

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 01/04/2023
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 216	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include physical development and health. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the record included a nursing evaluation of 3 of 3 audit clients (#1, #2 and #3) . The findings are:</p> <p>A. Review on 1/3/23 of client #1's record revealed he did not have a current nursing evaluation.</p> <p>B. Review on 1/3/23 of client #2's record revealed he did not have a current nursing evaluation.</p> <p>C. Review on 1/3/23 of client #3's record revealed his last nursing evaluation was dated 4/12/21.</p> <p>During an interview on 1/4/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients #1, #2 and #3 did not have current/updated nursing evaluations.</p>	W 216			
W 249	<p>PROGRAM IMPLEMENTATION 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>	W 249			

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: 01/04/2023
FORM APPROVED
OMB NO. 0938-0391

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W 249	Continued From page 1 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 (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal preparation. The finding is: During evening observations in the home on 1/3/23, Staff A was observed using a food processor. Further observations revealed the food was processed into puree consistency. Additional observations revealed the pureed food was consumed by client #2. At no time was client #2 prompted to use the food processor. During morning observations in the home on 1/4/23, Staff B was observed using a food processor. Further observations revealed the food was processed into puree consistency. Additional observations revealed the pureed food was consumed by client #2. Further observations revealed client #2 was not prompted to use the food processor. Review on 1/4/23 of client #2's skill assessment dated 6/1/22 stated, "Food Preparation: Requires...some physical assistance to complete food preparation". During an interview on 1/4/23, the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2 will need to be reassessed in the area of meal preparation.	W 249			