

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

PRINTED: 04/28/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G188	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2022
NAME OF PROVIDER OR SUPPLIER ROLLINGWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 4206 WEST FRIENDLY AVENUE GREENSBORO, NC 27405		
(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 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, review of records and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure facility repairs were conducted in a timely manner. The findings are:</p> <p>A. The facility failed to ensure broken kitchen tiles, lifted threshold and raised wooden planks of the group home were repaired in a timely manner. For example:</p> <p>Observation of the group home during the 4/25/22- 4/26/22 survey revealed the kitchen to have broken floor tiles at the entry towards the hallway. Further observation revealed multiple facility staff and clients (#1 and #4) to walk on the broken tiles when entering the kitchen from the hallway and returning to their bedrooms.</p> <p>Continued observation during the 4/25-26/22 survey revealed a threshold in the hallway door was lifted and the nail protruding outward. Subsequent observation revealed the facility staff and clients walking over the threshold on separate occasions to enter the kitchen and client #3's bedroom.</p> <p>Additional observation revealed the front entrance to the group home to have 2 wooden planks slightly raised. Further observations during the 4/25-26/22 survey revealed multiple facility staff and clients to enter and exit the home primarily through the front entrance.</p>	W 104			

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 104	<p>Continued From page 1</p> <p>Interview with staff E on 4/25/22 and 4/26/22 revealed the broken tiles had been reported to management and a work order had been completed. Further interview with multiple facility staff revealed they did not notice the threshold was lifted until now. Continued interview with staff C revealed there was an incident that occurred where a staff had tripped over the raised wooden planks and fell.</p> <p>Review of facility work orders from 1/22 through 3/22 revealed a work order was submitted on 2/25/22 and on 3/23/22 for floor tiles to be repaired. Further review did not reveal work orders relative to repairs for the threshold or wooden planks on the outside entry way.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 4/26/22 verified concern with the condition of the group home. Continued interview revealed the repairs relative to the broken kitchen tiles had been reported to maintenance and it was unknown when repairs were to occur. Further interview confirmed there were no work orders for the raised wooden planks and lifted threshold.</p> <p>B. The facility failed to ensure client #3's bathroom sink and ceiling were repaired in a timely manner. For example:</p> <p>Observation of the group home on 4/25/22 and 4/26/22 survey revealed client #3 to use a wheelchair to ambulate and transition. Continued observation revealed client 3's bathroom sink was not sealed or secured to the wall and sitting about an inch away from the wall. Further observation revealed the sink to shift when in use.</p>	W 104			

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W 104	Continued From page 2 Subsequent observation revealed the ceiling in client #3's bathroom to peel directly over the showerhead. Interview with multiple facility staff revealed client #3's bathroom is in working condition and the client utilizes the assigned bathroom located in his bedroom. Continued interview with staff A revealed client's bathroom sink had been in it's current state for quite some time. Further interview revealed it was unknown when the ceiling began peeling and wasn't sure if a work order had been completed.	W 104			
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, interviews and record reviews, the facility failed to ensure 1 of 3 sampled client (#2) received a continuous active treatment program consisting of needed	W 249			

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W 249	<p>Continued From page 3</p> <p>interventions as identified in their person centered plan (PCP) relative to adaptive equipment. The finding is:</p> <p>Observation in the group home on 4/25/22 from 4:30 PM - 6:15 PM revealed client #2 to participate in tv viewing, game of Uno and hand washing. Continued observation revealed him to participate in dinner preparation, dinner meal, dinner clean up and ambulating in his wheelchair without the use of his right-hand bilateral palm grip.</p> <p>Observation in the group home on 4/26/22 at 6:40 AM revealed client #2 to be wearing his right hand bilateral palm grip on his left hand as he ambulated to the dining room with difficulty rolling his wheelchair due to an inability to adequately grip the wheel due to the bilateral palm grip impeding contact with the wheel. Further observation revealed client #2 to participate in setting the table for breakfast with continued difficulty handling the dishes due to the right-hand bilateral palm grip placement on his left hand.</p> <p>Review of records for client #2 on 4/26/22 revealed a person-centered plan (PCP) dated 7/16/21. Review of the PCP for client #2 revealed training objectives relative to personal goals, money management, tolerate wearing face mask, wear eye glasses, tolerate tooth brushing, exercise - (right elbow), sanitize "door knobs & light switches", behavior, meal prep and wear right-hand posey palm grip as tolerated.</p> <p>Continued review of records revealed a physical therapy evaluation (PT) dated 3/1/22. The PT revealed recommendation as follows: assessments and evaluations PRN, continuation</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>of range of motion activities in client #2 daily tasks, encourage independent manual wheelchair propulsion in the group home and day program and continue assistance PRN for ADL's, transfers and activities. Further review of records revealed an Occupational Therapy (OT) assessment dated 2/18/22. The OT revealed recommendations to continue with hand splint for right hand per client preference.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 4/26/22 verified client #2 does have a right-hand contracture addressed in his PCP which is current. Further interview with the QIDP verified client #2 should wear his right-hand posey grip per his preference and per recommendation of the OT assessment which is also current on his right hand per his preference.</p>	W 249			