

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

PRINTED: 08/19/2021
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 08/18/2021
NAME OF PROVIDER OR SUPPLIER ROLLING MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2533 ROLLINGS MEADOWS DRIVE RALEIGH, NC 27603		
(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 368	<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 observations, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 6 audit clients (#5). The finding is:</p> <p>During observations of medication administration in the home on 8/18/21 at 6:52am, Staff A was observed to administer Dorzol/Timol 22.3/6.8 eye drops and then immediately administer Timol 0.5% eye drops.</p> <p>Review on 8/18/21 of client #5's Physician's Orders dated 7/15/21 revealed an order for Dorzol/Timol 22.3/6.8, "Instill 1 drop in each eye twice daily. Wait 3-5 minutes between two eye drops," and Timol 0.5%, "Instill 1 drop in both eyes twice daily."</p> <p>Interview on 8/18/21 with the facility nurse confirmed Staff A should have waited 3-5 minutes between administering the first and second eye drops to client #5.</p>	W 368			
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>	W 460			

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.

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

PRINTED: 08/19/2021
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 08/18/2021
NAME OF PROVIDER OR SUPPLIER ROLLING MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2533 ROLLINGS MEADOWS DRIVE RALEIGH, NC 27603		
(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 460	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 3 of 6 audit clients (#3, #5 and #6) received their specially prescribed diet as indicated. The findings are:</p> <p>A. During observations in the home on 8/17/21 at 12:15pm, client #3 was observed eating lunch. Client #3's meal consisted of two tuna sandwiches that had been cut into four equal pieces per sandwich, carrot sticks, Cheetos and chocolate pudding.</p> <p>Additional observations in the home on 8/17/21 at 4:48pm revealed client #3 eating dinner. He was given ground taco meat, lettuce, cheese, tomatoes and sour cream on top of nacho chips that had been partially crushed while some were served whole. Client #3 also received a Boost supplement drink with dinner.</p> <p>Further observations in the home on 8/18/21 at 7:55am revealed client #3 eating breakfast. Client #3 was given waffles that were in larger than 1 inch pieces, whole strawberries, scrambled eggs and a Boost supplement.</p> <p>Review on 8/17/21 of client #3's individual program plan (IPP) dated 3/4/21 revealed a diet order that consists of regular, seconds as desired, bite size pieces 1/2 to 3/4 inches, not to exceed one inch.</p> <p>Review on 8/18/21 of client #3's Nutritional Evaluation dated 2/2/21 revealed a diet order of regular, double portions at all meals, bite size pieces, 1/2 to 3/4 inch pieces, not to exceed 1 inch. Boost VHC 1 container three times a day with meals.</p>	W 460			

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

PRINTED: 08/19/2021
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 08/18/2021
NAME OF PROVIDER OR SUPPLIER ROLLING MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2533 ROLLINGS MEADOWS DRIVE RALEIGH, NC 27603		
(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 460	<p>Continued From page 2</p> <p>Interview on 8/18/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 should not have been given any foods larger than one inch as indicated by his diet order.</p> <p>B. During observations in the home on 8/17/21 at 4:48pm, client #6 was observing eating dinner. Client #6's meal consisted of nacho chips, taco meat, lettuce, cheese and black beans. At 4:54pm, Staff C was observed to offer client #6 sour cream for her food, which she placed on top of the nachos, taco meat, cheese and lettuce.</p> <p>Additional observations in the home on 8/18/21 at 7:55am revealed client #6 eating breakfast. Client #6 was observed to put a packet of Swiss Miss hot chocolate in a mug, and pour Whole Milk from a pitcher into the mug. Client #6 was observed to drink the hot chocolate.</p> <p>Review on 8/17/21 of client #6's IPP dated 2/24/21 revealed a diet order that consists of regular, allergic to nuts, dairy, turkey and mustard.</p> <p>Review on 8/18/21 of client #6's Nutritional Evaluation dated 2/2/21 revealed a diet that consists of regular, allergic to nuts, dairy, turkey and mustard.</p> <p>Interview on 8/18/21 with the QIDP confirmed client #6 should not have been given sour cream, cheese or milk as her diet order indicates.</p> <p>C. During observations in the home on 8/17/21 at 4:48pm, client #5 was observed eating dinner. Client #6's meal consisted of nacho chips, taco</p>	W 460			

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

PRINTED: 08/19/2021
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 08/18/2021
NAME OF PROVIDER OR SUPPLIER ROLLING MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2533 ROLLINGS MEADOWS DRIVE RALEIGH, NC 27603		
(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 460	Continued From page 3 meat, lettuce, cheese and black beans. At 4:54pm, Staff C was observed to offer client #6 sour cream for her food, which she placed on top of the nachos, taco meat and black beans which had been mechanically softened to a ground consistency. At 4:54pm, Staff D was observed to put lettuce and cheese into client #5's bowl of taco meat and nachos. The lettuce and cheese was not mechanically softened. Review on 8/18/21 of client #5's IPP dated 2/16/21 revealed a diet that consists of regular calorie, mechanical soft, ground in processor for a few seconds. Review on 8/18/21 of client #5's Nutritional Evaluation dated 4/5/21 revealed a diet that consists of regular calorie, mechanical soft, ground in processor for a few seconds and thin liquids. Interview on 8/18/21 with the QIDP confirmed that the lettuce and cheese should have been mechanically softened to a ground consistency.	W 460			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure all foods were served at an appropriate temperature. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The findings are: A. During observations in the home on 8/17/21 at	W 473			

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

PRINTED: 08/19/2021
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 08/18/2021
NAME OF PROVIDER OR SUPPLIER ROLLING MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2533 ROLLINGS MEADOWS DRIVE RALEIGH, NC 27603		
(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 473	<p>Continued From page 4</p> <p>4:18pm, Staff C and client #1 were observed making dinner. At 4:18pm, Staff C was observed to cover a bowl of taco meat with aluminum foil and place the bowl on the stove. At 4:33pm, Staff C was observed to pour the taco meat into a second bowl and cover it with aluminum foil and place the bowl on the counter. At 4:48pm, the taco meat was served to the clients. At no time was the temperature of the taco meat checked nor was the taco meat reheated.</p> <p>B. During observations in the home on 8/17/21 at 3:21pm, client #1's guardian was observed to drop off a take-out container of Chinese beef and broccoli with rice. The container was placed in the microwave. At 4:48pm, Staff D was observed to give client #1 the beef and broccoli with rice. At no time was the temperature of the beef and broccoli with rice checked nor was it reheated.</p> <p>C. During observations in the home on 8/18/21 at 6:00am, Staff C and client #2 were observed preparing the breakfast meal, which consisted of scrambled eggs and waffles. At 7:12am, the scrambled eggs and waffles were placed in a bowl and covered in aluminum foil. At 7:55am, the eggs and waffles were served to the clients. At no time was the temperature of the eggs and waffles checked nor was it reheated.</p> <p>Interview on 8/18/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the temperature of the foods should have been checked and the food should have been reheated if needed.</p>	W 473			