

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

PRINTED: 02/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G292	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/12/2020
NAME OF PROVIDER OR SUPPLIER ROCKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 4409 ROCKWOOD DRIVE RALEIGH, NC 27612		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 4 audit clients (#2, #5) had to right in the areas of free movement in their home environment and at the day program and exposed incontinence underwear, The findings are:</p> <p>A. Client #2's wheelchair was locked in her home environment and day program.</p> <p>During observations on 2/11/2020 at the day program, client #2 was observed to be sitting at the table in her wheelchair. The wheelchair was locked and client #2 was unable to move her wheelchair.</p> <p>During observations in the home throughout the survey on 2/11/2020 - 2/12/2020, staff repeatedly locked client #2's wheelchair as she sat in the living room or in the kitchen of her home. She was unable to move her wheelchair.</p> <p>Review on 2/12/2020 of client #2's individual program plan (IPP) dated 5/11/2019 revealed "continue to allow [Client #2] to move freely around the home. Keep wheelchair unlocked to allow her to move freely around the home."</p> <p>Interview on 2/12/2020 with the home manager (HM) revealed that client #2's wheelchair should</p>	W 125	<p>This deficiency will be corrected by the following actions:</p> <p>A. The Clinical Supervisor and the Home Manager will train all Direct Support Professionals on the ISP of client #2 with special attention being paid to the correct use of her wheelchair. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in the training binder at the group home.</p> <p>B. The Clinical Supervisor and the Home Manager will train all Direct Support Professionals on the ISP of client #5 with special attention being paid to the correct use of her wheelchair and incontinence underwear. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in the training binder at the group home.</p> <p>C. Direct Support Professionals will document this training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home.</p> <p>D. The Clinical Supervisor and the Home Manager will train all Direct Support Professionals on CANS Policy C4.1 Client Rights and Responsibilities. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in the training binder at the group home.</p> <p>E. The Home Manager will monitor Direct Support Professionals 2x/week to observe interactions with the clients with special attention paid to adherence to each client's ISP. These supervisions will be documented on form F2.49 Monitoring-Observation Form.</p> <p>F. The Clinical Supervisor will monitor Direct Support Professionals 1x/week to observe interactions with the clients with special attention paid to adherence to each client's ISP. These supervisions will be documented on form F2.49 Monitoring-Observation Form.</p> <p>G. A member of the Administrative team, or a designated representative, will monitor Rockwood at least once per month through the Site Review process.</p>	4/13/20	

DHSR - Mental Health

MAR 3 2020

Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [Signature] TITLE Program Manager (X6) DATE 2/27/20

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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W 125	<p>Continued From page 1</p> <p>never be locked to allow her to move around her home if she desires.</p> <p>Interview on 2/12/2020 with the qualified intellectual disabilities professional (QIDP) confirmed that client #2 can use her feet to move herself around her home and that her wheelchair should never be locked so she has the opportunity to do so. The QIDP revealed that the same guidelines apply for client #2 when she is at the day program.</p> <p>B. Client #5's wheelchair was locked in her home environment and day program.</p> <p>During observations on 2/11/2020 at the day program, client #5 was observed to be sitting in her wheelchair in the middle of the room. The wheelchair was locked and client #5 was unable to move her wheelchair.</p> <p>During observations in the home throughout the survey on 2/11/2020 - 2/12/2020, staff repeatedly locked client #5's wheelchair in all areas of the home she was in. She was unable to move her wheelchair.</p> <p>Review of client #5's IPP dated 12/30/2019 revealed "Ensure wheelchair is not locked to ensure free movement around the home."</p> <p>Interview on 2/12/2020 with the HM revealed that staff lock client #5's wheelchair because "She is busy and will be into everything." The HM revealed she had never heard that client #2's wheelchair should be unlocked to allow her to move around her home.</p> <p>Interview on 2/12/2020 with the QIDP confirmed</p>	W 125	Please see Page 1.		

