NAME OF PROVIDER OR SUPPLIER ROLLING MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2533 ROLLINGS MEADOWS DRIVE RALEIGH, NC 27603
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(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
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W 120	<p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure outside service provider met the needs of 1 of 3 audit clients (#3), specific to dietary needs. The finding is:</p> <p>The facility must assure that outside services meet the dietary needs of client #6.</p> <p>During an observation on 2/24/20 at noon at the day program, Staff A assisted client #6 heat up her lunch and purchase a snack from vending machine. Client #6 ate diced fruit, whole cookies and a bowl of chunky soup that did not have a ground texture. Staff A did not attempt to modify the diet before serving the food to client #6.</p> <p>Review of the nutritional evaluation 7/3/19 and individual program plan 11/12/19, available at the day program, confirmed that client #6 was on a 1500 calorie, heart healthy ground diet. Low fat/low calorie snacks should be selected.</p> <p>During an interview on 2/24/20 with qualified intellectual disabilities professional #1 (QIDP #1) revealed that they had records for client #6's dietary requirements. QIDP #1 indicated that they expected for the group homes to modify the diet for the clients, however, it had not been done, the day program had appliances to process the foods if necessary.</p>	W 120	<p>This deficiency will be corrected with the following actions:</p> <p>A. The Clinical Supervisor will train staff at the Day Program on the specialized diet needs of all consumers who attend the program. This training will be documented on Form F9.8 In-Service Training Signature Sheet. That form will be filed in the training binder in the home.</p> <p>B. Day Program staff will document their training on Form F10.10 Person Specific Information. One form per consumer involved in the training will be completed by each staff attending the training. The completed forms will be filed in the training binder in the home.</p> <p>C. The Home Manager will monitor Day Program staff during mealtime at least 1x/week to ensure adherence to the specialized diet needs of the clients. This monitoring will be documented on Form F2.49 Monitoring-Observation Form. This form will then be filed in the correct binder in the home.</p> <p>D. The Clinical Supervisor will monitor Day Program staff during mealtime at least 1x/week to ensure adherence to the specialized diet needs of the clients. This monitoring will be documented on Form F2.49 Monitoring-Observation Form. This form will then be filed in the correct binder in the home.</p> <p>E. A member of the Administrative team, or a designated representative, will monitor Rolling Meadows at a minimum of 1x/month through the Site Review process.</p>	4/25/2020
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RECEIVED
By DHSR Mental Health Licensure & Certification at 10:23 am, Mar 13, 2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Program Manager	(X6) DATE 3/12/20
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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 30 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 120	Continued From page 1	W 120	Please see Page 1.	
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure that dietary orders were followed for 1 of 3 audit clients (#6). The findings are:</p> <p>Client #6 did not receive a ground diet texture at mealtime.</p> <p>During lunch observations at the day program on 2/24/2020 at 12:00 pm, client #6 was eating in the dining room. For her meal, she was served a bowl of chunky vegetable meat based creamed soup, a pre-packaged container of fruit cocktail and a pack of 8 chocolate cookies, the size of 50 cent pieces. Client #6 was able to feed herself and was supervised during the meal by Staff A. There were no observed complications with swallowing the food.</p> <p>Review of a nutritional evaluation, 7/3/19, indicated that client #6 had a recent diet change in hospital to ground consistency and had a healthy weight loss goal. A further review of the</p>	W 460	<p>This deficiency will be corrected with the following actions:</p> <p>A. The Clinical Supervisor and the Home Manager will train staff all Direct Support Professional staff on the specialized diet needs of all clients in the home. This training will be documented on Form F9.8 In-Service Training Signature Sheet. That form will be filed in the training binder in the home.</p> <p>B. Direct Support Professionals will document their training on Form F10.10 Person Specific Information. One form per client will be completed by each staff attending the training. The completed forms will be filed in the training binder in the home.</p> <p>C. The Home Manager will monitor Direct Support Professionals at least 2x/week to ensure adherence to the specialized diet needs of the clients. This monitoring will be documented on Form F2.49 Monitoring-Observation Form. This form will then be filed in the correct binder in the home.</p> <p>D. The Clinical Supervisor will monitor Direct Support Professionals at least 2x/week to ensure adherence to the specialized diet needs of the clients. This monitoring will be documented on Form F2.49 Monitoring-Observation Form.</p> <p>E. This form will then be filed in the correct binder in the home.</p> <p>E. A member of the Administrative team, or a designated representative, will monitor Rolling Meadows at a minimum of 1x/month through the Site Review process.</p>	4/25/2020

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W 460	<p>Continued From page 2</p> <p>individual program plan dated 11/12/19 revealed that client #6 was on a 1500 calorie heart healthy diet, mechanical ground, high fiber, low calorie-low fat snacks with no second servings allowed.</p> <p>During an interview on 2/24/2020 with Staff A, she indicated that she began working with the group home clients nearly two weeks ago. She commented that when she assisted client #6 to reheat her meal, the soup was already prepared and placed in the bowl. Staff A also confirmed that client #6 had purchased the cookie's from the day program's vending machine.</p> <p>During an interview on 2/24/2020 with the qualified intellectual disabilities professional (QIDP #1) from the day program, she revealed that the expectation was for group homes to prepare any mechanically altered diets at the home, but if processing needed to be done, equipment was available at the day program.</p> <p>During an interview on 2/25/2020 with the QIDP #2 from the group home, she shared that the day program staff had previously received client #6's IPP and nutritional evaluation, as well as been in-serviced. She acknowledged that it was customary to substitute a can of soup whenever a sandwich was on the meal, since a ground texture could not be obtained. The QIDP #2 further stated that client #6's spending money was intended for her to buy a diet Coke at the day program, not snacks, since the facility had already furnished fruit cocktail and applesauce. The QIDP #2 also acknowledged that the pre-package container of fruit cocktail, was diced and resembled a finely chopped diet more so than a ground diet. Today, she indicated, she</p>	W 460	Please see Page 2.	
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W 460	Continued From page 3 pured the can of chicken dumplings for client #6 to each for lunch and would review client #6's dietary guidelines with the nutritionist.	W 460	Please see Page 2.		

1001 Navaho Dr., Suite 101
Raleigh, NC 27609
PHONE: (919)387-1011
FAX: (919)387-1130



Fax

To: <u>Esther Moore</u>	From: <u>Gary J. Ricci, II</u>
Fax: <u>919-715-8078</u>	Pages: <u>6</u> (including cover)
Phone: <u>919-387-1011 ext. 217</u>	Date: <u>3/13/20</u>
Re: <u>POC Rolling Meadows</u>	cc:

Urgent For Review Please Comment Please Reply Please Recycle

RECEIVED
By DHSR Mental Health Licensure & Certification at 10:23 am, Mar 13, 2020

CONFIDENTIALITY NOTICE: This fax is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender immediately and destroy all copies of the original message.

March 12, 2020

Esther Moore
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Plan of Correction for Recertification Survey
Rolling Meadows, 2533 Rolling Meadows Dr., Raleigh, NC 27603
Provider Number: 34G066
MHL Number: MHL-092-045

Dear Ms. Moore,

Thank you for your time and the feedback given during the survey you completed on February 25, 2020. We appreciate your diligence in assisting us in providing the best care possible to the consumers we serve. We look forward to making the recommended changes that will improve the services we provide.

Enclosed you will the Plan of Correction. If you have any questions, please call me at (919) 387-1011 ext. 217. Again, thank you for your time and patience.

Sincerely,


Gary I. Ricci II, BA/OP

Program Manager, CANC

Enclosures