

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

PRINTED: 04/11/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER SCI-ROANOKE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 103 & 105 CLEARFIELD DRIVE ROANOKE RAPIDS, NC 27870		
(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 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to administer medications to 1 of 7 audit clients (#11) without error. The finding is:</p> <p>Observations in House 2 on 4/2/25 at 7:55am, revealed Staff A wore gloves to apply a topical ointment on the hands and face of client #11. Client #11 had acne marks on her both cheeks, forehead and extremely dry skin underneath her eyes. After the administration, client #11 sat on the sofa at 8:00am and was observed to fan her face quickly several times using her hands.</p> <p>Record review on 4/2/25 of client #11's history of Physician's Orders from 2/15/25 revealed she started using Triamcinolone Ointment 0.1% on 7/24/24. The instructions read to "spread topically to dry skin and patches twice daily for 2 days on and 2 days off from neck down."</p> <p>Record review on 4/2/25 of client #11's dermatology consult from 3/3/25, revealed the reason for referral are psoriasis and acne with continued treatment of Skyrizi.</p> <p>Interview on 4/2/25 with Staff A revealed the skin condition on client #11's face was a "rash" and seemed to be a reaction to one of her medications. Staff A further said she applied the Triamcinolone Ointment 0.1% on client #11's face because the instructions said to apply to affected areas.</p>	W 369			

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 369	Continued From page 1	W 369			
W 460	<p>Interview on 4/2/25 with the Habilitation Specialist and Director revealed they had previously observed client #11 fanning her face and punching her hands but thought she was displaying self-stimulatory behaviors.</p> <p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 3 of 7 audit clients (#2, #8 and #9) received the prescribed modified consistency at meals. The findings are:</p> <p>A. During meal observation in House 1 on 4/1/25 at 5:15pm, client #2 received a minced and moist consistency of cooked ground beef. Client #2 consumed her meal without any noticeable difficulty.</p> <p>Record review on 4/2/25 revealed the physician's orders dated 2/13/25 to receive a regular double portion of pureed consistency at meals.</p> <p>B. During meal observation in House 1 on 4/1/25 at 5:15pm, client #8 received a minced and moist consistency of cooked ground beef. Client #8 consumed his meal without any noticeable difficulty.</p> <p>Record review on 4/2/25 revealed the physician's orders dated 2/13/25 to receive a regular double</p>	W 460			

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W 460	Continued From page 2 portion of pureed consistency at meals. C. During meal observation in House 1 on 4/1/25 at 5:15pm, client #9 received a minced and moist consistency of cooked ground beef. Client #9 consumed his meal without any noticeable difficulty. Record review on 4/2/25 revealed the physician's orders dated 2/13/24 receive an extra double portion of heart healthy pureed consistency at meals. Interview on 4/1/25 with Staff B revealed she used a new industrial blender to process the food for pureed consistency. Interview on 4/1/25 with the Director revealed the facility had purchased new blenders and had the registered dietician train all staff last year and demonstrate how to prepare pureed consistency.	W 460			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that food maintained appropriate temperature during the meal. This affected 2 of 7 audit clients (#6 and #7). The findings are: A. During morning observations in House 2 on 4/2/25 at 7:00am, Staff D prepared scrambled eggs for breakfast and left them in a covered bowl on the counter as she cut up several toasted waffles in a bowl. The food was set on the table at am. At 7:34am, client #7 was observed eating scrambled eggs and waffles for breakfast	W 473			

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W 473	<p>Continued From page 3</p> <p>and was halfway done, when Staff A called her to the medication room to take medicine. Client #7 got up from the table, with food left uncovered and was escorted to the medication room by the Qualified Intellectual Disabilities Professional (QIDP). Client #7 took her medications and returned to the table at 7:40am and completed her meal. Staff D was not observed to reheat client #7's plate of food after she returned from the medication room.</p> <p>B. During morning observations in House 2 on 4/2/25 at, client #6 also received a plate of scrambled eggs and waffles at 7:25am. Client #6 left the table, with food remaining to eat at 7:41am, when Staff A called her to the medication room to take her medicine. The Habilitation Specialist was observed escorting client #6 to and from the medication room. Client #6 returned to the table at 7:47am, her food was not covered or reheated in her absence and she finished eating her meal.</p> <p>During an interview on 4/2/25 with Staff A, she confirmed the prescribed time for the medications were at 7:30am and she began giving medications at 7:00am, which lasted until 8:05am.</p> <p>During an interview on 4/2/25 with the QIDP, she acknowledged the medication administration fell in between breakfast at 7:30am and when they start passing medications at 7:00am. The QIDP revealed Staff D had reheated the food after cooking but not after placement on the table.</p>	W 473			