

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/11/2023
NAME OF PROVIDER OR SUPPLIER SCI-ROANOKE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 103 & 105 CLEARFIELD DRIVE ROANOKE RAPIDS, NC 27870		
(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 263	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#4). The finding is:</p> <p>Review on 4/11/23 of client #4's physician's orders dated 1/12/23 revealed orders for Trazodone 50mg to be given at bedtime, Melatonin 3mg to be given at bedtime and Vistaril 50mg to be given 1 hour prior to medical or dental appointment as needed. Further review revealed no consents had been signed by the guardian for these medications.</p> <p>Interview on 4/11/23 with the facility director revealed informed consent should have been obtained for Trazadone, Melatonin and Vistaril. The director confirmed no consent was obtained by the guardian for either medication.</p>	W 263			
W 312	<p>DRUG USAGE CFR(s): 483.450(e)(2)</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all medications used to address client's inappropriate behaviors were included in a</p>	W 312			

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 312	<p>Continued From page 1 formal active treatment program. This affected 1 of 3 audit clients (#4). The finding is:</p> <p>Review on 4/10/23 of client #4's Behavior Support Program (revised on 3/4/23) revealed an objective to exhibit no more than 1 defined resistive behavior during each dental/eye exam over the next 24 months. The plan included the use of Valium and Ativan.</p> <p>Review on 4/11/23 of a physician's order for client #4 dated 1/12/23 revealed orders for Trazadone 50mg at bedtime; Melatonin 3 mg at bedtime; Vistaril 50mg 1 hour prior to dental appointments; Valium 5mg 1 hour prior to dental, labs, vision, foot care and nail cutting appointments and Ativan 1mg 2 hours prior to dental, vision, and toenail care appointments.</p> <p>Interview on 4/11/23 with the qualified intellectual disability professional (QIDP) revealed Trazadone, Melatonin and Vistaril should have been incorporated into client #4's mental health plan.</p>	W 312			