

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

PRINTED: 11/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G292</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROCKWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4409 ROCKWOOD DRIVE RALEIGH, NC 27612</b>		
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W 189	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the documentation of the Medication Administration Record (MAR). The finding is:</p> <p>During morning medication administration observations in the home on 11/2/22, Staff A was observed signing the MAR prior to clients consuming their medications.</p> <p>During an interview on 11/2/22, Staff A revealed she is aware she should not have been signing the MAR prior to the clients consuming their medications. Further interview revealed she was nervous because the surveyor was observing her.</p> <p>During an interview on 11/2/22, the Program Manager (PM) confirmed staff should not be signing the MAR prior to the clients consuming their medications.</p>	W 189			
W 210	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to obtain needed initial assessments for 1 newly admitted client (#5) no later than 30</p>	W 210			

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 210	Continued From page 1 days after admission. The finding is:  Review on 11/1/22 of client #5's Individual Program Plan (IPP) dated 4/1/22 revealed she was admitted to the facility on 3/1/22. Further of client #5's record revealed she does not have a Nutritional, Social Work or Psychology evaluations.  During an interview on 11/2/22, the Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #5 does not have a Nutritional, Social Work or Psychology evaluations.  During an interview on 11/2/22, the Program Manager (PM) stated how the QIDP is the responsible person to ensure that all evaluations for newly admitted clients are done on time and placed in their chart.			W 210			
W 221	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)  The comprehensive functional assessment must include auditory functioning. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure an audiological examination for 1 newly admitted client (#5) was done within 30 days of admission. The finding is:  Review on 11/1/22 of client #5's Individual Program Plan (IPP) dated 4/2/22 stated the client was admitted to the facility on 3/1/22. Further review revealed client #5's audiological examination was conducted on 8/11/22  During an interview on 11/2/22, the facility's nurse			W 221			

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W 221	Continued From page 2 confirmed client #5's audiological examination was not done within 30 days of her admission to the facility.		W 221				
W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of adaptive equipment. The finding is:</p> <p>During observations in the home on 11/2/22, client #5 was observed walking without using her walker. At 11:28am, client #5 left her walker at the dining room table and walked into the kitchen, opened the refrigerator door took an item out, closed the door and walked back to the dining room table. At 11:46am, client #5 was observed putting away some clean dishes in the kitchen; further observations revealed her walker was at the dining room table. Client #5 was seen walking from the dining room table into the kitchen without using her walker which was at the</p>		W 249				

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W 249	<p>Continued From page 3</p> <p>dining room table. Client #5's walker was left at the table at 6:02pm, while she walked into the kitchen to put away clean dishes. At no time was client #5 offered a substitute for the eggs he does not eat.</p> <p>During observations in the home on 11/3/22 at 6:54am, client #5 observed walking from the dining room into the kitchen and back without using her walker. Client #5 was seen at 7:13am, waking from the dining room into the kitchen and back without using her walker. Further observations revealed while client #5 was in the kitchen, she was seen bending down under the sink to obtain a bottle of dish detergent. At 7:20am, client #5 was observed putting dishes away in the cabinets. At 7:28am, while in the medication room client #5 stood up from the chair, opened the door and walked out leaving her walker behind. Additional observations revealed at 7:56am, client #5 walking up the hallway from the vicinity of her bedroom and then back down the hallway into her bedroom. At no time was client #5 prompted to use her walker.</p> <p>During an interview on 11/2/22, Staff A stated client #5 is supposed to use her walker while she walks around the house. Further interview revealed staff are to verbally prompt her to use her walker.</p> <p>Review on 11/1/22 of client #5's Individual Program Plan (IPP) dated 4/1/22 stated her adaptive equipment includes a walker to be used while she is ambulating. Further review revealed client #5 uses walker for "safe ambulation".</p> <p>Review on 11/2/22 of client #5's physical therapy (PT) evaluation dated 3/21/22 stated, "...[Client</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>#5] has been observed to abandon her walker and ambulate for short distances without use of the walker. Importance of consistent use of the walker especially in light of her history of falls .... Since [Client #5's] admission to [group home name], she was reportedly found on the floor in her room on March 21, 2022</p> <p>....Recommendations: Fall prevention and safety guidelines to help promote her safety. Staff should provide [Client #5] with supervision or assistance wen needed to ensure her safety across all settings ...."</p> <p>Review on 11/2/22 of client #5's fall prevention and safety guidelines dated 3/31/22 revealed, "Safety supervision is necessary because [Client #5] demonstrates limited safety judgment and awareness of personal safety."</p> <p>During an interview on 11/2/22 client #5 told the surveyor how she has fallen in the previous home where she had lived.</p> <p>During an interview on 11/2/22, the Site Manager (SM) revealed client #5's guardian wants her to use her walker for stability. Further interview revealed staff should be reminding client #5 to use her walker.</p> <p>During an interview on 11/2/22, the Program Manager (PM) stated staff should be verbally prompting client #5 to use her walker.</p>	W 249			
W 351	<p>COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>CFR(s): 483.460(f)(1)</p> <p>Comprehensive dental diagnostic services include a complete extraoral and intraoral</p>	W 351			

