

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

PRINTED: 09/28/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G297 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/27/2022 | |
| NAME OF PROVIDER OR SUPPLIER ROANOKE PLACE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 704 CAROLINA AVENUE AHOSKIE, NC 27910 | | | |
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| W 159 | <p>QIDP CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record reviews and interviews, the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure the Behavior Support Plans (BSP) for 3 of 4 audit clients (#1, #3 and #4) were sufficiently monitored to determine the need for program revisions and/or modifications. The findings are:</p> <p>A. Review on 9/26/22 of client #1's BSP dated 4/23/21 revealed an objective to exhibit 1 or fewer challenging behaviors per month for 11 consecutive months. The BSP included the use of Prozac and Abilify. Additional review of progress notes for the objective indicated the last note had been written on 4/23/21. No current progress notes could be located.</p> <p>B. Review on 9/26/22 of client #3's BSP dated 4/29/21 revealed an objective to exhibit 1 or fewer challenging behaviors per review period for 11 consecutive review periods. The BSP included the use of Latuda, Provigil and Zoloft. Additional review of progress notes for the objective indicated the last note was written on 4/29/21. No current progress notes could be located.</p> <p>C. Review on 9/26/22 of client #4's BSP dated 4/27/21 revealed an objective for 3 or fewer challenging behaviors per review period for 11 consecutive review periods. The BSP incorporated the use of a restrictive helmet and Depakote, Topomax, Tegretol and Clonidine. Additional review of progress notes for the</p> | | | W 159 | | | |

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 159 | Continued From page 1 objective indicated the last note was written on 4/29/21. No current progress note could be located. Interview on 9/27/22 with Staff F who has worked at the facility for 11 years revealed really only one client has occasional behaviors which include using profanity; however, the others (including client #1, client #3 and client #4) rarely have behaviors. The staff noted the client's behaviors have declined a lot over the years. Additional interview with Staff A and Staff B indicated client #4 has a helmet which is used to protect his head during behavioral outbursts; however, they haven't had to use it as much. Interview on 9/27/22 with the QIDP indicated she could not be sure about each client's progress or the need for changes to be made with their BSP since she does not write the progress note. The QIDP confirmed the psychologist has not been to the home in a while and has not submitted any notes regarding each individual client's progress or behavioral needs. The QIDP acknowledged client's taking restrictive medications and using restrictive devices to address behaviors need to be monitored regularly. | W 159 | | | |
| 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. | W 249 | | | |

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| W 249 | <p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 4 audit clients received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of family style dining, adaptive equipment use and objective implementation. The findings are:</p> <p>A. During 3 of 3 mealtime observations in the home during the survey on 9/26/22 - 9/27/22 each client's food was placed onto their plates in the kitchen. In addition, each client's drink was pre-poured for them. At lunch and dinner, four clients consumed their food in their bedrooms while two clients ate in the living room/dining room area. Throughout the observations, clients were not prompted or encouraged to participate in family style dining tasks.</p> <p>Interviews on 9/26/22 and 9/27/22 with Staff C and Staff F revealed due to the COVID-19 pandemic, they have been told not to have client's participate in serving themselves or eating together. The staff indicated efforts are made to keep the clients 6 feet apart.</p> <p>Review on 9/26/22 of client #1's Adaptive Behavior Inventory (ABI) dated 2/15/22 revealed he can independently pour from a small pitcher, serve himself from a bowl/platter and pass bowls/platters.</p> <p>Review on 9/26/22 of client #3's ABI dated 2/15/22 noted he requires partial assistance to</p> | W 249 | | | |

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| W 249 | <p>Continued From page 3</p> <p>pour from a small pitcher and can independently serve himself from a bowl/platter, pass bowls/platters and ask that items be passed.</p> <p>Review on 9/26/22 of client #4's ABI dated 2/15/22 indicated he requires partial assistance to pour from a pitcher, serve himself from a bowl/platter, pass bowls/platters and ask that items be passed.</p> <p>Review on 9/27/22 of the facility's COVID-19 procedures (last updated 6/2021) noted, "Clients/residents who are fully vaccinated may dine and participate in activities together without face coverings or social distancing if all participating clients/residents are fully vaccinated..."</p> <p>Interview on 9/27/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff have been told to suspend family style dining due to COVID-19; however, the QIDP acknowledged family style dining should resume based on the lack of COVID-19 cases in the home and all clients and most staff having received COVID-19 vaccinations.</p> <p>B. During lunch observations in the home on 9/26/22, client #4 was served a whole ham and cheese sandwich. The client consumed the sandwich uncut. During additional observations of the dinner meal on 9/26/22, staff cut up a barbeque chicken thigh and placed it on client #4's plate. Later during the meal, client #4 was served half of a barbeque chicken thigh uncut. At the dinner meal on 9/26/22, client #1 was served a whole barbeque chicken thigh which he consumed by picking it up and taking bites from it. Client #1 and client #4 were not prompted or</p> | W 249 | | | |

