

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

PRINTED: 06/15/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/14/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLDEN GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>517 NORTH HOLDEN ROAD</b> <b>GREENSBORO, NC 27410</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	
W 000	INITIAL COMMENTS  There were no deficiencies cited during the complaint investigation; however, an unrelated standard level deficiency was cited during the survey.	W 000			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)  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, document review and interview, the facility failed to ensure all medications were kept locked except during administration. The finding is:  The medication cart was not kept locked.  During observations in the home on 6/14/18 from 7:58am - 8:19am, the medication cart was located in the front entry area of the home and adjacent to the living room and hallway. During this time, the cart was unlocked and accessible to anyone in the home. Several clients and staff were periodically observed to be in the same area as the unlocked medication cart. No medications were being administered at this time.  Immediate staff interview revealed the medication cart should be kept locked when not in use.  Review on 6/14/18 of the facility's medication storage policy (revised February 2016) revealed, "7. Compartments containing medications are locked when not in use. Trays or carts used to	W 382			

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 382	Continued From page 1 transport such items are not left unattended. (Compartments include, but are not limited to drawers, cabinets, rooms, refrigerators, carts, and boxes.)..."  Interview on 6/14/18 with the facility's nurse confirmed the medication storage policy was current and staff should be following it as written.	W 382		