

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2022
NAME OF PROVIDER OR SUPPLIER ROSEANNE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 900 ROSEANNE DR KINSTON, NC 28504		
(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 000	INITIAL COMMENTS	W 000			
W 149	<p>A follow up and complaint survey was completed on 12/12/22 for deficiencies cited on 10/13/22 and for intake #NC00195830. The facility was brought back into compliance for tags cited on 10/13/22. However, new non-compliance was found for intake #NC00195830.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure it's policy to prevent neglect was implemented for 1 of 1 former client (#1). The finding is:</p> <p>Review on 12/12/22 of former client #1's admission assessment revealed he was admitted to the facility on 9/19/22. Further review revealed a nursing assessment dated 9/19/22 with the following notations: red marks to the upper chest, leg and side; red marks/scratches to left thigh; surgical site/mark to middle of chest/right chest; bilateral feet red with no swelling or bruising; right hand red and no swelling noted. No other injuries or bruises were identified at that time.</p> <p>Review on 12/12/22 of staff A's written statement dated 10/6/22 revealed she worked 3rd shift on 10/3/22 and gave former client #1 a bath at approximately 7:30 pm and no says no marks or scratches were present. The statement then revealed that at 6:40 am staff A went in to get former client #1 dressed for the day and noticed discoloration to his left side. Staff A stated that</p>	W 149			

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.

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

PRINTED: 12/13/2022
FORM APPROVED
OMB NO. 0938-0391

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W 149	<p>Continued From page 1 she left work and texted the home manager regarding the discoloration.</p> <p>Review on 12/12/22 of Staff B's written statement (undated) revealed he noticed discoloration to former client #1's toes on 10/1/22. On 10/2/22 he noted no change to his toes but a small purple spot on his back however he did not make his immediate supervisor aware.</p> <p>Review on 12/12/22 of pictures of former client #1's injuries taken by the local department of social services revealed a large hematoma with extensive yellow to purple bruises to the left anterior and lateral chest that appear to be in different stages of healing.</p> <p>Review on 12/12/22 of former client #1's medical records during his hospitalization revealed former client #1's creatine phosphokinase level (CPK) was over 3,000 on admission (normal levels range between 55 to 170 u/L). A hematology consult was requested and former client #1 was cleared by the hematologist for any blood disorders. On 10/6/22 the hospitalist revealed elevated creatine phosphokinase level, most likely traumatic injury/fall which was unwitnessed.</p> <p>Review on 12/12/22 of the facility's Body Checks policy (revised 7/21) revealed that a paraprofessional is to complete a daily body check and any markings found are to be noted on a body check form, reported on and incident report and a supervisor is to be notified immediately.</p> <p>Review on 12/12/22 of the facility's abuse and neglect statement defines neglect as, "the failure of staff to act spontaneously on behalf of the</p>	W 149			

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W 149	<p>Continued From page 2 individual/consumer in any situation which might adversely affect the health, safety or well being of the consumer".</p> <p>Interview on 12/12/22 with the home manager (HM) revealed that she was not in the home when client #1's admission body check was completed by nursing but that the bruising reported on 10/4/22 was not present when the client was admitted to the facility on 9/19/22.</p> <p>Interview on 12/12/22 with the facility's qualified intellectual disabilities professional (QIDP) revealed that the facility was unable to determine the cause of former client #1's intramuscular hematoma or bruising. However, the QIDP believes that a staff member working on 10/1/22 had knowledge of what happened but did not report or document per facility policy. QIDP revealed that staff was reprimanded and has not worked at the facility since 11/13/22. The QIDP confirmed that this was not reported from 10/1/22 until 10/4/22 by any staff. The QIDP confirmed that training on recognizing abuse and neglect is completed during employee orientation.</p> <p>On 12/12/22 surveyors requested to review training information on abuse and neglect. However, HM was unable to located the training.</p>	W 149			