

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

PRINTED: 01/01/2025
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 12/31/2024	
NAME OF PROVIDER OR SUPPLIER ROSEANNE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 900 ROSEANNE DR KINSTON, NC 28504			
(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 210	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain an initial vision evaluation for 1 of 1 newly admitted audit client (#2). The finding is:</p> <p>Review on 12/30/24 of client #2's record revealed she had not received her vision evaluation. Further review revealed client #2 was admitted to the facility on 11/18/24.</p> <p>During an interview on 12/30/24, management staff confirmed client #2 had not received her initial vision evaluation within 30 days of being admitted.</p>			W 210			
W 221	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>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 1 newly admitted audit client (#2). The finding is:</p> <p>Review on 12/30/24 of client #2's record revealed she had not received an auditory examination. Further review revealed client #2 was admitted to the facility on 11/18/24.</p> <p>During an interview on 12/30/24, management staff confirmed client #2 had not received her auditory examination within 30 days of being</p>			W 221			

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 221	Continued From page 1 admitted.		W 221				
W 351	<p>COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(1)</p> <p>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).</p> <p>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 1 newly admitted audit client (#2). The finding is:</p> <p>Review on 12/30/24 of client #2's record revealed she has not received a dental examination. Further review client #2 was admitted to the facility on 11/18/24.</p> <p>During an interview on 12/30/24, management staff confirmed client #2 has not received an dental examination within 30 days of being admitted.</p>		W 351				
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility</p>		W 382				

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W 382	<p>Continued From page 2</p> <p>failed to ensure medications remained locked except when being prepared for administration. The finding is:</p> <p>During observations during the survey on 12/30 - 31/24, a bottle of gummy vitamins were observed sitting on the medication cart, which is located in the medication room. Further observations revealed the surveyor and clients residing in the home where in the room while the bottle was sitting on top of the cart.</p> <p>During an interview on 12/31/24, Staff A stated the client who takes the vitamins likes to see her medication and does not like it to be locked up.</p> <p>During an interview on 12/31/24, the Home Manager (HM) confirmed the vitamin bottle is left out on top of the medication cart so the client who they belong to can see them.</p> <p>During an interview on 12/31/24, the facility's nurse revealed medications should be locked up when not in use.</p>			W 382			
W 383	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is:</p> <p>During observations in the home on 12/31/24, the keys to the medication cart was left on a desk in the medication room from 8:16am until 8:27am.</p>			W 383			

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W 383	Continued From page 3 Further observations revealed the surveyor was left alone with the keys. During an interview on 12/31/24, Staff A revealed the keys to the medication cart should be left on the person in charge of giving medications. During an interview on 12/31/24, the Home Manager (HM) confirmed the keys to the medication cart should be kept on the person who is giving the medications. During an interview on 12/31/24, the facility's nurse stated the keys to the medication cart should be kept on the person who is in charge of giving medications.	W 383			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times. This potentially affected all clients (#1, #2, #3, #4 and #5) residing in the home. The finding is: Review on 12/30/24 of the facility's fire drills conducted during third shift revealed the following: 1/17/24 at 3:45am; 4/4/24 at 1:10am; 7/8/24 at 3:30am and 10/12/24 at 3:15am. During an interview on 12/31/24, the Home Manager (HM) revealed third shift hours are 11pm until 7am. Further interview revealed the drills conducted on third shift were not held during varied times.	W 441			