PRINTED: 01/24/2025 FORM APPROVED OMB NO. 0938-0391

AND DLAN OF COPPECTION IDENTIFICATION NUMBER		A. BUILDI	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		34G048	B. WING _		_	01/22/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S HIGHWAY 152 EAST 6330 ROCKWELL, NC 28138	1	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)	
E 037	§441.184(d)(1), §468 §483.73(d)(1), §483 §485.68(d)(1), §485 §485.727(d)(1), §486 §491.12(d)(1). *[For RNCHIs at §44 Hospitals at §482.18 at §484.102, REHs under §485.727, OF RHC/FQHCs at §49 (1) Training prografthe following: (i) Initial training in expolicies and procedustaff, individuals programment, and vexpected roles. (ii) Provide emerger least every 2 years. (iii) Maintain docum preparedness trainin (iv) Demonstrate starprocedures. (v) If the emergency procedures are sign must conduct training procedures. *[For Hospices at §4 hospice must do all (i) Initial training in expolicies and procedures are sign must conduct training in expolicies and procedures are sign must conduct training in expolicies and procedures and proced	6.54(d)(1), §418.113(d)(1), 0.84(d)(1), §482.15(d)(1), 0.475(d)(1), §484.102(d)(1), 5.542(d)(1), §485.625(d)(1), 5.920(d)(1), §486.360(d)(1), 03.748, ASCs at §416.54, 5, ICF/IIDs at §483.475, HHAs at §485.542, "Organizations" POs at §486.360, 1.12:] m. The [facility] must do all of emergency preparedness ares to all new and existing eviding services under colunteers, consistent with their ency preparedness training at entation of all emergency at entation of all emergency eng. aff knowledge of emergency or preparedness policies and ificantly updated, the [facility] and on the updated policies and at 18.113(d):] (1) Training. The		037		(VG) DATE

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

TITLE (X6) DATI

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.

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G048	B. WING			1/22/2025	
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E 037	procedures. (iii) Provide emergen least every 2 years. (iv) Periodically revie emergency prepared employees (including special emphasis pla procedures necessar others. (v) Maintain documer preparedness training (vi) If the emergency procedures are signiff must conduct training procedures. *[For PRTFs at §441 program. The PRTF (i) Initial training in erpolicies and procedu staff, individuals provarrangement, and vo expected roles. (ii) After initial training preparedness training (iii) Demonstrate staff procedures. (iv) Maintain docume preparedness training (v) If the emergency procedures are signiff must conduct training procedures. *[For PACE at §460.8]	cy preparedness training at w and rehearse its ness plan with hospice nonemployee staff), with ced on carrying out the ry to protect patients and nation of all emergency g. preparedness policies and ficantly updated, the hospice g on the updated policies and at all of the following: mergency preparedness res to all new and existing riding services under lunteers, consistent with their g, provide emergency g every 2 years. If knowledge of emergency matation of all emergency g. preparedness policies and ficantly updated, the PRTF g on the updated policies and ficantly updated, the PRTF g on the updated policies and add(d):] (1) The PACE	E 03	7			
	organization must do (i) Initial training in er	all of the following: nergency preparedness					

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E 037	staff, individuals pro arrangement, contra volunteers, consiste (ii) Provide emerger least every 2 years. (iii) Demonstrate sta procedures, includir what to do, where to case of an emerger (iv) Maintain docum (v) If the emergency procedures are sign must conduct training procedures. *[For LTC Facilities Program. The LTC of following: (i) Initial training in expolicies and proceds staff, individuals produced training to expected role. (ii) Provide emerger least annually. (iii) Maintain docum preparedness training (iv) Demonstrate state procedures. *[For CORFs at §48 CORF must do all control of the	ures to all new and existing oviding on-site services under actors, participants, and ent with their expected roles. Incy preparedness training at aff knowledge of emergency and informing participants of o go, and whom to contact in acy. Incy preparedness policies and inficantly updated, the PACE and on the updated policies and at §483.73(d):] (1) Training facility must do all of the emergency preparedness ures to all new and existing oviding services under colunteers, consistent with their ency preparedness training at entation of all emergency aff knowledge of emergency aff knowledge of emergency es and procedures to all new and in the following: ining in emergency es and procedures to all new and volunteers, consistent with their and the following: ining in emergency es and procedures to all new and volunteers, consistent	E 03			

