

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 12/19/2023
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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based observations, and interviews, the facility failed to provide training that enables the staff to perform their job duties effectively, efficiently and competently.. This affected 2 of 5 audit clients (#3 and #4). The finding is:</p> <p>Observation on 12/18/23 at 10:40am client #4 grabbed a drink out of the refrigerator and took to staff A.</p> <p>Further observation at 11:30am client #3 was told to get another clients shoes and bring to staff A. At 4:30pm Staff A told client #3 to push another client's wheelchair into the kitchen for dinner. On 12/19/23 at 8:00am staff D told client #3 to take another client's apron to the laundry room.</p> <p>Interview on 12/19/23 the Qualified Intellectual Developmental Professional (QIDP) confirmed staff are trained at orientation on client rights, abuse neglect and exploitation.</p>	W 189	<p>W189 will be corrected by completing the following:</p> <ul style="list-style-type: none"> • QIDP, AS, and SS will ensure ongoing training to staff which enables them to perform their duties effectively. Training will take place in the areas of proper Active Treatment; Client Rights; Abuse, Neglect, and Exploitation; Hand Hygiene; Meal Preparation; and Family Style Dining. • QIDP and RN will monitor staff's engagement with residents 2x monthly. • AS and SS will monitor staffs engagement with residents weekly. 	2/19/2024
W 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to provide a choice of meaningful activities as per the Individual program plan (IPP) for 1 of 5 audit clients (#2).</p>	W 247		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Monica Harrelson LCSW, MSW, MPA - Program Manager 12/26/23

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 247	Continued From page 1 The finding is: Observations on 12/18/23 from 10:00am until 11:30am, client #2 sat in front of the television with a picture of a Christmas tree and listening to Christmas music in the living room. At 11:30am, the staff began to put the client's coats on and they decided to go out to lunch. No choice was provided to the clients. Further observation at 3:45pm until 4:30pm client #2 colored a picture. No choice was provided to the client. Review of client #2's IPP dated 4/25/23 revealed she can make choices and prefers specific games and activity. Interview with Qualified Intellectual Developmental Disabilities confirmed client #2 has preferred activities such as connect four or coloring. PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 2 of 5 audit clients (#1 and #4) received a continuous active	W 247	W247 will be corrected by completing the following tasks: <ul style="list-style-type: none"> • QIDP, AS, and SS will train staff on active treatment and assisting residents in making choices specific to active treatment and activities based on preferred interests. • QIDP will complete a clinical observation 2x monthly. • AS and SS will observe staff-resident engagement weekly. 	2/19/24
W 249		W 249		

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W 249	<p>Continued From page 2 treatment program relative to physician's orders. The findings are:</p> <p>A. Observations on 12/19/23 in the home during medication pass at 6:10am, staff C informed the surveyor that client #1 is supposed to put compression stockings on during the morning medication pass. However, staff C revealed that client #1 does not have any clean compression stockings so none will be applied.</p> <p>Record review on 12/19/23 of the signed physician's orders (dated 10/9/23) revealed an order for "Compression Stockings, apply in the morning and remove at bedtime".</p> <p>Interview on 12/19/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 should have compression stockings on. Staff A attempted to find the stockings at that time but were unable to locate any.</p> <p>B. During observations in the home on 12/19/23 at 7:27am, client #4 was not wearing compression stockings.</p> <p>Record review on 12/19/23 of the signed physician's orders (dated 10/9/23) revealed an order for "Compression stockings, apply in the morning and remove at bedtime."</p> <p>Interview on 12/19/23 with client #4 revealed she has not worn the compression stockings in over a month because they hurt her legs.</p> <p>Interview on 12/19/23 with the QIDP confirmed client #4 should be wearing compression stockings.</p>	W 249	<p>W249 will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> • QIDP, AS, and/or SS will train on appropriate active treatment and staff-resident engagement. • QIDP, AS, and/or SS will train staff on the use of adaptive equipment specific to compression hose/stockings as detailed on the specific resident's physician orders. • Appropriate residents will be trained on the use of compression hose/stockings. • Appropriate staff will be trained on making informed decisions regarding the use of their compression hose/stockings. • AS and SS will ensure compression hose/stockings and all other adaptive equipment are located in the home and ready for use daily. • QIDP and RN will monitor 2x monthly. • AS and SS will monitor weekly. 	

