

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2023
NAME OF PROVIDER OR SUPPLIER ROLLING MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2533 ROLLINGS MEADOWS DRIVE RALEIGH, NC 27603		
(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 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure techniques to manage client's inappropriate behaviors were included in a formal active treatment plan. This affected 1 of 3 audit clients (#3). The finding is:</p> <p>During dinner observation on 11/6/23 from 5:00pm-5:30pm site supervisor tapped client #3's hand and told him to slow down when eating, take a drink of water. Throughout dinner site supervisor continued to hold client #3's arm down or hand down to encourage him to slow down between bites of food. Further observation on 11/7/23 at breakfast from 7:00am-7:45am the site supervisor tapped client #3 on his hand and encouraged him to stop eating and take a drink.</p> <p>Review on 11/6/23 of client #3's nutritional evaluation revealed client #3 sometimes uses his fingers to eat. Does not redirect well physically but will usually respond verbally.</p> <p>Interview on 11/7/23 with the Site supervisor revealed she was unsure of any mealtime guidelines and that she taps client #3 on the hand and tells him to slow down to stop him from choking.</p> <p>Interview on 11/7/23 with the Qualified Intellectual Development Professional (QIDP) confirmed client #3 had no mealtime guidelines. The QIDP revealed he was unaware that mealtime</p>	W 288			

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: 11/07/2023
FORM APPROVED
OMB NO. 0938-0391

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W 288	Continued From page 1	W 288			
W 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audit clients (#3) received recommended medical services as indicated. The finding is:</p> <p>Review on 11/6/23 of client #3's record revealed a medical consult sheet dated 3/1/23 to a local orthopedic doctor. Further review of the record did not indicate a visit to the local orthopedic doctor had been completed.</p> <p>Interview on 11/6/23 with the Site supervisor confirmed client #3 had not been seen since the referral was made on 3/1/23. She also confirmed documentation would be in the core team minutes or the nurses notes.</p> <p>Interview on 11/7/23 the Registered nurse (RN) confirmed client #3 had not been seen by the local orthopedic doctor. She verified there was no documentation of an explanation of the delay in the appointment in the core team minutes or nursing quarterlies.</p>	W 331			