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W 125	Continued From page 2 that client #5's wheelchair should never be locked in the home to allow her the opportunity to move freely around her home. The QIDP also confirmed that client #5's wheelchair should also be unlocked while at the day program to also allow her to move around in the day program environment. C. Client #5 was not afforded dignity in use of incontinent products. During observations at the day program and at the home on 2/11/2020 client #5's incontinence underwear was exposed and visible to anyone at the day program and at the home. During an interview on 2/11/2020, staff revealed client #6's use of incontinence underwear is due to incontinence of bowel and bladder and she is not able to cover it without staff assistance. Review on 2/12/2020 of client #5's individual program plan (IPP) dated 12/30/19 revealed, "needs full assistance" with toilet. During an interview on 2/12/2020 with the qualified intellectual disabilities professional (QIDP), he confirmed client #6 is incontinent of bowel and bladder and uses disposable diapers. The QIDP also acknowledged the exposure of the diaper in this manner is a violation of client #5's right to dignity and privacy.	W 125	Please see Page 1.		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)	W 189	Please see Page 4.		

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W 189	<p>Continued From page 3</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and document review, the facility failed to assure staff were sufficiently trained to perform their duties efficiently. This affected 2 clients who were transported while on wheelchair. The finding is:</p> <p>Staff were not sufficiently trained to properly secure wheelchair(s) on the van.</p> <p>During morning observations at the group home on 2/12/2020, staff F prepared and secured client #3 and #5 wheelchairs for transport. The staff secured the wheelchair on the van. The front wheels of the wheelchair were secured by tie down straps attached to each wheel of the wheelchair and wheelchair wheels were not locked in place. The wheelchair had tie down straps secured to each side of the back frame of the wheelchair. The second staff (homemanager) did not double check behind the staff which placed the wheelchair on the van to ensure the wheelchairs were properly secured. The inbuilt Van safety belt were not used to secure the wheelchairs.</p> <p>During interview on 2/12/2020, staff F confirmed the way they secured the wheelchair on the van was the way they were trained to attach the tie down straps to the wheels of the wheelchair.</p> <p>During an interview on 2/12/2020, the group home manager confirmed the wheelchair was not</p>	W 189	<p>This deficiency will be corrected by the following actions:</p> <p>A. The Clinical Supervisor and the Home Manager will train all Direct Support Professionals on CANS Policy C2.22 Transportation to include a demonstration for staff on the proper use of wheelchair tie-downs when transporting the clients. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in the training binder at the group home.</p> <p>B. The Home Manager will monitor Direct Support Professionals 2x/week for adherence to CANS Policy C2.22 Transportation. These supervisions will be documented on form F2.49 Monitoring-Observation Form.</p> <p>C. The Clinical Supervisor will monitor Direct Support Professionals 1x/week for adherence to CANS Policy C2.22 Transportation. These supervisions will be documented on form F2.49 Monitoring-Observation Form.</p> <p>D. A member of the Administrative team, or a designated representative, will monitor Rockwood at least once per month through the Site Review process.</p>	4/13/20	

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W 189	Continued From page 4 secured on the van properly. The staff were not trained to fasten the straps to the wheels of the wheelchair, they are to be fastened to the frame of the wheelchair and the van belt are to be used to secure the wheelchair during transportation. During an interview on 2/20/2020, the qualified intellectual disabilities professional (QIDP) confirmed staff should not have attached the straps to the wheels of the wheelchair, staff were going to be retrained.	W 189	Please see Page 4.		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 4 audit clients (#2, #4, #5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of dining guideline, toothbrushing and wheelchair guidelines. The findings are: A. Clients #4 toothbrushing guidelines were not followed.	W 249	This deficiency will be corrected by the following actions: A. The Clinical Supervisor and the Home Manager will train all Direct Support Professionals on the ISP of client #2 with special attention being paid to toothbrushing goals/procedures outlined within his ISP. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in the training binder at the group home. B. Direct Support Professionals will document this training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home. C. The Clinical Supervisor and the Home Manager will train all Direct Support Professionals on the ISP of client #4 with special attention being paid to the proper use of the wheelchair following a meal as outlined within her ISP. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in the training binder at the group home. D. Direct Support Professionals will document this training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home. E. The Clinical Supervisor and the Home Manager will train all Direct Support Professionals on the ISP of client #5 with special attention being paid to mealtime guidelines as outlined within her ISP. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in the training binder at the group home.	4/13/20	

