STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G275	A. BUILDING _____ B. WING _____	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-ROANOKE HOUSE	103 & 105 CLEARFIELD DRIVE ROANOKE RAPIDS, NC 27870

(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 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 consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a restrictive Behavior Support Plan (BSP) was conducted with the written consent of both guardians. This affected 1 of 4 audit clients (#11). The finding is: Review on 3/23/22 of client #11's undated BSP revealed objectives to reduce the frequency of behaviors to 3 or less a month, 8 out of 12 months. The targeted behaviors were self-injurious, inappropriate touching and aggression. Client #11 would receive Ativan, Lithium, Trazadone, Zyprexa, Keppra and Inderall to manage her behaviors. The consent for restrictive behavior treatment plan for control of social behavior form was signed by one of the guardians on 1/27/22. The second guardian did not have a signature on file with the consent. Interview on 3/23/22 with the Director revealed that she only received a signed consent from one of the guardians. The other guardian was temporarily placed out of her home and was not available to return the consent. Interview on 3/3/22 with the qualified intellectual developmental professional (QIDP) revealed that she searched for a copy of both guardians consent but was unable to place it.	W 263	W263 Written informed consent for client #11, as well as any other client's restrictive behavior plan will be obtained. In the future, when the client has co guardians written consent will be obtained by both guardians. The Director will assure that informed written consent is obtained by both guardians for all clients that utilize restrictive techniques as a part of their behavior intervention program. The RQP will monitor for BIP consents at least quarterly. The Executive Director will monitor at least quarterly. All monitoring will be documented. Any concerns will be followed up on. DHSR - Mental Health APR 01 2022 Lic. & Cert. Section	5-23-2022
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)	W 369		

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

Jessie Rayton | Chief Operations Officer- Eastern Region | 3/30/2022

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 369	Continued From page 1 The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that 1 of 4 audit clients (#3) received a full dose of medication. The finding is: During morning medication observations in House 2 on 3/23/22 at 8:00am, the med tech poured 30 ml of Lactulose syrup into a medicine cup for client #3. The med tech attempted a hand over hand technique to assist client #3 pour the medicine into his mouth. When client #3 tried to handle the cup, part of the contents spilled, leaving 2 big drops and 2 small drops on the floor. The rest of client #'3s medications were given to him and he left the room when done. The med tech was not observed to contact the nurse before starting medication administration with client #5 and stepped in the spilled medication on the floor, commenting that she needed to mop the sticky floor. An additional observation, revealed the med tech called the physician assistant (PA) on the phone at 10:40am, to inform him that client #3 accidentally spilled some of his Lactulose. Client #3 had already departed from the home and was at the vocational center. Interview on 3/23/22 with the med tech revealed that client #3 received 15 ml of Lactulose after the medication spilled. She had not given him anymore medication because she was waiting for the nurse to return her call. At 10:40am, the med tech informed the surveyor that she spoken to the PA and was advised that she did not have to give client #3 anymore Lactulose until his next dosage tomorrow.	W 369	5-23-2022 W369 All Medication Monitors will receive training from the RN Clinical Director on the nursing policy regarding medication administration and medication errors. Re training will specifically address procedures to follow when medication is spilled during administration. Monitoring of Medication Administration to assure medication is administered without error will occur. The Regional Nursing Director will monitor Medication Administration once weekly. The Clinical Nursing Director (Corporate Office) will monitor Medication Administration once monthly. All monitoring will be documented. Any concerns will be followed up on.	

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W 369	Continued From page 2 Interview on 3/23/22 with the Director revealed that she was not aware that client #3 spilled the Lactulose during med pass until 10:30am. The Director revealed that if medication is spilled during administration, the nurse should be informed and give instructions on what to do. The director should be informed and if the nurse does not return the call in a timely manner, then the physician assistant should be advised. Interview on 3/23/22 with the qualified intellectual disabilities professional (QIDP) revealed that if the medication is spilled during medication administration, and not replaced; then the partial dosage would be considered a medication error.	W 369		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure fire drills were conducted during varying times and conditions. This potentially affected all of the clients in the home (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11 and #12). The finding is: Review on 3/22/22 of facility fire drill reports for April 2021-February 2022, revealed fire drills were conducted at 5:17am, 5:23am, 5:31am and 6:56am on third shift. There were no drills conducted during deep sleep hours, from 1:00 - 4:00am. Interview on 3/23/22 with the Director revealed that she conducted onsite fire drills and did not realize that the times should be varied during third	W 441	W441 In the future, fire drills will be conducted at a variety of times on all shifts. The Director will conduct fire drills once monthly and assure that the drills vary by time on all shifts. The QM department will monitor fire drills once monthly to assure they are conducted at a variety of times. Additionally the Executive Director (Corporate Office) will monitor fire drills to assure they are conducted at a variety of times once quarterly. All monitoring will be documented. Any concerns will be followed up on.	05-23-2022

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W 441	Continued From page 3 shift, especially during deep sleeping hours.	W 441		