

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

PRINTED: 02/24/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/23/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROCKWELL 1 &amp; 2</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>HIGHWAY 152 EAST 6330 ROCKWELL, NC 28138</b>		
(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 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to ensure the person-centered plan (PCP) included objective training to address needs relative to non-compliance for 1 of 3 sampled clients (#5). The finding is:</p> <p>Observations the morning of 1/23/2020 at 9:30 AM revealed client #5 to get into the agency van and put on his seat belt, immediately moving the shoulder strap and placing it behind his back as the van prepared for departure.</p> <p>Review of the record for client #5 on 1/23/2020 revealed a PCP dated 6/21/2019. Further review of the PCP revealed a behavior support plan (BSP) that identified client target behaviors to include PICA and picking skin. Further review of the BSP did not reveal non-compliance behaviors relative to properly wearing a seat belt during van transports.</p> <p>Interview with the Home Manager (HM) on 1/23/2020 at 9:45 AM relative to the improper use of the seat belt shoulder strap verified client #5 refuses to wear his seat belt often and places the shoulder strap around his torso or behind his back during the van transport. Further interview with the HM verified client #5 does not have</p>	W 227	<p>IDT will ensure the person-centered plan (PCP) for client #5 include objective training to address needs relative to non-compliance with wearing seatbelt. Habilitation Specialist will implement a new goal for client # 5 to wear seatbelt appropriately. Habilitation Specialist will inservice train all staff on new goal. IDT will complete weekly observations until issues resolve. For future, IDT will continue to monitor with monthly assessments and QA.</p> <p><b>DHSR-Mental Health</b></p> <p><b>MAR 20 2020</b></p> <p><b>Lic. &amp; Cert. Section</b></p>		

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 227	Continued From page 1 training objectives to address proper seat belt use. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/23/2020 verified that client #5 should properly wear his seat belt during van transports. Further interview with the QIDP confirmed that client #5 could benefit from formal training objectives to address properly wearing a seat belt during van transports.	W 227			
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 observation, record review, and staff interviews, the facility failed to ensure objectives listed in the person-centered plan (PCP) were implemented as prescribed relative to adaptive equipment (cervical collar) for 1 of 3 sampled clients (#3). The finding is:  Observations in the group home on 1/22/2020 from 2:15 PM to 3:00 PM revealed client #3 positioned at a table in the living room while playing a music activity with staff. Further observation revealed client #3 to have a helmet and foot brace attached to the handle of his wheel chair. At no point during the observation	W 249	IDT will ensure objectives listed in the person-centered plan (PCP) for client #3 are implemented as prescribed relative to adaptive equipment (cervical collar). Habilitation Specialist will in- service train all staff on client #3's adaptive equipment to include cervical collar schedule. IDT will do weekly observations until issue resolves. For future, IDT will monitor with monthly assessments and record review.		

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W 249	<p>Continued From page 2</p> <p>did client #3 have on a cervical collar.</p> <p>Subsequent observations from 4:30 PM to 5:50 PM revealed client #3 completing an activity with staff. Further observation at 5:50 PM revealed client #3 to transition with staff support to the medication administration room. Upon return from the medication administration room, client #3 was observed wearing a cervical collar which was loosely fastened around his neck. Continued observations at 6:00 PM revealed client #3 positioned at the dinner table participating in the dinner meal with staff assistance. Further observation at 6:15 PM revealed the cervical collar for client #3 to fall from his neck to the floor. At that time, staff G picked up the cervical collar from the floor and placed it on the handle of client #3's wheel chair.</p> <p>Observations in the group home on 1/23/2020 from 7:30 AM to 8:20 AM revealed client #3 to sit in the living room and participate in a music activity with staff. Further observation at 8:30 AM revealed staff D to place the cervical collar around client #3's neck and transition the client to the medication administration room.</p> <p>Review of the record for client #3 on 1/23/2020 revealed a person-centered plan (PCP) dated 4/15/2019. Further review of the PCP revealed client #3's adaptive equipment to include: a gait belt, soft shell helmet, high-sided dish, dycem mat, spoon only, shirt protector, ted hose, wheel chair, cervical collar, and upper chest harness. Further review of the PCP revealed client #3 should wear his cervical collar during the day and it can be taken off during his shower, at meal times, and when sleeping.</p>	W 249			

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W 249	Continued From page 3 Interview with the Home Manager (HM) on 1/23/2020 revealed that client #3 can have his cervical collar off occasionally to rest his neck. Interview with the Qualified Intellectual Disabilities Professional (QIDP) verified that client #3's PCP goals and objectives are current. Further interview with the QIDP confirmed that client #3 should have his cervical collar on as prescribed.	W 249			

RHA Health Services NC, LLC  
211 Roseman Lane  
Cleveland, NC 27013

March 17, 2020

Sherri Capps, RN  
Facility Compliance Consultant I  
MH Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Dear Ms. Capps,

Please find the attached state form indicating a plan of correction for the deficiencies cited in the Recertification Survey Conducted at Rockwell 1 & 2 on January 23, 2020. I have signed and dated page 1 of the plan of corrections. The team would like to officially invite the survey team back for follow-up to deficiencies cited.

We would like to thank you for your continued commitment to quality services. We appreciate your recommendations and input extended to us. Please do not hesitate to call if you have any questions or concerns. Again, thank you for your continued commitment.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lisa Jones', with a large, stylized loop at the end.

Lisa Jones, Administrator