

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

PRINTED: 04/26/2018
FORM APPROVED
OMB NO. 0938-0391

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|---|---|---|--|----------------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G074 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 04/24/2018 |
| NAME OF PROVIDER OR SUPPLIER ASHLEY HEIGHTS HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2990 RESERVATION ROAD ABERDEEN, NC 28315 | | |
| (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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record/document review, the facility failed to ensure staff were sufficiently trained to perform their medication technician (MT) duties. The finding is:</p> <p>Proper medication administration procedures were not followed as indicated.</p> <p>During observations of medication administration in the home on 4/24/18 from approximately 8:24am - 8:35am, the MT dispensed medications for two clients. Before the clients consumed their pills, the MT signed their initials on the medication administration record (MAR). Additional observations revealed the staff wore gloves while dispensing medications and completing other tasks. The MT continued to wear the gloves while touching various items in the medication area including an ink pen, keys, various pill cards and the MAR.</p> <p>Immediate interview with the MT revealed they routinely sign the MAR before giving clients their medications. The staff stated, "That's the way I do it." Additional interview indicated they have been trained to wear gloves during medication administration. The staff acknowledged gloves can become contaminated once various items are touched.</p> | W 189 | | | |

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

TITLE

(X6) DATE

Samantha Scott *Admiral* *5/2/18*

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 189 | Continued From page 1 Review on 4/24/18 of the facility's guidelines for Medication Administration for Non-Licensed Personnel (no date) revealed, "Never sign off on the MAR prior to giving a medication. Always sign after you observe the individual swallowing the medication." The guidelines encouraged handwashing while dispensing medications. Interview on 4/24/18 with the QIDP confirmed MTs should wait for clients to consume their medications before signing MAR. Additional interview indicated staff have not been trained to wear gloves throughout medication administration. | W 189 | <p style="text-align: center;">DHSR-Mental Health MAY 07 2018 Lic. & Cert. Section</p> | | |
| W 249 | 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 staff interviews, the facility failed to ensure a pattern of interactions supported the individual program plans (IPP) for 3 of 3 audit clients (#4, #5, #6), specific to diet consistency and medication administration. The findings are: 1. Client #5's diet consistency was not followed | W 249 | | | |

ASHLEY HEIGHTS

W189 STAFF TRAINING PROGRAM

The Facility will provide initial and continuing training with each employee to perform his or her duties effectively, efficiently and completely.

The RN/LPN will retrain staff sufficiently to perform medication administration duties.

The RN/LPN will increase medication observations 3x per month for 3 consecutive months to ensure medications are being administered effectively, efficiently, and competently.

W249 PROGRAM IMPLEMENTATION

The Facility will ensure that all clients receive 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.

1.The QP and LPN will ensure staff are re-in-service on client #5's correct food diet consistency.

The QP/ Vocational Coordinator/ Hab. Spec will conduct increased Mealtimes assessments three times per month for three consecutive months to ensure diet followed as written.

2.The RN/LPN will re-in-service Client #4's medication administration skills.

The RN/LPN will increase medication observations 3x per month for 3 consecutive months to ensure all clients are given the opportunity to be as independent as possible during medication administration.

3.The RN/LPN will re-in-service that Client #6 medication administration skills

The RN/LPN will increase medication observations 3x per month for 3 consecutive months to ensure all clients are given the opportunity to be as independent as possible during medication administration.

Completion Date: June 22, 2018.

