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

PRINTED: 08/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G292	A. BUILDING _____ B. WING _____	08/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKWOOD	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 217	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include nutritional status. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure that 1 of 5 audit clients (#5) received an assessment of her swallowing skills when the team noted that she had a history of dysphagia and serving her a pureed diet. The finding is: During observations on 8/09/2021 at 12:00pm, client #5 received a pureed lunch of fishsticks and potatoes with fruit. She was fed her lunch. There were no observed issues with swallowing. At dinner preparation at approximately 5:30pm, staff C stated, "I will sit her at the table but she will probably grab." She assisted client #5 to the table where she was fed a ground consistency of the meal (Turkey burgers with cheese and soup with crackers.) She was provided thickened water. During this time, she grabbed a fourth of a burger from her peer and ate it. There were no observed consequences or changes. Client#5 then grabbed another fourth of a burger from the same peer and she choked. The home manager came toward her and patted her hard on the back at which time the burger projected out of her mouth onto her lap. Surveyor 2 told the manager the large piece of food remained on her lap and indicated she should get it so the client did not choke again. During observations of breakfast on 8/10/2021, at 7:00am, client #5 was served a plate with oatmeal and raisins and two whole muffins as	W 217	W 217 This deficiency will be corrected by the following actions: A. The Clinical supervisor will ensure that each individuals annual assessments are completed by the annual due date B. Client #5 will receive and assessment of her swallowing skills in order to determine an appropriate diet and consistency of food and drinks at meal C. The individual's ISP will be updated to reflect the current information in the assessment to ensure the individual is receiving the services recommended D. Staff will be in-serviced on the update ISP's E. RN will monitor and document on this monthly F. Site Supervisor will monitor and document on this one time a week. G. Clinical Supervisor will monitor and document on this one time a week	10.8.2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Manager 8/26/2021

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 217	Continued From page 1	W 217		

well as unmodified orange slices. This diet was not pureed and there was no concern by staff about serving her this diet. Client #5 immediately ate one of the whole muffins and the group home manager assisting her laughed. She stated she laughed because client #5 was so fast. She then cut the other whole muffin in half. When asked if her diet was appropriate she said, "Yes." Client #5 ate the whole half of the muffin in one bite and the other half in two bites. She ate the oranges (canned) as they were served (unmodified.) She was provided thickened water.

During observations of the medication administration pass on 8/10/2021 at 6:30am, client #5 was given her medications in regular unthickened milk with strawberry flavoring. When the milk was finished she was given regular unthickened water for the rest of her medication.

Review of client #5's diet order on 8/9/2021, revealed she should receive a pureed diet. Further review of client #5's individual program plan (IPP) dated 12/30/2020 revealed she should receive a pureed diet with nectar thick liquids. It noted she had a history of dysphasia. Further review revealed the current physician order which noted client #5 is on a pureed diet with thickened liquids but also noted she may have "cheese puffs, cheerios, graham crackers, rice puffs, saltines, yogurt puffs or other approved items as per Speech." Further review of client #5's Nutritional evaluation dated 6/9/2020 revealed she needs a "puree diet for safe PO intake."

There was no modified barium swallow study (MBSS) or swallowing team assessment in client #5's record to clarify exactly what diet she should be on and if other non-pureed foods were

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W 217	Continued From page 2 acceptable. Interview with the qualified intellectual disability professional (QIDP) on 8/10/2021 revealed that client #5 had not received a MBSS. When asked if she had received a swallowing evaluation, he called the nurse who told him to the best of her knowledge, "She has never received a swallowing evaluation." The QIDP confirmed this may be a need for client #5 because there is not a list of other foods she is okay to eat that are a non-pureed consistency. He acknowledged that staff fed her foods not on the list but no management seemed certain as to whether these foods were okay or needed to be pureed.	W 217		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 1 of 5 audit clients (#5) had specific training objectives to meet identified needs. Specifically, client #5's observed needs to not take food that is an inappropriate diet texture and to slow her rate of eating was not addressed with a training objective. The findings are: During observations on 8/09/2021 at 12:00pm, client #5 received a pureed lunch of fishsticks and potatoes with fruit. She was fed her lunch.	W 227	W 227 This deficiency will be corrected by the following actions: A. All ISP's will be reviewed. B. All ISP's will be updated by the Clinical Supervisor to address the current needs and goals and specific training objectives that need to be put in place to meet identified needs C. Client #5 will have specific training objectives to meet identified needs D. Clinical Supervisor will in-serviced all staff on the updated ISP's and proper documentation. E. Site Supervisor will monitor and document on this one time a week F. Clinical Supervisor will monitor and document one time a week	10.8.2021