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E 037	least every 2 years. (iii) Maintain docum (iv) Demonstrate sta procedures. All new and assigned specif the CORF's emerge their first workday. I include instruction in alarm systems and equipment. (v) If the emergence procedures are sign must conduct trainin procedures. *[For CAHs at §485 The CAH must do a (i) Initial training in e policies and proced reporting and exting and where necessa personnel, and gues cooperation with fire authorities, to all ne individuals providing and volunteers, con roles. (ii) Provide emerger least every 2 years. (iii) Maintain docum (iv) Demonstrate sta procedures. (v) If the emergence procedures are sign	entation of the training. aff knowledge of emergency personnel must be oriented fic responsibilities regarding ency plan within 2 weeks of The training program must in the location and use of signals and firefighting by preparedness policies and difficantly updated, the CORF ing on the updated policies and a.625(d):] (1) Training program. Ill of the following: Emergency preparedness ures, including prompt puishing of fires, protection, rry, evacuation of patients, ests, fire prevention, and efighting and disaster w and existing staff, g services under arrangement, sistent with their expected incy preparedness training at	E 03	37			

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E 037	CMHC must provide preparedness policie and existing staff, ind under arrangement, with their expected rodocumentation of the demonstrate staff knoprocedures. Thereaf emergency prepared years. This STANDARD is Based on record reviailed to conduct ann facility's Emergency The finding is: Review of the EPP materials and the staff with t	5.920(d):] (1) Training. The initial training in emergency is and procedures to all new dividuals providing services and volunteers, consistent oles, and maintain training. The CMHC must owledge of emergency iter, the CMHC must provide mess training at least every 2 mot met as evidenced by: iew and interview, the facility ual in-service training of the Preparedness Plan (EPP).	EC	037	
E 039	professional (QIDP) of have not received curduring staff meetings QIDP revealed that in facility's EPP should annually or as neces EP Testing Requirem CFR(s): 483.475(d)(2) §416.54(d)(2), §448. §460.84(d)(2), §482. §483.475(d)(2), §484. §485.542(d)(2), §485.	ents	ΕC	039	

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E 039	at §485.542, OPO, "0 §485.727, CMHCs at §491.12, and ESRD (2) Testing. The [facil to test the emergency must do all of the follows: (i) Participate in a full community-based ev	i4, CORFs at §485.68, REHs Organizations" under §485.920, RHCs/FQHCs at Facilities at §494.62]: ity] must conduct exercises y plan annually. The [facility] owing:scale exercise that is ery 2 years; or	E 03	39			
	accessible, conduct a exercise every 2 yea (B) If the [facility] natural or man-made activation of the eme exempt from engagin community-based or functional exercise for actual event. (ii) Conduct an additive years, opposite the years, opposite	experiences an actual emergency that requires regency plan, the [facility] is ig in its next required individual, facility-based of the emergency plan, the least every 2 ear the full-scale or inder paragraph (d)(2)(i) of exted, that may include, but is le exercise that is individual, facility-based or drill; or see or workshop that is led by des a group discussion using					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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E 039	exercises, and emerge [facility's] emergency *[For Hospices at 418 (2) Testing for hospic patient's home. The lexercises to test the eannually. The hospic (i) Participate in a ful community based ever (A) When a community accessible, conduct a functional exercise ever (B) If the hospice exproman-made emergency plan, engaging in its next recommunity-based exercise of the emergen (ii) Conduct an addition opposite the year the exercise under parage is conducted, that may to the following: (A) A second full-scar community-based or exercise; or (B) A mock disaster of (C) A tabletop exercise a facilitator and include a narrated, clinically-recenario, and a set of directed messages, of designed to challenge	ion of all drills, tabletop gency events, and revise the plan, as needed. 3.113(d):] Sees that provide care in the hospice must conduct emergency plan at least ee must do the following: I-scale exercise that is ery 2 years; or ty based exercise is not an individual facility based very 2 years; or eriences a natural or ey that requires activation of the hospital is exempt from equired full scale ercise or individual hal exercise following the cy event. In onal exercise every 2 years, full-scale or functional raph (d)(2)(i) of this section hy include, but is not limited the exercise that is a facility based functional drill; or see or workshop that is led by the exercise or group discussion using the event emergency of problem statements, or prepared questions	E	0039			