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| W 249 | Continued From page 4 assisted to cut their food and no knives were provided at any meals. Review on 9/26/22 of client #1's IPP dated 1/16/22 revealed an objective to use a knife to cut his meat with 100% independent responses for 11 consecutive review periods. Review on 9/26/22 of client #4's IPP dated 10/3/21 revealed an objective to use a knife to cut his meat with 100% verbal prompts or less for 11 consecutive review periods. Additional review of the client's nutritional evaluation dated 8/18/22 indicated his food should be in bite size pieces. During an interview on 9/27/22, the QIDP acknowledged the client's objectives could have been integrated during meals as needed. C. During 3 of 3 mealtime observations in the home on 9/26/22 - 9/27/22, client #4 consumed his meal using a sectional plate. No dycem mat was utilized at any meals. Review on 9/26/22 of client #4's nutritional evaluation dated 8/18/22 revealed he should utilize a sectional plate, dycem mat and small spoon at meals. Interview on 9/27/22 with the QIDP confirmed dycem mats are available in the home for client #4's use and should be utilized. | W 249 | | | |
| W 340 | NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health | W 340 | | | |

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| W 340 | <p>Continued From page 5</p> <p>measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained regarding COVID-19 screening procedures for visitors and to follow the facility's COVID-19 guidelines regarding procedures for wearing face masks. The findings are:</p> <p>A. Upon arrival to the home on 9/26/22, a sign posted on the front door of the home noted, "Stop: Face Mask Required".</p> <p>During observations in the home on 9/26/22, Staff B infrequently wore a face mask while working in the home. For example, while interacting one on one with a client in his bedroom, the staff was not wearing a face mask. Later, while administering medications to clients in a small medication storage room, Staff B did not wear a face mask.</p> <p>Additional observations in the home on 9/26/22, Staff D frequently wearing a face mask positioned over her mouth with her nose exposed. The staff was also noted wearing her face mask positioned below her chin while walking throughout the home and interacting with clients.</p> <p>Interview on 9/26/22 with Staff B revealed all staff were required to wear face masks in the home. The staff indicated masks were available in the home for staff to use.</p> <p>Review on 9/27/22 of the facility's COVID-19 Protocols (last effective date of 8/24/22) indicated, "Staff will have the option to wear a</p> | W 340 | | | |

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| W 340 | <p>Continued From page 6</p> <p>face covering (cloth or disposable masks) in all common areas and when social distancing is not practical. For those who do not want to provide their own face covering, [Provider's name] will provide them to all employees at no expense."</p> <p>Interview on 9/27/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all staff working in the home are required to wear a face mask. The QIDP also indicated staff have been trained to wear their face mask over their nose and mouth.</p> <p>B. During evening observations in the home on 9/26/22, Staff C wore a single disposable mask covering his nose and mouth.</p> <p>Review on 9/26/22 of the facility's proof of employee vaccination information revealed Staff C was approved for a religious exemption from receiving the COVID-19 vaccination. Additional review of the facility's COVID-19 vaccination protocols noted, "Staff who are approved for an exemption will be subject to additional precautions intended to mitigate the transmission and spread of COVID-19 for Staff who are not fully vaccinated, and must comply with all other applicable universal infection control precautions as well as the additional precautions for Staff who are not fully vaccinated. Additional precautions may include but are not limited to source control measures such as wearing an N95 mask at all times while on [Provider's name] premises..."</p> <p>Interview on 9/27/22 with the QIDP confirmed unvaccinated staff should be following the policy and wearing an N95 face mask.</p> <p>C. Upon arrival to the home on 9/27/22, the</p> | W 340 | | | |