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W 227	Continued From page 3	W 227		

There were no observed issues with swallowing. At dinner preparation at approximately 5:30pm, staff C stated, "I will sit her at the table but she will probably grab." She assisted client #5 to the table where she was fed a ground consistency of the meal (Turkey burgers with cheese and soup with crackers.) She was provided thickened water. During this time, she grabbed a fourth of a burger from her peer and ate it. There were no observed consequences or changes. She then grabbed another fourth of a burger from the same peer and she choked. The home manager came toward her and patted her hard on the back at which time the burger projected out of her mouth onto her lap. Surveyor 2 told the manager the large piece of food remained on her lap and indicated she should get it so the client did not choke again.

During observations of breakfast on 8/10/2021, at 7:00am, client #5 was served a plate with oatmeal and raisins and two whole muffins as well as unmodified orange slices. This diet was not pureed. Client #5 immediately ate one of the whole muffins and the group home manager assisting her laughed. She stated she laughed because client #5 was so fast. She then cut the other whole muffin in half. Client #5 ate the whole half of the muffin in one bite and the other half in two bites. She ate the oranges (canned) as they were served (unmodified.) She was provided a whole bottle of thickened water.

Review on 8/10/2021 of client #5's diet order on 8/9/2021, revealed she should receive a pureed diet. Further review of client #5's individual program plan (IPP) dated 12/30/2020 revealed she should receive a pureed diet with nectar thick liquids. It noted she had a history of dysphasia.

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W 227	Continued From page 4 The IPP did not address the fast pace of eating or taking food (especially that was not her diet consistency.) The goals included oral hygiene, medication administration money and behavioral. Review of the current behavior support program (BSP) dated 12/30/2019 revealed a plan to address hair pulling self-injurious behaviors with mittens. There were no other target behaviors listed. Interview with the qualified intellectual disability professional (QIDP) on 8/10/2021 confirmed that client #5 does not have a program to address taking the wrong diet texture or eating to fast.	W 227		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to provide a choice of meaningful activities as per the Individual program plans (IPP) for 3 of 5 audit clients (#2, #3 and #5). The finding is: During observations on 8/9/2021 from 9:45am until 11:00am (75 minutes), the staff and clients sat by a television in the living room. No clients seemed interested in the television. At 11:00am, the staff turned it onto a music channel and began to get the clients to dance. No choice was provided to the clients. Additionally, during observations on 8/10/2021 from 5:30am until breakfast at 7:00am (90	W 247	W 247 This deficiency will be corrected by the following actions: A. Clinical Supervisor will ensure that all ISPs are updated B. All staff will be in-serviced on the updated ISP's C. All staff will be in-serviced on client rights and client choice D. All clients will be given the opportunity to choose meaningful daily activities E. Site Supervisor will monitor and document that this is occurring one time a week F. Clinical Supervisor will monitor and document that this is occurring one time a week	10.8.2021

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W 247	Continued From page 5 minutes), all clients sat by the television in the living room and were not provided any meaningful activity choices. Observation of the schedule on the wall indicated they should be provided opportunities to do chores. Review of the clients IPPs revealed they could all make choices. A. Review on 8/9/2021 of client #5's IPP dated 12/30/2020 revealed she can make choices and likes to play with string activities and do activities with house mats. B. Review on 8/9/2021 of client #3's IPP dated 11/11/2020 revealed that he can make choices and has specific games he prefers. C. Review on 8/9/2021 of client #2's IPP dated 5/11/2021 revealed that she can make choices and prefers visually stimulating objects. Interview with Staff C on 8/10/2021 revealed clients can make choices if the choices are presented to them. Further interview with the group home manager indicated there is no real structured schedule for the home time during COVID. She stated they just "do activities and games." When asked if they do goals she confirmed they do. The qualified intellectual disabilities professional (QIDP) confirmed that clients should be given choices throughout the day.	W 247		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed	W 263		