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E 039	care directly. The hexercises to test the year. The hospice of (i) Participate in an is community-based (A) When a community-based function (B) If the hospice examan-made emerger the emergency planengaging in its next based or facility-based following the onset of (ii) Conduct an add may include, but is in (A) A second full-socommunity-based of exercise; or (B) A mock disaster (C) A tabletop exercise; or (B) A mock disaster (C) A tabletop exercise (C) A tabletop exercise (C) a tabletop exercise (C) a tabletop exercise (C) and a set of problem messages, or prepare challenge an emerg (iii) Analyze the hospice and emergency (iii) Analyze the hospice's emergency (iiii) Analyze the hospice's emergency (iiii) Ana	emergency plan twice per must do the following: annual full-scale exercise that l; or nity-based exercise is not an annual individual onal exercise; or experiences a natural or ney that requires activation of the hospice is exempt from required full-scale community sed functional exercise of the emergency event. Itional annual exercise that not limited to the following: ale exercise that is a facility based functional exercise or workshop led by a less a group discussion using a elevant emergency scenario, in statements, directed ared questions designed to ency plan. Spice's response to and action of all drills, tabletop argency events and revise the exp plan, as needed. 1.184(d), Hospitals at	EO	39		

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E 039	is community-based (A) When a community-based (A) When a community-based function (B) If the [PRTF, Horactual natural or manity-based function of activation of activation of activation of activation of activation of activation of the emerge (ii) Conduct an and that may include following: (A) A second full-second full-second functional exercise; (B) A mock (C) A tabletop eled by a facilitator and discussion, using an emergency scenario statements, directed questions designed plan. (iii) Analyze the maintain documental exercises, and emergacility's] emergency *[For PACE at §460. (2) Testing. The PACE following:	annual full-scale exercise that contity-based exercise is not an annual individual, anal exercise; or spital, CAH] experiences an an-made emergency that if the emergency plan, the community based or individual, anal exercise following the ancy event. [additional] annual exercise or a, but is not limited to the ale exercise that is individual, a facility-based or disaster drill; or exercise or workshop that is and includes a group anarrated, clinically-relevant and a set of problem messages, or prepared to challenge an emergency [facility's] response to and tion of all drills, tabletop gency events and revise the annual full-scale exercise that annual full-scale exercise that	E 03			

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E 039	accessible, conduct a facility-based function (B) If the PACE experiman-made emergency plan, engaging in its next rebased or individual, facexercise following the event. (ii) Conduct an anyears opposite the years opposite the years opposite the years conducted that may the following: (A) A second full-scace community-based or functional exercise; of (B) A mock disaster of (C) A tabletop exercial facilitator and including an arrated, clinic scenario, and a set of directed messages, of designed to challenge (iii) Analyze the PAC maintain documentatic exercises, and emergency procedure (2) The [LTC facility] in test the emergency procedure (CF/IID) must do the facility must do the facility) must do the facility mannounce emergency procedure (CF/IID) must do the facility mannounce emergency procedure (CF/IID) must do the facility mannounce (CF/IID) must do the facility mannou	ty-based exercise is not an annual individual, all exercise; or inences an actual natural or by that requires activation of the PACE is exempt from equired full-scale community acility-based functional eronset of the emergency dditional exercise every 2 are the full-scale or functional raph (d)(2)(i) of this section y include, but is not limited to the exercise that is individual, a facility based or drill; or see or workshop that is led by these a group discussion, cally-relevant emergency for problem statements, or prepared questions eron emergency plan. E's response to and on of all drills, tabletop tency events and revise the lan, as needed. E §483.73(d):] The must conduct exercises to lan at least twice per year, and staff drills using the less. The [LTC facility, following: Innual full-scale exercise that	E	039			