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| W 340 | Continued From page 7 surveyor was not screened for COVID-19 signs/symptoms and no temperature was taken. Interview on 9/27/22 with Staff F revealed all visitors are screened for COVID-19 by filling out a form and having their temperature taken. Review on 9/27/22 of the facility's COVID-19 Protocols (revised 4/12/22) revealed, "Visitors will be screened for symptoms of illness, known exposure to COVID-19, and presence of a face covering." Additional review of the COVID-19 screening form noted various questions for visitors, temperature reading and a space for the visitor's signature. Interview on 9/27/22 with the QIDP confirmed all visitors should be screened using the COVID-19 screening form and their temperature should be taken. | W 340 | | | |
| W 369 | DRUG ADMINISTRATION CFR(s): 483.460(k)(2) 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 all medications were administered without error. This affected 1 of 3 client's observed receiving medications (#1). The finding is: During observations of medication administration in the home on 9/27/22 at 8:29am, client #1 ingested Abilify, Certivate and Prozac. No topical medications were administered. | W 369 | | | |

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| W 369 | Continued From page 8 Review on 9/27/22 of client #1's current physician's orders dated 9/20/22 revealed an order for Metronidazole Gel, .75%, apply a thin layer externally to the affected area twice daily, 8a, 8p. Interview on 9/27/22 with the Staff B (the medication technician) revealed client #1 must have forgotten to take the bin containing his topicals out of the cabinet during the med pass. Staff B confirmed the client should have a topical treatment applied to his face twice daily including at 8:00am. Interview on 9/27/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 has a topical which should be applied daily at 8:00am. | W 369 | | | |
| W 418 | CLIENT BEDROOMS CFR(s): 483.470(b)(4)(ii) The facility must provide each client with a clean, comfortable mattress. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure client #6 had a comfortable mattress. This affected 1 of 4 audit clients. The finding is: During observations in the home on 9/26/22 - 9/27/22, client #6's mattress was noted to have a large indentation or dip in the middle of it. The head and foot of the mattress were noticeably higher than the middle of the mattress. During interviews with two staff on 9/27/22, Staff E and Staff F acknowledged the mattress had a noticeably large dip in the middle. The staff did | W 418 | | | |

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| W 418 | Continued From page 9 not know how old the mattress was; however, Staff F indicated she had worked in the home for 11 years and could not recall a new mattress being purchased for client #6. Interview on 9/27/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she did not know how old the mattress was; however, QIDP acknowledged a new mattress needed to be purchased for client #6. | W 418 | | | |
| W 460 | FOOD AND NUTRITION SERVICES 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 reviews and interviews, the facility failed to ensure 3 of 4 audit clients (#1, #3, and #4) received their modified and specially-modified diets. The findings are: A. During 3 of 3 mealtime observations in the home on 9/26/22 - 9/27/22, client #3 was not served double portions of food. Interview on 9/26/22 with Staff D revealed client #3 is allowed second servings of food. Review on 9/26/22 of client #3's Individual Program Plan (IPP) dated 1/20/22 and current physician's orders noted he should be served double portions of food at meals. Interview on 9/27/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client | W 460 | | | |

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| W 460 | <p>Continued From page 10</p> <p>#3 should be served double portions of all food items at each meal.</p> <p>B. During dinner observations in the home on 9/26/22, client #1 consumed a serving of barbeque chicken, succotash and mashed potatoes. Client #1 then asked for and received a second serving of barbeque chicken.</p> <p>Interview on 9/26/22 with Staff D revealed client #1 is not allowed second servings; however, she felt it was only fair for all of the clients to have seconds if one client is allowed seconds.</p> <p>Review on 9/26/22 of client #1's IPP dated 1/16/22 and current physician's orders indicated he receives a regular diet with no seconds.</p> <p>Interview on 9/26/22 with the QIDP confirmed client #1 should not receive second servings of food items and staff should be following his diet order.</p> <p>C. During lunch observations in the home on 9/26/22, client #4 was served a whole ham and cheese sandwich. The client consumed the sandwich uncut. During additional observations of the dinner meal on 9/26/22, client #4 was served half of a barbeque chicken thigh uncut.</p> <p>Interview on 9/27/22 with Staff A revealed client #4 should have his food in "bite-size" pieces.</p> <p>Review on 9/26/22 of client #4's Nutritional Evaluation dated 8/18/22 revealed his "current diet is low fat, with bite size pieces..."</p> <p>Interview on 9/27/22 with the QIDP confirmed client #4's food should be in bite-size pieces.</p> | W 460 | | | |

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