

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

PRINTED: 02/07/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G292		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/02/2023	
NAME OF PROVIDER OR SUPPLIER ROCKWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 4409 ROCKWOOD DRIVE RALEIGH, NC 27612			
(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 210}	<p>A revisit was conducted on 2/3/23 for all previous deficiencies cited on 11/2/22. All deficiencies were not corrected. The facility is not in compliance with all regulations surveyed.</p> <p>INDIVIDUAL PROGRAM PLAN 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 days after admission. The finding is:</p> <p>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.</p> <p>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.</p> <p>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.</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}	<p>Continued From page 1</p> <p>Review on 2/2/23 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 have a Psychology evaluation from 2020 from another agency.</p> <p>Review of the Plan of Correction (POC) stated, "QIDP will ensure all required evaluations and assessments are completed and filed in master chart".</p> <p>During an interview on 2/2/23, the Regional Manager confirmed client #5's Psychology evaluation has not been done.</p>	{W 210}			