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E 039	accessible, conduct facility-based function (B) If the [LTC facility actual natural or ma requires activation of LTC facility is exemply required a full-scale individual, facility-based following the onset of (ii) Conduct an addinary include, but is represented in the community-based of functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator includes narrated, clinically-reand a set of problem messages, or preparchallenge an emerging (iii) Analyze the [LT and maintain docume exercises, and emerging [LTC facility] facility's to test the emergency that is community-based (A) When a community-based (A) When a community-based function (B) If the ICF/IID expenses the conduct facility-based function (B) If the ICF/IID expenses the conduct facility-based function (B) If the ICF/IID expenses the conduct facility-based function (B) If the ICF/IID expenses the conduct facility-based function (B) If the ICF/IID expenses the conduct facility-based function (B) If the ICF/IID expenses the conduct facility-based function (B) If the ICF/IID expenses the conduct facility-based function (B) If the ICF/IID expenses the conduct facility-based function (B) If the ICF/IID expenses the conduct facility-based function (B) If the ICF/IID expenses the conduct facility-based function (B) If the ICF/IID expenses the conduct facility-based function (B) If the ICF/IID expenses the conduct facility facility (B) If the ICF/IID expenses the conduct facility facility (B) If the ICF/IID expenses the conduct facility facility facility (B) If the ICF/IID expenses the conduct facility facility facility facility facility facility (B) If the ICF/IID expenses for the ICF (B)	nity-based exercise is not an annual individual, anal exercise. y] facility experiences an an-made emergency that if the emergency plan, the offrom engaging its next community-based or sed functional exercise of the emergency event. It in an individual, facility based for an individual, facility based for a drill; or cise or workshop that is led by a group discussion, using a selevant emergency scenario, an statements, directed ared questions designed to gency plan. C facility] facility's response to gency events, and revise the semergency plan, as needed. 33.475(d)]: //IID must conduct exercises by plan at least twice per year. In the following: annual full-scale exercise is not an annual individual,	EO	39			

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E 039	engaging in its next community-based of functional exercise of emergency event. (ii) Conduct an addinay include, but is not a second full-secommunity-based of functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator and inclusing a narrated, cliscenario, and a set directed messages, designed to challeng (iii) Analyze the ICF maintain documental exercises, and eme ICF/IID's emergency exercises, and eme ICF/IID's emergency exercises annually. The (i) Participate in a function of the emergency plengaging in its next community-based of the emergency plengaging in its next community plengaging in the emergency plengagin	required full-scale r individual, facility-based following the onset of the tional annual exercise that not limited to the following: ale exercise that is r an individual, facility-based or drill; or ise or workshop that is led by udes a group discussion, nically-relevant emergency of problem statements, or prepared questions ge an emergency plan. //IID's response to and ation of all drills, tabletop regency events, and revise the y plan, as needed. 102] HHA must conduct exercises cy plan at HHA must do the following: ill-scale exercise that is or nmunity-based exercise is not an annual individual, onal exercise every 2 years; experiences an actual natural gency that requires activation an, the HHA is exempt from	E 039			

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E 039	opposite the year the exercise under paragis conducted, that limited to the followin (A) A second full community-based or functional exercise; of (B) A mock disass (C) A tabletop existed led by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to plan. (iii) Analyze the HHA documentation of all emergency events, a emergency plan, as referred (d)(2) Testing. The O to test the emergency following: (i) Conduct a paper-by workshop at least and led by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to plan. If the OPO experimental emergency plan, engaging in its next referred to the emergency plan, engaging in its next referred to the emergency plan, engaging in its next referred to the emergency plan, engaging in its next referred to the emergency plan, engaging in its next referred to the following in its next referred to the emergency plan, engaging in its next referred to the following is considered to the plan in the open considered to the plan in the open considered to the plan in the open considered to the open considered to the open considered to the plan in the open considered to the open consid	onal exercise every 2 years, full-scale or functional graph (d)(2)(i) of this section at may include, but is not g: -scale exercise that is an individual, facility-based or ster drill; or sercise or workshop that is d includes a group arrated, clinically-relevant and a set of problem messages, or prepared or challenge an emergency s's response to and maintain drills, tabletop exercises, and and revise the HHA's needed. 360] PO must conduct exercises or problem to the passed, tabletop exercise or nually. A tabletop exercise is	E 03	39		