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W 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 4 of 5 audit clients (#2, #3, #4 and #6) was reviewed and monitored by the human rights committee (HRC). The findings are:</p> <p>A. Review on 12/19/23 of client #3's Behavior Support Plan (BSP) dated 11/6/23 revealed target behaviors consisting of non-compliance, agitation, physical aggression, property destruction and food seeking/stealing. Further review on 12/19/23 of client #3's BSP revealed no written consent by the HRC.</p> <p>B. Review on 12/18/23 of client #4's BSP dated 11/6/23 revealed target behaviors consisting of inappropriate verbalizations, non-compliance, physical aggression, property destruction and false allegations. Further review on 12/19/23 of client #4's BSP revealed no written consent signed by HRC.</p> <p>C. Review on 12/19/23 of client #2's BSP dated 4/25/23 revealed target behaviors consisting of agitation and non-cooperative. Further review on 12/19/23 of client #2's BSP revealed no written consent by the HRC.</p> <p>D. Review on 12/19/23 of client #6's BSP dated 11/6/23 revealed target behaviors consisting of self-injurious behaviors, pica and food</p>	W 262	<p>W262 will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> • QIDP will review appropriateness of all BSPs. QIDP will ensure restrictive behavior techniques mentioned in the BSP are reviewed and monitored by the human rights committee (HRC). • QIDP will ensure that BSPs have HRC written consent for all Rockwood residents. • QIDP to monitor monthly. 	2/19/24

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W 262	Continued From page 4 seeking/stealing. Further review on 12/19/23 of client #2's BSP revealed no written consent by the HRC.	W 262		2/19/24
W 263	Interview on 12/19/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed there is no HRC consent for clients #2, #3, #4 or #6. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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 reviews and interview, the facility failed to ensure written informed consents were obtained for restrictive Behavior Support Plans (BSP) for 1 of 5 audit clients (#2). The findings is: Review on 12/19/23 of client #2's Behavior Support Guidelines allowed her to have Alprazolam before medical procedures. Further review revealed verbal consent was given on 10/31/23. However, no written consent was obtained. Review on 12/19/23 of physician's orders (dated 10/10/23) revealed an order for Alprazolam 1 mg take 1 tablet by mouth 30-60 minutes prior to appointments. Interview on 12/19/23 the Qualified Intellectual Disabilities Professional (QIDP) confirmed that verbal consent had been obtained and there is no written consent.	W 263	W263 will be corrected by completing the following tasks: <ul style="list-style-type: none">• QIDP will ensure that BSPs are signed by legally responsible parties (LRP). QIDP will ensure that all signatures have a signed ("wet") signature and not a typed signature.• QIDP will ensure staff and other members of management are trained on all aspects of the BSP.• QIDP to monitor monthly.	

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W 287	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 5 of 5 audit clients (#1, #2, #3, #4 and #6) a technique to manage inappropriate behavior was not used for the convenience of staff. The finding is:</p> <p>During observations of meal preparation in the home on 12/18/23 at 4:35pm, staff D asked for the key to unlock a kitchen cabinet. Upon opening the cabinet, it was noted to contain snacks.</p> <p>Review of client #1, #2, #3, #4 and #6's behavior support plans (BSP) revealed there was no information about restriction to the kitchen cabinet.</p> <p>Interview on 12/19/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that staff lock the cabinet because one client in the home tries to steal food out of the snack cabinet when staff are not looking.</p>	W 287	<p>W287 will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> Clinical team will review BSPs and all restrictive interventions specific to residents present and frequent behaviors. QIDP will assess appropriateness of written plans and interventions noted and consult with psychology to change service plans as needed. QIDP will ensure that all implemented restrictions are relevant based on presented behaviors of those residing in the home. QIDP will ensure that restrictions specific to the home (i.e., locked kitchen cabinets) are mentioned all individuals service plane. QIDP will ensure that restrictions are approved by HRC. QIDP will monitor 2x monthly. 	
W 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility</p>	W 340		

