

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

PRINTED: 08/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G297		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/29/2023	
NAME OF PROVIDER OR SUPPLIER ROANOKE PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 704 CAROLINA AVENUE AHOSKIE, NC 27910			
(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 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 3 audit clients (#5) was taught to make informed choices about eyeglasses and elbow pads usage. In addition, and the facility failed to furnish client #5 recommended adaptive equipment, a wheelchair. The findings are:</p> <p>A. Observations in the home on 8/28/23 from 11:00am to 5:00pm revealed client #5 participating in table activities, using his iPad, and having lunch. Client #5 did not wear eyeglasses or elbow pads. At no time did staff prompt client #5 to put his glasses or elbow pads on.</p> <p>Review of client #5's Treatment Plan (TP), dated 4/21/23, revealed objectives to include following an oral hygiene routine, purchasing items from the store, and cutting meat with a knife. No formal training was noted for eyeglasses and elbow pad use. The TP stated client #5 had a need for elbow pads to aid in preventing cuts and scrapes as he is a fall risk. No mention of eyeglasses could be located in the TP.</p> <p>Review of client #5's physical therapy (PT) evaluation, dated 6/27/20, revealed client #5 to be a high falls risk with recommended custom elbow orthoses to prevent cuts and scrapes.</p>			W 436			

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 436	<p>Continued From page 1</p> <p>Review of client #5's optometrist evaluation, dated 5/12/23, revealed prescribed eyeglasses due to myopia.</p> <p>Interview on 8/28/23 with Staff B revealed client #5 does have glasses. Staff B stated client #5 had asked about his glasses in the morning on 8/28/23.</p> <p>Interview on 8/28/23 with Staff E revealed client #5 wore his glasses more in the beginning when he first got them, but chooses not to wear them. Staff E stated client #5 had not worn his elbow pads in a couple of weeks. Staff E stated client #5's elbow are healed, and he only used them when he was falling more.</p> <p>Interview on 8/28/23 with client #5 revealed that he likes his glasses.</p> <p>Interview on 8/29/23 with the Regional Director (RD) revealed client #5 had eyeglasses on this morning when leaving for the day program and should wear daily. The RD stated client #5 should have elbow pads on to protect him because he is a high falls risk.</p> <p>B. Review of client #5's physical therapy (PT) evaluation, dated 6/27/20, revealed client #5 to be a high falls risk with a recommendation of a manual wheelchair to use for transporting client #5 during emergencies and long distances. The PT evaluation stated client #5 would need assistance for ambulation in these situations.</p> <p>Interview on 8/29/23 with Staff B revealed client #5 does not have a wheelchair. Staff B stated the facility had to work with the new day program to consider client #5's ambulation when scheduling</p>	W 436			

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W 436	<p>Continued From page 2</p> <p>special outings and activities due to his ambulation and no wheelchair. Staff B stated that client #5 will progressively get worse with his ambulation in time. When asked what client #5 would do to get out of harm's way in an emergency, Staff B stated staff would have to help or carry client #5.</p> <p>Interview on 8/29/23 with Staff D revealed client #5 had been observed to struggle more physically in his ability to lift himself.</p> <p>Interview on 8/29/23 with the Regional Director (RD) revealed client #5's latest PT evaluation located was on 6/27/20 and should be followed. The RD stated that a wheelchair should be in place for client #5 if the PT evaluation recommended it.</p>			W 436			