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W 351	Continued From page 5 examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).  This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a dental examination for 1 newly admitted client (#5) was done within 30 days of admission. The finding is:  Review on 11/1/22 of client #5's Individual Program Plan (IPP) dated 4/2/22 stated the client was admitted to the facility on 3/1/22. Further review revealed client #5's dental examination was conducted on 5/13/22.  During an interview on 11/2/22, the facility's nurse confirmed client #5's dental examination was not done within 30 days of her admission to the facility.	W 351			
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 each client received a nourishing, well balanced diet including modified and specially prescribed diet as prescribed. This affected 2 of 3 audit clients	W 460			

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W 460	<p>Continued From page 6 (#3 and #6). The findings are:</p> <p>A. During dinner observations in the home on 11/1/22 at 5:42pm, client #6 began eating her dinner with assistance from staff. Client #6 consumed her entire dinner without being offered anything to drink.</p> <p>During breakfast observations in the home on 11/2/22 at 7:05am, client #6 finished her breakfast without being offered anything to drink during the entire meal.</p> <p>During an interview on 11/2/22, the Site Manager (SM) revealed client #6 should have been offered something to drink during her meals.</p> <p>During an interview on 11/2/22, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 should have been offered something to drink at all her meals.</p> <p>B. During morning medication administration on 11/2/22 at 8:18am, Staff A had client #6 drink from a glass which contained water. Further observations revealed the water was thin in consistency.</p> <p>During an interview on 11/2/22, Staff A stated client #6 should not have been given water which was in thin consistency.</p> <p>Review on 11/1/22 of client #6's nutritional evaluation dated 9/29/21 revealed, "Diet ...nectar thick liquids ...."</p> <p>Review on 11/1/22 of the home's diet list dated 8/11/22 stated client #6's liquids are nectar thick.</p>	W 460			

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W 460	<p>Continued From page 7</p> <p>During an interview on 11/2/22, the SM revealed client #6's should be nectar thick.</p> <p>During an interview on 11/2/22, the QIDP stated client #6's liquids should have been nectar thick in consistency.</p> <p>C. During breakfast observations in the home on 11/2/22 at 6:40am, staff remembered client #3 does not eat eggs. Further observations revealed client #3 was not offered a substitute when he refused to eat his eggs. Client #3 consumed two waffles and one small tangerine.</p> <p>During an interview on 11/2//2, the SM stated client #3 should have been offered a substitute due to the fact he does not eat eggs.</p> <p>During an interview on 11/2/22, the QIDP revealed client #3 should have been given a substitute because he does not like eggs.</p>	W 460			