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W 263	Continued From page 6 consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 5 audit clients (#5) received her modified diet as prescribed. The finding is: facility failed to assure the informed written consent of the guardian before implementation of their behavior support programs (BSP). This affected 3 of 5 audits (#3, #4, #5). The findings are: A. Review on 8/9/2021 revealed client #3 had a BSP dated 12/4/2019. The plan addressed agitation, physical aggression and failure to cooperate. It was noted to be a restrictive plan as it included medications such as Buspirone, Amitriptyline, Hydroxyzine HCL, Mirtazapine and Risperidone. There was not a current BSP consent in the record. B. Review on 8/9/2021 revealed client #4 had a BSP dated 5/1/2020. The plan addressed inappropriate verbalizations, noncompliance, physical aggression, property destruction and false accusations. It was noted to be a restrictive plan as it included medications such as Lexapro, Olanzapine and Inderal to aid in behavioral control. There was not a current BSP consent in the record. C. Review on 8/9/2021 revealed client #5 had a BSP dated 12/30/2019. The plan addressed SIB of hair pulling. It was noted to be a restrictive plan as it included the use of mittens and medications such as Benztropine, Ziprasidone, Clomipramine, Gabapentin and Baclofen. There	W 263	W 263 This deficiency will be corrected by the following actions: A. Clinical Supervisor will ensure that current behavioral support plans are put in place B. All behavioral support plans will be reviewed C. All behavioral support plans will address the current needs and techniques to manage inappropriate behaviors D. All proper techniques will be used to manage behaviors E. Psychologist will review all plans F. HRC approval and the proper consents will be obtained for all behavioral support plans G. Clinical Supervisor will review and obtain guardian consents for all individuals specifically #3, #4, and #5 whose consents were missing H. All staff will be in-serviced on update behavioral support plans I. Site Supervisor will monitor and document that this is occurring one time a week J. Clinical will monitor and document that this is occurring one time a week	10.8.2021

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W 263	Continued From page 7 was not a current BSP consent in the record. Interview with the qualified intellectual disability professional (QIDP) on 8/10/2021 revealed none of the current required behavioral consents are in place.	W 263		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure specific techniques to manage client #2's rapid eating were included in a formal active treatment program. This effected 1 of 5 audit clients (client #2). The finding is: Based on observations, during dinner on 8/9/2021 staff C was assisiting client #2 with her meal. During this time, when client #2 began eating too quickly, staff C held client #2's arm still approximately 35 seconds until she swallowed what was in her mouth. During further observation on 8/10/2021 of breakfast, staff B was assisting client #2 with her meal. When client #2 began to eat too quickly, staff B would pulled client #2's tray out of her reach until she had swallowed what was in her mouth. Staff B did this several times throughout the meal. Review on 8/10/2021 of client #2's occupational therapy quarterly update (dated 7/12/2021)	W 288	W 288 This deficiency will be corrected by the following actions: A. Clinical Supervisor will review all ISP's B. Clinical Supervisor will update all ISP' to include any specific techniques that need to be utilized or goals that need to be put in place to manage client behavior C. Clinical Supervisor will update the ISP for client #2 to include specific techniques that can be used to address rapid eating D. Clinical Supervisor will review all BSP's to ensure that any techniques that are to be utilized are include in there as well. E. Clinical Supervisor will in-service staff on the updated ISP and BSP F. Site Supervisor will monitor and document that this is occurring one time a week G. Clinical will monitor and document that this is occurring one time a week	10.8.2021

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W 288	Continued From page 8 revealed "staff should continue to position themselves close to client #2 during meals. If client #2 starts to eat at a fast pace, overload her spoon, and does not respond to verbal prompts to slow down, staff is nearby to offer physical prompts for slowing down". The type of physical prompts to be used were not listed. Interview on 8/10/2021 with the home manager revealed staff are only aware of a need to slow client #2 down if she began to eat too quickly but were unsure of proper techniques to use.	W 288		
W 325	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(iii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure labs as determined necessary by a physician were obtained for 1 of 5 audit clients (#2), The finding is: Review on 8/10/2021 of client #2's consultation report from an office visit on 7/13/2021 revealed the physician recommended "lab work today." Further review of client #2's record revealed no lab work was obtained on that day and has not been rescheduled. During an interview on 8/10/2021 the house manager revealed client #2 was uncooperative with lab work being drawn on that day and no	W 325	W 325 This deficiency will be corrected by the following actions: A. The Site Supervisor will ensure that all clients medical appointments are completed as ordered B. Client #2 will obtain the labs work that was ordered, but not completed due to client non-compliance C. The Site Supervisor will document on this weekly D. The Clinical Supervisor will monitor and document on this this monthly E. The Nurse will monitor and document on this monthly	10.8.2021

