

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

PRINTED: 06/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/26/2018
NAME OF PROVIDER OR SUPPLIER SHELBURNE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2524 SHELBURNE PLACE CHARLOTTE, NC 28227		
(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 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure all medications were kept locked except when being prepared for administration. The finding is:</p> <p>Observations conducted on 6/25/18 at 5:15 PM revealed the medication storage/administration cart containing medications prescribed for clients residing in the home was located in the foyer of the home. Continued observation revealed the medication storage cart was left unlocked and unattended by staff from 5:15 PM until 5:30 PM.</p> <p>Interview with the facility's nurse, conducted on 6/26/18, verified prescribed medications including controlled drugs, were located in the medication cart. Continued interview with the nurse verified the medication cart should remain locked at all times when unattended by staff assigned to administer medications.</p>	W 382			
W 383	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure only authorized persons have access to the keys to the drug storage area. The</p>	W 383			

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 383	<p>Continued From page 1 finding is:</p> <p>Observations conducted on 6/26/18 at 6:50 AM revealed the medication storage/delivery cart was located in the foyer of the home. Continued observations revealed the medication cart was locked, however, the keys to the medication cart were lying on the top of the cart, accessible to all clients, staff and surveyors present in the home. The medication cart was further observed to remain unattended by staff with the keys remaining on top of the cart until 7:30 AM. Therefore, the keys to the medication storage area were accessible to unauthorized persons for a period of 40 minutes during the morning of 6/26/18.</p> <p>Interview conducted on 6/26/18 with the facility's nurse revealed the keys to the medication cart used to store and administer medication should be kept on the person of the staff assigned to medication administration at all times.</p>	W 383			