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W 249	<p>Continued From page 5</p> <p>During morning observations in the home on 2/12/20 at 7:33am, Staff D prompted client #4 to go brush his teeth. The client retrieved his hygiene kit and headed to the bathroom. Client was prompted to put toothpaste to his brush.; The client was able to follow the verbal prompt. The client brushed his teeth as Staff D. continued to prompt; he rinsed his toothbrush and returned his kit to his room. At no time did the staff brush the client teeth.</p> <p>Review on 2/12/20 of client #4's IPP dated 12/4/19 revealed an objective "staff will give [Client #4] instruction to brush his teeth... *Note, afterward, staff should always attempt to re-brush [Client #4] teeth. This is an effort to improve his dental hygiene.</p> <p>Interview on 2/12/20 with Staff D revealed staff should re-brush client #4 after he is done brushing his teeth.</p> <p>Interview on 2/12/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should be involved with meal preparation tasks</p> <p>B. Client #5's wheelchair guidelines were not followed at the day program.</p> <p>During observations at the day program on 2/11/2020, client #5 was observed eating lunch. At 11:30am, client #5 finished eating her meal and staff took her to the bathroom. At 11:34am, client #5 returned from the bathroom. Staff pushed client #5's wheelchair to the center of the room, put the locks on and tilted her chair back.</p> <p>Review on 2/11/2020 of client #5's record</p>	W 249	<p>F. Direct Support Professionals will document this training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home.</p> <p>G. The Home Manager will monitor Direct Support Professionals 2x/week to observe interactions with the clients for adherence to each client's ISP. These supervisions will be documented on form F2.49 Monitoring-Observation Form.</p> <p>H. The Clinical Supervisor will monitor Direct Support Professionals 1x/week to observe interactions with the clients for adherence to each client's ISP. These supervisions will be documented on form F2.49 Monitoring-Observation Form.</p> <p>I. A member of the Administrative team, or a designated representative, will monitor Rockwood at least once per month through the Site Review process.</p>	4/13/20	

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W 249	<p>Continued From page 6</p> <p>revealed a physical therapy (PT) evaluation dated 6/29/2019. The PT evaluation revealed that client #5 is a high risk for aspiration and should be seated upright during meals and for 30 minutes after eating.</p> <p>Interview on 2/12/2020 with the QIDP confirmed that client #5 is high risk for aspiration and should be seated upright while she eats and for 30 minutes after. The QIDP confirmed these guidelines should be the same at the day program as in the home.</p> <p>C. Client #2's dining guidelines were not followed.</p> <p>During observations in the home on 2/11/2020 at 6:00pm, client #2 was sitting at the dining room table. Staff D assisted client #2 with scooping chicken and pastry and mixed vegetables onto her plate. Staff D then cut client #2's food into smaller pieces. At 6:23pm, Staff D gave client #2 a second helping of chicken and pastry. Staff D used hand-over-hand assistance using a rocker knife to help client #2 cut her food into smaller pieces. Client #2 was attempting to move her hand away from Staff D.</p> <p>Review on 2/11/2020 of client #2's IPP dated 5/11/2019 revealed client #2's diet order. The diet order states that client #2's foods should be pre-cut her foods because she is unable to cut them herself and she often resists hand-over-hand assistance.</p> <p>Interview on 2/12/2020 with the HM revealed that staff should be assisting client #2 with cutting her foods to give her the opportunity to do so. The HM revealed that she had never heard that client #2's foods should be pre-cut.</p>	W 249	Please see Page 5 and 6.		

