

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

PRINTED: 12/20/2023
FORM APPROVED
OMB NO. 0938-0391

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 12/19/2023
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NAME OF PROVIDER OR SUPPLIER ROSEANNE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 900 ROSEANNE DR KINSTON, NC 28504
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(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
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W 220 INDIVIDUAL PROGRAM PLAN
CFR(s): 483.440(c)(3)(v)

W 220

The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 1 newly admitted client (#2) received her initial speech/language assessments within 30 days of admission. The finding is:

The speech/language assessment will be scheduled. QP will ensure admissions have assessments scheduled within 30 days of admission date.

2/17/24

Review on 12/18/23 of client #2's record revealed she had not received her initial speech/language assessment within 30 days of admission. Further review revealed client #2 was admitted to the facility on 1/11/23.

During an interview on 12/19/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 did not have a speech/language assessment.

W 221 INDIVIDUAL PROGRAM PLAN
CFR(s): 483.440(c)(3)(v)

W 221

The comprehensive functional assessment must include auditory functioning. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an auditory examination for 1 of 3 audit clients (#2). The finding is:

QP will schedule an auditory examination. QP will monitor and schedule needed examinations at least annually.

2/17/24

Review on 12/18/23 of client #2's record revealed she had not received an auditory examination. Further review revealed client #2 was admitted to the facility on 1/11/23.

During an interview on 12/19/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 had not received her auditory

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LABORATORY DIRECTOR'S, OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melinda Gardner</i>	TITLE <i>IDP Regional Administrator</i>	(X6) DATE <i>12/27/23</i>
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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 221 Continued From page 1 examination. W 221

W 263 PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) W 263

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 (#2). The finding is:

QP will obtain written consent from legal guardian for client #2's Behavior Support Plan. QP will monitor annually or as needed if changes to plan.

2/17/24

Review on 12/18/23 of client #2's Behavior Support Plan (BSP) implemented 2/6/23 revealed there was no signed consent by her legal guardian.

During an interview on 12/19/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's does not have a signed consent by her legal guardian.

W 323 PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i) W 323

The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audit clients (#2) obtained an annual physical examination. The finding is:

QP will ensure physical examination is scheduled with doctor. QP and/or GHM will monitor and schedule annually.

2/17/24

Review on 12/18/23 revealed client #2 did not have an annual physical. Further review revealed client #2 was admitted to the facility on 1/11/23.

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W 323 Continued From page 2

W 323

During an interview on 12/19/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 did not have an physical.

W 351 COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE
CFR(s): 483.460(f)(1)

W 351

Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).

Dental examination will be scheduled by the QP or GHM. QP and/or GHM will monitor and scheduled bi-annually or as needed. 2/17/24

This STANDARD is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure a dental examination for 1 of 3 audit clients (#2). The finding is:

Review on 12/18/23 of client #2's record revealed she has not received a dental examination. Further review client #2 was admitted to the facility on 1/11/23.

During an interview on 12/19/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 has not received an dental examination.