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W 325	Continued From page 9 follow up appointment has been scheduled.	W 325		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure client #1 was furnished adaptive equipment that was maintained in good repair. This affected 1 of 2 audited clients who were prescribed glasses. During observations in the home throughout the survey on 8/9-10/2021, client #1 did not wear eyeglasses. The client was not prompted or assisted to wear eyeglasses. Review on 8/9/2021 of client #1's Individual Program Plan dated 4/14/2021 revealed glasses as adaptive equipment needed. Further review revealed a visual examination on 1/14/2021. The report noted client #1 needs glasses. Interview on 8/10/2021 with the home manager indicated she was not aware that client #1 currently had or needed glasses. After looking in client #1's room, the home manager found eye glasses that were broken and unable to be utilized by client #1.	W 436	W 436 This deficiency will be corrected by the following actions: A. Staff will be in-serviced on all ISP's and adaptive equipment used by each client will be identified B. The Site Supervisor will be responsible for ensuring that all adaptive equipment is furnished and in good repair C. Client #1 will have her adaptive equipment (eyeglasses) repaired and available for her use D. The Site Supervisor will monitor and document on this weekly E. The Area Supervisor will monitor and document on this monthly F. The Clinical Supervisor will monitor and document on this weekly	10.8.2021
W 460	FOOD AND NUTRITION SERVICES	W 460		

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W 460	Continued From page 10 CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to ensure 1 of 5 audit clients (#5) received her modified diet as prescribed. The finding is: During observations on 8/09/2021 at 12:00pm, client #5 received a pureed lunch of fishsticks and potatoes with fruit. She was fed her lunch. There were no observed issues with swallowing. At dinner preparation at approximately 5:30pm, staff C stated, "I will sit her at the table but she will probably grab." She assisted client #5 to the table where she was fed a ground consistency of the meal (Turkey burgers with cheese and soup with crackers.) She was provided thickened water. During this time, she grabbed a fourth of a burger from her peer and ate it. There were no observed consequences or changes. She then grabbed another fourth of a burger from the same peer and she choked. The home manager came toward her and patted her hard on the back at which time the burger projected out of her mouth onto her lap. Surveyor 2 told the manager the large piece of food remained on her lap and indicated she should get it so the client did not choke again. During observations of breakfast on 8/10/2021, at 7:00am, client #5 was served a plate with oatmeal and raisins and two whole muffins as well as unmodified orange slices. This diet was	W 460	W 460 This deficiency will be corrected by the following actions; A. All Individual Support plans will be updated to include the recommended diet for each client B. The Clinical Supervisor will review each ISP C. The Clinical Supervisor will in-service staff on the updated ISP to ensure the proper diet guidelines are being followed D. Staff will ensure that client #5's modified diet is being followed E. The Site Supervisor will monitor and document on this weekly F. The Clinical Supervisor will monitor and document on this weekly G. The Area Supervisor will monitor and document on this monthly	10.8.2021

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G292	A. BUILDING _____ B. WING _____	08/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKWOOD	4409 ROCKWOOD DRIVE RALEIGH, NC 27612

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W 460	Continued From page 11	W 460		

not pureed. Client #5 immediately ate one of the whole muffins and the group home manager assisting her laughed. She stated she laughed because client #5 was so fast. She then cut the other whole muffin in half. Client #5 ate the whole half of the muffin in one bite and the other half in two bites. She ate the oranges (canned) as they were served (unmodified.) She was provided thickened water.

During observations of the medication administration pass on 8/10/2021 at 6:30am, client #5 was given her medications in regular unthickened milk with strawberry flavoring. When the milk was finished she was given regular unthickened water for the rest of her medication.

Review of client #5's diet order on 8/9/2021, revealed she should receive a pureed diet. Further review of client #5's individual program plan (IPP) dated 12/30/2020 revealed she should receive a pureed diet with nectar thick liquids. It noted she had a history of dysphasia. Further review revealed the current physician order which noted she is on a pureed diet with thickened liquids but also noted she may have "cheese puffs, cheerios, graham crackers, rice puffs, saltines; yogurt puffs or other approved items as per Speech." Further review of client #5's Nutritional evaluation dated 6/9/2020 revealed she needs a "puree diet for safe PO intake."

Interview with the group home manager on 8/9/2021 revealed that client #5 should receive a pureed diet with thickened liquids.