

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/06/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROCKWELL 1 &amp; 2</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>HIGHWAY 152 EAST 6330 , ROCKWELL, North Carolina, 28138</b>	
(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
W0000	INITIAL COMMENTS  A revisit was conducted on 5/6/26 for all deficiencies cited on 3/4/26. Deficiencies at W130 and W463 have been corrected, however, the remaining deficiencies have not been satisfactorily corrected. The facility remains out of compliance as to W104, W247, W249, W369 and W420.	W0000		
W0104	GOVERNING BODY  CFR(s): 483.410(a)(1)  The governing body must exercise general policy, budget, and operating direction over the facility.  This STANDARD is NOT MET as evidenced by:  Based on observation, record review and interview, the governing body failed to exercise general policy, budget, and operating direction over the facility relative to maintenance and repair. The findings are:  Based on observation, record review and interview, the governing body failed to exercise general policy, budget, and operating direction over the facility relative to maintenance and repair. The findings are:  A. The facility failed to address multiple areas of maintenance and repair at Rockwell 2. For example:  Observation throughout the 3/3-4/26 survey revealed three couches present in the living room with numerous areas of wear and missing fabric. Continued observation in the living room revealed the ceiling to be damaged and crumbling. Further observation throughout the home revealed numerous areas of drywall patch and drywall exposure. Additional observations revealed damage to the floor in the kitchen and medication room. Subsequent observations revealed a missing mirror in the hallway bathroom, a broken closest doorknob with exposed screws in client #8's bedroom, and damaged bedroom furniture stacked on the front porch.	W0104		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0104	<p>Continued from page 1</p> <p>Review of facility records on 3/4/26 revealed two work orders dated 12/6/25 which indicated "baseboards and walls need painting; and floors need replacing in kitchen." Continued review of facility records revealed two work orders dated 10/10/25 which indicated "ceiling in living room needs repaired (water spots); chairs/sofa needs replacing." Further review of facility records revealed another work order dated 10/8/25 which indicated "kitchen floors need repairing, baseboards need painting."</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/4/26 revealed they were aware of the maintenance and repair needs at Rockwell 2. Continued interview confirmed the facility has taken no action to address the maintenance and repair needs at Rockwell 2.</p> <p>B. The facility failed to address areas of maintenance and repair at Rockwell 1. For example:</p> <p>Observations in the Rockwell 1 home throughout the 3/3/26 - 3/4/26 survey revealed a couch present in the living room and further revealed the couch to smell strongly of urine. Further observation revealed no functioning lights in the bedroom/bathroom hallway used by all clients. Continued observation revealed a bathroom which is under construction and in need of completion as it presents an unsafe situation for all clients.</p> <p>Review of facility records on 3/4/26 revealed work orders dated 3/18/25 and 10/13/25, each stating, "Sofa in living room needs to be replaced, smells of urine." Further record review revealed a spreadsheet of requested repairs and maintenance for the Rockwell 1 home containing notations regarding the hallway lights and the unfinished bathroom. According to the spreadsheet, the hallway light replacement was requested on 12/17/25 and the bathroom repair was requested on 11/3/25. The spreadsheet also reveals that no work has begun with respect to these issues.</p> <p>Interview with the QIDP on 3/4/26 confirmed that they are aware of the repairs and maintenance needs in Rockwell 1. Further interview confirmed that the facility has taken no action to address the repair and maintenance issues.</p>	W0104		

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W0104	Continued from page 2 During a revisit on 5/6/26 to address all deficiencies cited on 3/4/26, the following observations were made:  Observations in the Rockwell 1 group home on 5/6/26 revealed that the client bathroom located in the main hallway remains under construction, with no substantial progress visible since the last visit.  Observations in the Rockwell 2 group home on 5/6/26 revealed that the numerous areas of drywall patch and drywall exposure as well as the damaged living room ceiling noted during the original survey remain.  Review of records on 5/6/26 revealed an in-service training form completed 4/24/26 which reads, "Ensure the completion of work orders in a timely manner and high priority survey corrections to ensure the safety of the home and general maintenance. Will update the manager/interested parties in completion or delays in any work orders. All maintenance work orders will be logged in maintenance work order system and necessary completion documentation will be done." The attendance roster is signed by 1 person. The facility was unable to provide any evidence of environmental assessments to ensure all work orders are completed or weekly status reviews on work orders. Further review of records revealed 2 vendor quotes for work needed in the facility's bathroom, but there is no documentation of any action taken with respect to those quotes since they were produced on 3/23/26 and 3/30/26. Continued record review revealed no evidence of vendor quotes obtained with respect to the kitchen floor repair nor status updates from the maintenance coordinator during weekly meetings with the Executive Director.	W0104		
W0247	INDIVIDUAL PROGRAM PLAN  CFR(s): 483.440(c)(6)(vi)  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 ensure that 3 of 6 clients in the Rockwell 1 home (#3, #4 and #5) were given opportunities for choice and self-management with respect to food selection. The findings are:  Observations in the group home during the dinner meal on 3/3/26 revealed the menu to call for pizza,	W0247		