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W 340	<p>Continued From page 6</p> <p>failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 5 of 5 audit clients (#1, #2, #3, #4 and #6). The findings are:</p> <p>During observations in the home on 12/18/23 of the medication administration between 4:20pm and 4:25pm, client #3 and client #4 came into the medication room and were not prompted to sanitize their hands prior to pouring their water or punching medications out of the packages.</p> <p>Further observations on 12/18/23 of meal preparation between 3:50pm and 4:35pm, client #1 went back and forth between assisting in the kitchen and the living room. At no time was client #1 prompted to wash or sanitize her hands.</p> <p>Observations at dinner on 12/18/23 at 4:37pm, all the clients were called to the dining room from the living room for dinner. The clients sat down at the table and were never prompted to wash or sanitize their hands.</p> <p>Observations on 12/19/23 of the medication pass between 6:10am and 6:35am, client #1 and client #2 came into the medication room and were not prompted to wash or sanitize their hands prior to pouring water or punching medications out of the packages.</p> <p>Interview on 12/19/23 with the Qualified Intellectual Disabilities Professional revealed clients should always wash or sanitize their hands prior to performing any tasks in the kitchen area and before taking medications.</p>	W 340	<p>W340 will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> • RN/medical team will train DSP's and management on health and hygiene methods specific to hand washing and sanitizing. • Rockwood residents will be training on the importance of health and hygiene methods via a residential council meeting. • RN to complete monitoring of health and hygiene methods via medication administration observations monthly following training. • QIDP to complete clinical monitoring of health and hygiene methods 2x monthly. • AS and/or SS to complete monitoring of health and hygiene methods 2x monthly. 	2/19/24
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)	W 436	Please see next page.	

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W 436	<p>Continued From page 7</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 3 of 5 audit clients (#1, #2 and #4) were taught to use and make informed choices about the use of adaptive equipment. The findings are:</p> <p>A. During observations throughout the survey on 12/18/23 and 12/19/23, client #4 was observed doing various activities. At no time did client #4 utilize a hearing aid.</p> <p>Review on 12/18/23 of client #4's audiology appointment on 11/16/23 revealed the client was seen in the office for a hearing aid fitting. However, payment was not available at the appointment so hearing aids were left at the office pending.</p> <p>Interview on 12/19/23 with the site supervisor revealed when client #4 went to her audiology appointment on 11/16/23, staff were made aware that the hearing aids would cost over \$2000 and are awaiting approval from the program manager.</p> <p>Interview on 12/19/23 with the program manager revealed she had been given verbal approval as of today and she would go get them immediately.</p>	W 436	<p>W436 will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> • Via residential council meeting QIDP and SS will teach residents the importance of making informed decisions about the use of adaptive equipment (specific to the use of dentures, eyeglasses, hearing aids, and braces). • QIDP will consult with business manager to finalize the purchase of hearing aid for relevant residents. • Once hearing aid is received, AS and/or SS will ensure staff are trained on the use of the hearing aid, how it is to be stored, and frequency of use. • QIDP will monitor 2x monthly. • AS and/or SS will monitor 2x monthly. • RN to monitor monthly. 	2/19/24
W 441	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p>	W 441	Please see next page.	

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W 441	Continued From page 8 and under varied conditions to- This STANDARD is not met as evidenced by: Based on review of fire drill evacuation reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times/conditions. The finding is: Review on 12/18/23 of the facility's fire drill evacuation reports for the time period of December 2022 through December 2023 revealed fire drills were conducted on 3rd shift were as follows: 1/20/23 at 12:10am; 3/16/23 at 6:00am; 5/29/23 at 11:30pm; 6/16/23 at 6:45am; 7/13/23 at 6:10am; 8/30/23 at 11:30pm; 9/16/23 at 5:30am; 10/26/23 at 11:05pm and 11/30/23 at 11:30pm. Interview on 12/19/23 with the Site Supervisor revealed she is responsible for monitoring fire drills and confirms drills were not conducted at varied times and during deep sleep hours of 1:00am to 4:00am on 3rd shift. Interview on 10/24/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the fire drills were not conducted at varied times and during deep sleep hours between 1:00am to 4:00am on 3rd shift.	W 441	W441 will be corrected by completing the following tasks: <ul style="list-style-type: none">• QIDP will train AS and/or SS on how to schedule fire drills during deep sleep hours in Task Master Pro (TMP).• Following the completion of training, AS and/or SS will schedule fire drills between the hours of 1am to 4am.• AS and/or SS will train staff on expectations re: evacuation drills.• QIDP will monitor once monthly.• AS and/or SS will monitor monthly.	2/19/24
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and	W 460		