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NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 HIGHWAY 152 EAST 6330 ROCKWELL, NC 28138	ZIP CODE			
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E 039	documentation of all temergency events, a OPO's] emergency plant [RNCHIs at §403.74 (d)(2) Testing. The RI exercises to test the emust do the following (i) Conduct a paper-bleast annually. A table discussion led by a factinically-relevant emof problem statement prepared questions demergency plan. (ii) Analyze the RNHC maintain documentat and emergency even emergency plan, as rathis STANDARD is a Based on record revisible to conduct bien Emergency Prepared finding is:	s response to and maintain tabletop exercises, and and revise the [RNHCl's and an, as needed. 18]: NHCl must conduct emergency plan. The RNHCl: assed, tabletop exercise at etop exercise is a group acilitator, using a narrated, ergency scenario, and a set s, directed messages, or esigned to challenge an Cl's response to and ion of all tabletop exercises, ts, and revise the RNHCl's	E		LENGT)			
W 249	full-scale community/mock drill exercise. Interview with the quaprofessional on 1/22/not conducted an add	facility-based exercise or alified intellectual disability 25 confirmed the facility has ditional full-scale sed exercise or mock drill	W 2	249				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		34G048	B. WING _		01/22/2025
NAME OF PROVIDER OR SUPPLIER ROCKWELL 1 & 2			•	STREET ADDRESS, CITY, STATE, ZIP CHIGHWAY 152 EAST 6330 ROCKWELL, NC 28138	·
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE COMPLETION THE APPROPRIATE COMPLETION DATE
W 249	formulated a client's each client must rec treatment program c interventions and se and frequency to sup	1) disciplinary team has individual program plan, eive a continuous active	W 2	249	
	Based on observation interviews, the facility clients (#1, #2, #3, #2 continuous active tree. The finding are: A.The facility failed to #2, #3 and #7) at Roccontinuous active tree.	not met as evidenced by: ons, record reviews and y failed to ensure 9 of 12 4, #7, #11 and #12) received eatment in Rockwell I and II. o ensure 4 of 5 clients (#1, ockwell I received a eatment program. For			
	1/21/25 from 3:45 P clients #1, #2, #3 an and remain unengag at 5:00 PM. Continue three staff on duty to room to engage clien. Interview with the QI clients should be engaged by promote progress to goals and objectives.	DP on 1/22/25 confirmed gaged at all opportunities to wards the achievement of			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	34G048	B. WING			01/22/2025	
NAME OF PROVIDER OR SUPPLIER ROCKWELL 1 & 2			ніс	GHWAY 152 EAST 6330		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL		x	•		(X5) COMPLETION DATE
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 #11, #12) at Rockwell 2 received a continuous active treatment program. For example: Observations in the group home on 1/21/25 from 4:00 PM to 5:00 PM revealed client #4 to sit in the living room and remain unengaged until prompted for dinner at 5:00 PM. Continued observations at 4:20 PM revealed client #12 to enter the living room and remain unengaged until prompted for dinner at 5:00 PM. Further observations at 4:25 PM revealed client #11 to enter the living room and remain unengaged until prompted for dinner at 5:00 PM. Interview with the QIDP on 1/22/25 confirmed clients should be engaged at all opportunities to promote progress towards the achievement of goals and objectives. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to update the person-centered plan (PCP) annually for 1 of 6 clients at Rockwell 2 (#10). The finding is: Review of client #10's record on 1/21/25 revealed a PCP dated 12/14/23. Continued review of client #10's record revi						
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTER STANDARD is reached as a process set forth in partial stranger or reversed on record revisal do update the partial stranger of the finding is: Review of client #10's a PCP dated 12/14/23 #10's record revealed content with qualifie professional on 1/22/2	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 #11, #12) at Rockwell 2 received a continuous active treatment program. For example: Observations in the group home on 1/21/25 from 4:00 PM to 5:00 PM revealed client #4 to sit in the living room and remain unengaged until prompted for dinner at 5:00 PM. Continued observations at 4:20 PM revealed client #12 to enter the living room and remain unengaged until prompted for dinner at 5:00 PM. Further observations at 4:25 PM revealed client #11 to enter the living room and remain unengaged until prompted for dinner at 5:00 PM. 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WING ROVIDER OR SUPPLIER LL1 & 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 #11, #12) at Rockwell 2 received a continuous active treatment program. For example: Observations in the group home on 1/21/25 from 4:00 PM to 5:00 PM revealed client #4 to sit in the living room and remain unengaged until prompted for dinner at 5:00 PM. Continued observations at 4:20 PM revealed client #12 to enter the living room and remain unengaged until prompted for dinner at 5:00 PM. Further observations at 4:25 PM revealed client #11 to enter the living room and remain unengaged until prompted for dinner at 5:00 PM. Interview with the QIDP on 1/22/25 confirmed clients should be engaged at all opportunities to promote progress towards the achievement of goals and objectives. 