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W0247	<p>Continued from page 3 salad and yogurt. Further observation revealed that, although the pizza was available and served to the other three clients in the home, clients #3, #4 and #5 were served canned pasta instead of the pizza. Continued observation revealed client #5 to request pizza and the staff to tell client #5 to just eat their spaghetti.</p> <p>Record review on 3/4/26 revealed that clients #3, #4, and #5 are prescribed a ground consistency diet, while the remaining clients are prescribed diets which are either pureed or cut into ½" pieces.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/4/26 revealed that there is no reason that the pizza could not have been modified to a ground consistency and offered to the three clients who require a ground diet. Further interview with the QIDP confirmed that clients should be offered opportunities to choose which foods they prefer to eat.</p> <p>During a re-visit on 5/6/26 addressing all deficiencies cited on 3/4/26, record review revealed in-service trainings dated 3/17/26 and 4/7/26 regarding food choices and use of a food processor. Further review of records revealed 9 Mealtime Training Assessments dated 3/9/26 - 4/23/26. The mealtime assessments revealed that several assessed items were consistently marked as unsatisfactory, yet there was no indication of any additional training provided to staff in response to the lack of progress in performing those tasks correctly.</p>	W0247		
W0249	<p>PROGRAM IMPLEMENTATION</p> <p>CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure clients received a continuous active treatment program consisting of needed interventions and services as identified in the Person-Centered Plan (PCP) for 6 of</p>	W0249		

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<p>W0249</p>	<p>Continued from page 4 6 clients in the Rockwell 1 home (#1, #2, #3, #4, #5 and #6) relative to implementing training objectives and providing adaptive equipment. The findings are:</p> <p>A. The facility failed to provide adaptive equipment for client #6 during mealtimes. For example:</p> <p>Observations in the home on 3/3/26 during the dinner meal and 3/4/26 during the breakfast meal revealed a place setting laid on the dining room table for client #6 which included a high-sided divided dish, a maroon spoon, a non-skid mat and 2 regular cups. Further observation revealed client #6 to drink from the regular cups during the dinner, but not during breakfast.</p> <p>Record review revealed a PCP dated 10/21/25 for client #6. Continued review revealed that among client #6's dining and diet supports, occupational therapy "(OT) has recommended a high sided divided dish, flow troll cup, and maroon spoon to help keep client #6 safe during mealtime."</p> <p>Interview with the Qualified Intellectual Disability Professional (QIDP) on 3/4/26 confirmed that client #6's PCP, including dining recommendations, is current and that client #6 should have been provided with a controlled flow cup for their safety during mealtimes.</p> <p>B. The facility failed to implement training objectives and provide an adequate active treatment program for clients #1, #2, #3, #4, #5 and #6 during large amounts of unstructured leisure time. For example:</p> <p>Afternoon observations on 3/3/26 revealed the six clients who reside in Rockwell 1, #1, #2, #3, #4, #5 and #6 to sit in the living room of the home with the television on and without staff interacting with or prompting the clients to engage in any activities other than eating, removing dishes to the sink and personal hygiene for 105 minutes. During this time, staff performed tasks such as preparing dinner, setting the dining room table, preparing lunches for the next day, sweeping the dining room floor and wiping the dining room table without requesting any assistance from clients.</p> <p>Morning observations on 3/4/26 revealed clients #1, #2, #3, #4, #5 and #6 to sit in the living room of the</p>	<p>W0249</p>		