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W 460	<p>Continued From page 9</p> <p>interviews, the facility failed to ensure 2 of 5 audit clients (#3 and #6) received their specially prescribed diet as indicated. The findings are:</p> <p>A. During observations in the home on 12/18/23 at 4:37pm, the clients sat at the table to begin dinner. Client #3 received 2 pieces of sliced loaf bread whole, a turkey burger patty whole, corn, green beans and a fruit cup.</p> <p>Further observations in the home on 12/19/23 at 7:35am, client #3 received oatmeal, toast whole, applesauce and a fruit cup.</p> <p>Record review on 12/19/23 of client #3's physician's orders dated 10/12/23 revealed client #3 has a prescribed diet of regular calorie, bite size, Boost VHC one container daily, add peanut butter to morning snack, full fat yogurt to lunch and starchy food to dinner.</p> <p>Interview with staff A revealed client #3 is supposed to receive a bite size diet.</p> <p>Interview on 12/19/23 with the qualified intellectual disabilities professional (QIDP) revealed client #3's food should be bite size.</p> <p>B. During observations in the home on 12/18/23 at 4:45pm, client #6 was served her dinner. Client #6 received turkey patty cut up in bite size pieces, corn, green beans, and a fruit cup.</p> <p>Further observations on 12/19/23 at 7:30am, at breakfast client #6 received oatmeal, toast cut into bite size pieces, applesauce, and a fruit cup.</p> <p>Record review on 12/19/23 of client #6's physician's orders dated 10/10/23 revealed client</p>	W 460	<p>W460 will be corrected by completing the following tasks:</p> <ul style="list-style-type: none"> Clinical team will review all diets as prescribed. QIDP and AS will train staff on diets as prescribed. QIDP will engage in clinical monitoring specific to meal observations 2x monthly. AS and/or will conduct meal observations 2x monthly to ensure residents are offered food as prescribed. 	2/19/24

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W 460	Continued From page 10 #6 has a prescribed diet of regular, mechanical soft/ground, nectar thick liquids, boost or ensure pudding with lunch and dinner.	W 460		2/19/24
W 481	Interview with QIDP confirmed client #6's food should be mechanical soft/ground. MENUS CFR(s): 483.480(c)(2) Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food substitutions were documented. The finding is: During observations in the home on 12/18/23, staff A was observed cooking turkey burger patty's, corn and green beans. Clients were also given a mixed fruit cup and 2 slices of loaf bread. Client #4 received a sloppy joe made out of the turkey patty. Review on 12/18/23 of the facility's menu book for 12/18/23 revealed turkey burger on bun, corn, green beans, diced peaches and beverage of choice-milk. Further observations in the home on 12/19/23, staff A was observed cooking oatmeal and toast. Clients were also given a mixed fruit cup and applesauce. Review on 12/19/23 of the facility's menu book for 12/19/23 revealed seasonal fruit or juice, oatmeal, yogurt, muffin, margarine and beverage of choice-milk.	W 481	W481 will be corrected by completing the following: <ul style="list-style-type: none"> AS and/or SS will ensure that food is purchased based on the menu provided by contracted nutritionist. Should residents want something different the substitution list is to be used. AS and/or SS will train staff on the use of the substitution list and when to use. QIDP to monitor the use of the substitution list/book 2x monthly. AS to monitor the use of the substitution list/book 2x monthly. SS to monitor the use of the substitution list/book 2x monthly. 	

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 12/19/2023
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 481	Continued From page 11 Review on 12/19/23 of the menu substitution book revealed the last entry was on 9/22/23.	W 481		2/19/24
W 484	During an interview on 12/19/23 with the Qualified Intellectual Disabilities Professional revealed meal substitutions should have been completed for dinner on 12/18/23 and breakfast on 12/19/23. DINING AREAS AND SERVICE CFR(s): 483.480(d)(3) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the implementation of adaptive dining equipment for 1 of 5 audit clients (#2). The finding is: During dinner and breakfast observations throughout the survey on 12/18/23 and 12/19/23, client #2 at no time utilized a plate riser or a lap tray. Review on 12/18/23 of client# 2's Individual Personal Plan (IPP) revealed adaptive equipment during mealtime, built up utensils, high-sided divided plate, apron, and plate risers. Feeding Protocol - sits in wheelchair her plate on her lap tray ... Interview on 12/19/23 the qualified intellectual developmental professional (QIDP) confirmed client #2 should be using a plate riser during meals and using the lap tray during mealtime.	W 484	W484 will be corrected by completing the following tasks: <ul style="list-style-type: none">Clinical team will review all adaptive dining equipment for each resident.Staff will be trained on the implementation of adaptive dining equipment for all residents.Staff will be observed during mealtimes by clinical team.QIDP to monitor 2x monthly.AS to monitor 2x monthly.SS to monitor 2x monthly.	