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ROKWELL, NC 28138 PROVING AND OF CORRECTION	A BUILDING 34G048 34G048 34G048 34G048 34G048 34G048 34G048 3 WINC STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 152 EAST 830 ROCKWELL, NC 28138 SUMMARY STATEMENT OF DEFICIENCIES (EACH OPERCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 #11, #12) at Rockwell 2 received a continuous active treatment program. For example: Observations in the group home on 1/21/25 from 4:00 PM to 5:00 PM revealed client #4 to sit in the living room and remain unengaged until prompted for dinner at 5:00 PM. Continued observations at 4:25 PM revealed client #11 to enter the living room and remain unengaged until prompted for dinner at 5:00 PM. Continued observations at 4:20 PM revealed client #11 to enter the living room and remain unengaged until prompted for dinner at 5:00 PM. Further observations at 4:25 PM revealed client #11 to enter the living room and remain unengaged until prompted for dinner at 5:00 PM. 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Continued review of client #10's record revealed no evidence of a current PCP. Interview with qualified intellectual disabilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		34G048	B. WING _			01/22/2025	
NAME OF PROVIDER OR SUPPLIER ROCKWELL 1 & 2				STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 152 EAST 6330 ROCKWELL, NC 28138	•		
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W 436	and teach clients to choices about the unhearing and other devices in interdisciplinary teather standard the condition of the	mish, maintain in good repair, use and to make informed se of dentures, eyeglasses, ommunications aids, braces, dentified by the mas needed by the client. In an	W 4	36			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	(X	(X3) DATE SURVEY COMPLETED			
		34G048	B. WING _			01/22/2025		
NAME OF PROVIDER OR SUPPLIER ROCKWELL 1 & 2				STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 152 EAST 6330 ROCKWELL, NC 28138	•	- ONZELECEO		
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W 436	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W 4	,				
W 474	equipment. MEAL SERVICES CFR(s): 483.480(b)(3	2)(iii)	W 4	74				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			1 ' '	(X3) DATE SURVEY COMPLETED		
		34G048	B. WING _			01	/22/2025	
	NAME OF PROVIDER OR SUPPLIER ROCKWELL 1 & 2			HIGHV	T ADDRESS, CITY, STATE, ZIP CODE VAY 152 EAST 6330 (WELL, NC 28138	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 474	developmental level This STANDARD is Based on observation interviews the facility prescribed diets for 4 and #11) in Rockwel A. The facility failed for 1 of 5 clients (#6) Evening observation 1/21/2025 at 5:00 Ph consume the following chicken nuggets, commacaroni and chees milk, 8 oz water and an inchocolate yogurt. Morning observation 1/22/2025 at 8:15 Ah consume the following turkey sausage, grous serving size of straw milk and an 8 oz cup Review of records for revealed a person ce 11/29/24. Continued client #6 to have a g 1200 cc fluid restriction revealed this diet to homes' menu docum observation revealed the dinner and break days of observation.	d in a form consistent with the of the client. not met as evidenced by: ons, record reviews and railed to follow the d of 12 clients (#6, #9, #10 of 12 clients (#6 to 13 clients (#6 to 14 clients (#6 to 15 clients (#6 to 15 clients (#6 to 16 clie	W	174				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
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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 CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
W 474		al assessment (NA) dated	W 4	74			
	client #6 to have pu	d review of the NA revealed reed food moistened with r soup, nectar thick liquids, fluid restrictions.					
	disabilities profession revealed client #6's current. Continued revealed staff have #6's PCP diet. Furtl	urse and qualified intellectual onal (QIDP) on 1/22/2025 Nutritional Assessment is interview with nurse and QIDP received training on client ner interview with the nurse staff may not be aware of the					
	· ·	I to follow prescribed diets for 10, #11) at Rockwell 2. For					
	revealed the clients chicken nuggets, m spinach, chocolate Continued observat #11 to be served ch	e dinner meal on 1/21/25 to be served dinosaur lacaroni and cheese, cooked pudding, milk and water. tions revealed clients #10 and licken nuggets cut into pieces d client #9 to be served whole					
	revealed the clients toast with jelly, grap observations revea served sausage pa 1-inch or larger and	e breakfast meal on 1/22/25 to be served sausage patties, bes, milk and juice. Continued led clients #10 and #11 to be tties and toast cut into pieces I whole grapes, and client #9 tire meal in whole form.					
	client #9's nutritional indicate his prescrib	cords on 1/22/25 revealed al evaluation dated 2/16/24 to bed diet as ½ inch w of client #10's nutritional					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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W 474	evaluation dated 11/d diet as ½ inch consis nutritional evaluation prescribed diet as ¼ Interview with the QI diet orders for clients current. Continued in	6/24 indicated his prescribed stency. Review of client #11's dated 10/2/24 indicated his inch consistency. DP on 1/22/25 confirmed the #9, #10, and #11 are sterview confirmed staff are ring clients receive their diet	W 4	174				