

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-954</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROSE RESIDENTIAL SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 SILVER VALLEY DRIVE KNIGHTDALE, NC 27545</b>
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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) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 8/6/21. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p>	V 000		
V 291	<p><b>27G .5603 Supervised Living - Operations</b></p> <p><b>10A NCAC 27G .5603 OPERATIONS</b></p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p>	V 291		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 291	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services for 1 of 1 client (#1). The findings are:</p> <p>Review on 8/5/21 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 8/6/19</li> <li>- Diagnoses: Paranoid Schizophrenia, Moderate Developmental Disability (DD), Recurrent Urinary Tract Infection (UTI)/Enlarged Prostate, Catatonia and Inertia, Cataracts and Seasonal Allergies</li> <li>- No evidence of blood pressure checks after the doctor's order dated 6/15/21</li> </ul> <p>Review on 8/5/21 of the doctor's order dated 6/15/21 revealed:</p> <ul style="list-style-type: none"> <li>- "Take blood pressure twice daily X 1 week."</li> </ul> <p>Interview on 8/5/21 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Client #1's blood pressure was elevated at the doctor's visit</li> <li>- The doctor wanted her to monitor his blood pressure for a week</li> <li>- Did not document it</li> <li>- Did not know she had to document it</li> <li>- She did take his blood pressure as ordered</li> <li>- The blood pressure readings were within normal parameters</li> </ul>	V 291		