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W0249	<p>Continued from page 5 home with the television on and without staff interacting with or prompting the clients to engage in any activities other than eating, removing dishes to the sink and personal hygiene for 120 minutes.</p> <p>Record review revealed a PCP for client #1 dated 5/7/25 which includes goals such as matching colors, stacking blocks and assisting with laundry.</p> <p>Record review revealed a PCP for client #2 dated 3/21/25 which includes goals such as cleaning their glasses, matching shapes and using sign language.</p> <p>Record review revealed a PCP for client #3 dated 4/14/25 which includes goals such as using a sensory board or other sensory activity, imitating clothing words, placing mealtime items in a bin, participating in oral hygiene care and assisting with punching their medications.</p> <p>Record review revealed a PCP for client #4 dated 2/16/26 which includes goals such as attending to a puzzle, tolerating oral hygiene, and selecting a shirt and pants.</p> <p>Record review revealed a PCP for client #5 dated 10/9/25 which includes goals such as sorting silverware, matching coins, making their bed and cleaning their walker.</p> <p>Record review revealed a PCP for client #6 dated 10/21/25 which includes goals such as matching tokens to cards, matching colors, placing clothes in the washing machine and using appropriate table manners.</p> <p>Interview with the QIDP on 3/4/26 confirmed that all clients' goals are current. Continued interview with the QIDP confirmed that staff should have provided choices of activities and/or preferred items to all clients during leisure time.</p> <p>During a re-visit on 5/6/26 addressing all deficiencies cited on 3/4/26, review of records revealed 9 Interaction/Engagement Assessments dated between 3/4/26 and 4/23/26. Although the assessments indicated consistent unsatisfactory completion of several assessed items such as</p>	W0249		

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W0249	Continued from page 6 clients having goals appropriate to their specific needs and staff being knowledgeable about clients' goals, there is no information regarding additional training or education for staff in order to correct the consistently unsatisfactory assessment.	W0249		
W0369	<p><b>DRUG ADMINISTRATION</b></p> <p>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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 12 clients (client #6) observed during medication administration. The finding is:</p> <p>ased on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 12 clients (client #6) observed during medication administration. The finding is:</p> <p>During observations in the Rockwell 1 home on 3/4/26 at 7:35 AM, client #6 was observed to enter the medication room with staff and to be administered the following medications: divalproex, levothyroxine, naltrexone, senna, benztropine, cyproheptad, glycopyrrol, clonazepam, and olanzapine. Continued observations revealed client #6 to swallow all medications with applesauce at 7:44 AM.</p> <p>Review on 3/4/26 of client #6's physician's orders dated 3/4/26 revealed that the levothyroxine prescription indicates this medication is to be administered at 6:00 AM.</p> <p>Interview with the facility nurse on 3/4/26 confirmed that the prescription order is current and that the levothyroxine should have been administered between 5:00 AM and 7:00 AM.</p> <p>During a re-visit on 5/6/26 addressing all deficiencies cited on 3/4/26, the facility was unable to produce evidence of medication administration observations or weekly meetings between nursing staff and the Executive Director as required by the</p>	W0369		

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W0369	Continued from page 7 Plan of Correction.	W0369		
W0420	<p>CLIENT BEDROOMS</p> <p>CFR(s): 483.470(b)(4)(iv)</p> <p>The facility must provide each client with functional furniture, appropriate to the clients needs.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record review and interview, the facility failed to provide functional furniture, appropriate to the client's needs for 4 of 6 audited clients at Rockwell 2 (#7, #9, #10, #11). The finding is:</p> <p>Based on observation, record review and interview, the facility failed to provide functional furniture, appropriate to the client's needs for 4 of 6 audited clients at Rockwell 2 (#7, #9, #10, #11). The finding is:</p> <p>Observation throughout the 3/3-4/26 survey revealed client #7's room to be missing blinds and curtains and no treatments on the bedroom windows. Continued observation revealed several large holes in the top of client #9's dresser. Further observations revealed broken blinds in client #10's bedroom. Additional observations revealed client #11's bed to have a broken headboard.</p> <p>Review of facility records on 3/4/26 revealed a work order dated 12/6/25 which indicated "client #10's blinds need replacing." Continued review of facility records revealed a work order dated 10/10/25 which indicated "client #9's dresser needs replaced."</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/4/26 revealed they were aware of the needs for client's #7, #9, and #10, and were unaware of client #11's damaged headboard. Continued interview confirmed the facility has taken no action to address the furniture needs for the clients at Rockwell 2.</p> <p>During a revisit on 5/6/26 to address all deficiencies cited on 3/4/26, observations in the Rockwell 2 group home revealed no new bedroom furniture in the home. Further observations revealed that client #11's headboard had simply been removed and not replaced.</p>	W0420		

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W0420	Continued from page 8 Review of records revealed no evidence of weekly communication between the Executive Director, the Business Manager and the Clinical Team as required by the Plan of Correction.	W0420			