

ICP

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

PRINTED: 03/13/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OR SUPPLIER ROANOKE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>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.</p> <p>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:</p> <p>Client #6 did not have training in the basic skill of handwashing.</p> <p>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.</p> <p>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.</p> <p>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."</p>	W 242	<p>W242</p> <p>The facility will train in client basic handwashing skills. QP in serviced staff on the importance of hand washing QP also train client # 6 on basic hand washing. QP will monitor periodically to ensure client #6 washing hands frequently to include but not limited to meals and med time. Staff also have a handwashing documentation sheet to be signed daily implemented March 27th for staff.</p> <p>DHSR-Mental Health</p> <p>MAY 12 2020</p> <p>Lic. & Cert. Section</p>	4/24/20	

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

TITLE

(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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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	W454 Facility will provide a sanitary environment to avoid sources and transmission of infections. QP inserviced staff on infection control. QP also ensures all staff have completed Infection Control in Relias. QP will monitor weekly to ensure staff are maintaining a sanitary environment	4/24/20	

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NAME OF PROVIDER OR SUPPLIER

ROANOKE PLACE

STREET ADDRESS, CITY, STATE, ZIP CODE

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		

MAY 14 2020

Lic. & Cert. Section



80 Alliance Drive
Whiteville, NC 28472
www.communityinnovations.com
910-642-5697

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh NC 27699-2718

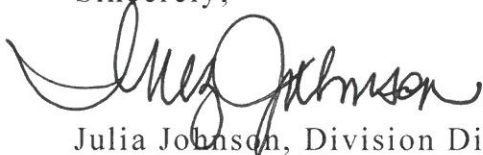
Dear Ms. Alford

Please find enclosed the Plan of Correction for:

Roanoke Place, 704 Carolina Ave., Ahoskie NC 27910.
Provider Number:34G297
MHL#046-066
E-mail Address: jjohnson@communityinnovations.com

If you have any questions regarding this letter please contact Julia Johnson,
Division Director of eastern region services at (252) 229-6800 or
jjohnson@communityinnovations.com.

Sincerely,



Julia Johnson, Division Director