

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

PRINTED: 08/30/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/24/2018
NAME OF PROVIDER OR SUPPLIER GRANVILLE ICF/MR GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5509 DORSEY ROAD OXFORD, NC 27565		
(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 369	<p>DRUG ADMINISTRATION 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: Based on observations, record review and interview, the facility failed to assure all medications were administered without error for 1 of 2 audit clients (#5). The finding is:</p> <p>Client #5 was not administered all of his medications without error.</p> <p>During medication administration observations in the hotel on 8/24/18 at 7:32am, client #5 received only three medications Metoprolol 25mg, Prilosec 20mg and Oys Calc 500. The medication technician and another staff revealed they could not locate client #5's Lactulose.</p> <p>Review on 8/24/18 of client #5's physician's order dated 7/2018 revealed an additional 7am medication which was not administered at 7:32am, "LACTULOSE SOL...(30ML)...7:00AM 8:00PM."</p> <p>During an interview on 8/24/18, the nurse confirmed client #5's physician's orders were current and as documented on the medication administration record (MAR) client #5 did not receive his Lactulose during the observed medication administration.</p>	W 369			

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.