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W 249	Continued From page 7	W 249	Please see Page 5 and 6.		
W 368	<p>Interview on 2/12/2020 confirmed that client #2's foods should be pre-cut as stated in her IPP because she is not able to and will resist staff assisting her.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure clients medications were administered in accordance with physician's orders. This affected 1 of 4 audits clients (#6). The finding is:</p> <p>Client #6 medication was not administered as prescribed on the physician's order.</p> <p>During observations on 2/11/2020 during medication administration, client #6 was observed to take one tablet of Risperidone 1mg ODT. Client #6 put the tablet in his mouth, made several chewing movements with his mouth, and swallowed the tablet with a cup of water.</p> <p>Review of the Risperidone packaging revealed directions for client #6 to "Dissolve one tablet on the tongue."</p> <p>Review on 2/12/2020 of client #6's physician orders dated 1/19/2020 revealed an order for Risperidone 1mg ODT, dissolve one tablet on the tongue three times daily for mental/mood</p>	W 368	<p>This deficiency will be corrected by the following actions:</p> <p>A. The RN will train all Direct Support Professionals on CANC Policy C5.22 Medication Administration. Special attention will be paid to hand washing and the use of gloves. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in the training binder at the group home.</p> <p>B. The Home Manager will monitor Direct Support Professionals 2x/week for adherence to CANC Policy C5.22 Medication Administration. These supervisions will be documented on form F2.49 Monitoring-Observation Form.</p> <p>C. The Clinical Supervisor will monitor Direct Support Professionals 1x/week for adherence to CANC Policy C5.22 Medication Administration. These supervisions will be documented on form F2.49 Monitoring-Observation Form.</p> <p>D. A member of the Administrative team, or a designated representative, will monitor Rockwood at least once per month through the Site Review process.</p>	4/13/20	

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W 368	Continued From page 8 disorder. Interview on 2/11/2020 with Staff B revealed that the tablet would dissolve when client #6 swallowed withwater. Interview on 2/11/2020 with the home manager (HM) revealed that when client #6 swallows the medication with water, the tablet would dissolve within 1-2 seconds. Interview on 2/12/2020 with the qualified intellectual disabilities professional (QIDP) confirmed that client #6's medication should be placed on the tongue and given time to dissolve. The QIDP confirmed that client #6 was not administered his medication as ordered.	W 368	Please see Page 8.				
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications remained locked when not being administered. The findings are: Medications were not kept locked in the home. A. During observations in the home on 2/11/2020, Staff B obtained client #6's medication box (plastic container) out of the closet. He laid them on the desk and walked out of the office to get the home manager (HM). The surveyor was	W 382	This deficiency will be corrected by the following actions: A. The RN will train all Direct Support Professionals on CANC Policy C5.22 Medication Administration. Special attention will be paid to securing keys which can unlock the medication closet. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in the training binder at the group home. B. The Home Manager will monitor Direct Support Professionals 2x/week for adherence to CANC Policy C5.22 Medication Administration. These supervisions will be documented on form F2.49 Monitoring-Observation Form. C. The Clinical Supervisor will monitor Direct Support Professionals 1x/week for adherence to CANC Policy C5.22 Medication Administration. These supervisions will be documented on form F2.49 Monitoring-Observation Form. D. A member of the Administrative team, or a designated representative, will monitor Rockwood at least once per month through the Site Review process.	4/13/20			

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W 382	<p>Continued From page 9</p> <p>left standing in the office with the medications laying on the desk.</p> <p>Interview on 2/11/2020 with the HM revealed that staff should never walk out of the office with the medications laying on the desk for just anyone to have access to. The HM stated that the staff should have locked the medications up prior to leaving the office to get her.</p> <p>Interview on 2/12/2020 with the qualified intellectual disabilities professional (QIDP) confirmed that the medications should not have been left out on the desk and should have been locked up.</p> <p>B. During observations in the home on 2/12/2020 at 6:30am, the key pad device for the medication closet was observed to be in the down position, indicating the door was unlocked. The door to the medication closet was able to be opened. At 6:34am, Staff F was observed to walk out of the office, put client #6's medication box in the closet, and walk away. Staff F did not lock the door. At 6:35am, Staff F came back to the closet with client #2 and retrieved her medications. Staff F shut the closet door but did not lock it. At 6:51, Staff F and client #4 went to the closet to get his medication box. Staff F shut the closet door and went into the office. At 6:55am, Staff F and client #4 came out of the office and put the medication box in the closet. At that time, Staff F was observed to shut the closet door, lock it, and put the key pad device back in the up position.</p> <p>Interview on 2/12/2020 with Staff F revealed that the medication closet should always be locked, even between getting medications out for different clients in the home. Staff F stated that</p>	W 382	Please see Page 9.		

