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

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

NAME OF PROVIDER OR SUPPLIER SHELBURNE PLACE SHELBURNE PLACE (X4) ID	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
SHELBURNE PLACE SILMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) TAGE			34G213	B. WING			06/26/2018		
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 observation and interview, the facility and it medications cart containing medications prescribed medications including controlled drugs, were located in the medication. PREFIX TAGS W 382 W 382 & W 383 RHA Health Services, LLC will ensure all medications are locked and secured except when being prepared for administration to the individuals supported by: 1) In-servicing employees to keep the Medication Cart locked at all times when not in use. When in use, staff will not leave the cart unattended at anytime. 2) In-servicing employees to keep the Medication Cart on the person of the assigned Med Tech for each shift at all times. RHA Health Services, LLC will ensure compliance with these policies and practices by completing at least two (2) Mediation Observation Assessments each week for 60 days by the Group Home Supervisor, Habilitation Specialist, QP or LPN. This process will be emotived and times when unattended by staff sassigned to administer medications. W 383 W 383 DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. PREFIX TAG W 382 W 382 W 382 W 382 W 383 RHA Health Services, LLC will ensure except when being prepared for administration to the individuals supported by: 1) In-servicing mployees to keep the Medication Cart on the person of the assigned Med Tech for each shift at all times. RHA Health Services, LLC will ensure all medications or to the individuals supported by: 1) In-servicing mployees to keep the Medication Cart on the person of the assigned Med Tech for each shift at all times. RHA Health Services, LLC will ensure compliance with these policies and practices by completing at least two (2) Mediation Observation Assessments each week for 60 days by the Group Home Supervisor, Habilitat				•	STREET ADDRESS, CITY, STATE, ZIP CODE 2624 SHELBURNE PLACE				
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access to the keys to the drug storage area. The		Based on observation failed to assure on	ation and interview, the facility ly authorized persons have		^	l Y		9/	

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
34G213			B. WING			06/26/2018	
NAME OF PROVIDER OR SUPPLIER SHELBURNE PLACE				25	REET ADDRESS, CITY, STATE, ZIP CODE 124 SHELBURNE PLACE HARLOTTE, NG 28227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			iΧ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SHOULD BE COMPLET	
W 383	finding is: Observations conducted in the foyer of observations revealed locked, however, the were lying on the top clients, staff and sun. The medication cart remain unattended be remaining on top of Therefore, the keys area were accessible a period of 40 minute 6/26/18. Interview conducted nurse revealed the lease of the store and accessible and accessible aperiod of the minute for the following the f	cted on 6/26/18 at 6:50 AM tion storage/delivery cart was of the home. Continued at the medication cart was a keys to the medication cart of of the cart, accessible to all veyors present in the home. was further observed to by staff with the keys the cart until 7:30 AM. To the medication storage at the unauthorized persons for es during the morning of		383			