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G292	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/12/2020
NAME OF PROVIDER OR SUPPLIER ROCKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 4409 ROCKWOOD DRIVE RALEIGH, NC 27612		
(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 382	Continued From page 10 he knew the medication closet should have been locked, but with everything going on he just slipped his mind. Interview on 2/12/2020 with the HM revealed that the medication closet should always be locked, even between getting medications out for different clients in the home. Interview on 2/12/2020 with the QIDP confirmed the medication closet door should "absolutely always be locked."	W 382	Please see Page 9.		
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure food was served in a form consistent with the developmental level for 1 of 4 audit clients (#6). The finding is: Client #6's dining guidelines were not followed. During observations in the home on 2/11/2020 at 6:00pm, client #6 was sitting at the dining room table. Staff D assisted client #6 with scooping chicken and pastry and mixed vegetables onto his plate. Staff D then assisted client #6's chopping food into smaller pieces. At 6:28pm, client #6 requested a second serving. Staff D gave client #6 a second helping of chicken and pastry and a dinner roll. Staff D did not prompt the client to chop his food and consumed it whole.	W 474	This deficiency will be corrected by the following actions: A. The Clinical Supervisor and the Home Manager will train all Direct Support Professionals on the ISP of client #6 with special attention being paid to mealtime guidelines as outlined within his ISP. This training will be documented on form F9.8 Inservice/Training Signature Sheet which will be filed in the training binder at the group home. B. Direct Support Professionals will document this training on form F10.10 Client Specific Competencies. That form will then be filed in the training binder at the group home. C. The Home Manager will monitor Direct Support Professionals 2x/week to observe interactions with the clients for adherence to each client's ISP. These supervisions will be documented on form F2.49 Monitoring-Observation Form. D. The Clinical Supervisor will monitor Direct Support Professionals 1x/week to observe interactions with the clients for adherence to each client's ISP. These supervisions will be documented on form F2.49 Monitoring-Observation Form. E. A member of the Administrative team, or a designated representative, will monitor Rockwood at least once per month through the Site Review process.	4/13/20	

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NAME OF PROVIDER OR SUPPLIER

ROCKWOOD

STREET ADDRESS, CITY, STATE, ZIP CODE

**4409 ROCKWOOD DRIVE
RALEIGH, NC 27612**

(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 474	Continued From page 11 Review on 2/11/2020 of client #6's IPP dated 1/14/2020 revealed client #6's diet order. The diet order should be pre- chopped all meals. Interview on 2/12/2020 with the HM revealed that staff should be assisting client #6 with chopping his due to risk of aspiration. Interview on 2/12/2020 with the QIDP confirmed that client #6's foods should be chopped as stated in his IPP .	W 474	Please see Page 11.	

February 27, 2020

Wambui Karanu, RN
Nurse 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
Rockwood, 4409 Rockwood Dr., Raleigh, NC 27602
Provider Number: 34G292
MHL Number: MHL-092-138

DHSR - Mental Health

MAR 3 2020

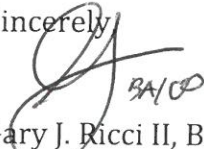
Lic. & Cert. Section

Dear Ms. Karanu,

Thank you for your time and the feedback given during the survey you completed on February 12, 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 find 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,



BA/QP

Gary J. Ricci II, BA/QP
Program Manager, CANC

Enclosures