	-	ID HUMAN SERVICES					APPROVED
	S FOR MEDICARE &	MEDICAID SERVICES				OMB NC	0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G274		B. WING _			09/05/2018	
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
				461	7 LOCKLEY ROAD		
LOCKLEY	ROAD			но	LLY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF CORRECTION(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIX(EACH CORRECTIVE ACTION SHOULD BEREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			3E	(X5) COMPLETION DATE		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on record review and interview, the facility's drug administration system failed to assure all drugs were administered in compliance with physician's orders for 1 of 1 audit clients (#6). The finding is: Client #6 did not receive her prescribed Benztropine 1mg due to unavailability prior to 9/4/18.		w a	368			
	9/5/18 at 5:39am, clie 0.5mg along with her medications. When the checked for accuracy current physician's or Mesylate is 1 MG Ora Benztropine Mesylate later located on the vol- medication cabinet ar medication bin. The n the facility on 9/4/18 ( surveyor). However, Benztropine 0.5mg m medication bin and w	he medications were being , it was noted client #6's der for Benztropine al Tablet. Client #6's = "1 MG" medication was ery top shelf of the ned not filed in client #6 nedication was delivered to in the presence of the client #6's old medication edication remained in her as not removed nor / Benztropine dosage of					
	dated 8/2018 reveale MG Oral TabletTake	client #6's physician's orders d, "Benztropine Mesylate 1 e 1 tablet (1mg) by mouth 2			TITLE		(X6) DATE

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

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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## FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING \_\_\_ 34G274 B. WING 09/05/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4617 LOCKLEY ROAD LOCKLEY ROAD HOLLY SPRINGS, NC 27540 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 368 Continued From page 1 W 368 times per day." Review on 9/5/18 of client #6's medication administration record (MAR) - Quick MAR dated 9/2018 revealed no documentation for the new medication dosage of. "Benztropine Mesvlate 1 MG." Client #6 did not receive her Benztropine Mesylate 1 MG medication as ordered, due to it not being available for administration prior to 9/4/18. The new medication dosage of, "Benztropine Mesylate 1 MG" was available in the home on the afternoon of 9/4/18. However, the old medication dosage of, "Benztropine Mesylate 0.5 MG was not removed and replaced from client #6's medication bin resulting in the old medication being administered during the morning medication administration on 9/5/18. During an interview on 9/5/18, the nurse confirmed client #6's medication should have been received and started before 9/5/18. While the nurse was trying to locate the medication in the home and via telephone with the pharmacy, she revealed no one had let her know the medication was not available for client #6. W 369 DRUG ADMINISTRATION W 369 CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. 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 (#6) medication administrations.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PRINTED: 09/19/2018

CENTERS FOR MEDICARE & MEDICAID SERVICES         STATEMENT OF DEFICIENCIES         IND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         34G274		(X2) MULTIF	PLE CONSTRUCTION		OMB NO. 0938-039 (X3) DATE SURVEY	
		A. BUILDING			COMPLETED	
		B. WING		09/05/2018		
NAME OF PI	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE		
LOCKLEY	ROAD			4617 LOCKLEY ROAD HOLLY SPRINGS, NC 27540		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE
W 369	Continued From page 2 The finding is:		W 36	59		
	Client #6 was not administered her Benztropine Mesylate 1 MG as per the physician's orders.					
	#6 received Benztrop other prescribed med	n administration ome 9/5/18 at 5:39am, client bine 0.5mg along with her dications. The other ingested curate as per the physician's				
	dated 8/2018 reveale	client #6's physician's orders ed, "Benztropine Mesylate 1 e 1 tablet (1mg) by mouth 2				
W 392	current and client #6 Benztropine 1mg as Further interview con wrong milligrams (mg 0.5mg, during the ob administration on 9/5	physician's orders were should have received ordered by the physician. firmed client #6 received the g) dosage of Benztropine, served medication /18.	W 39	92		
	designated for a part	from the client's current				
		not met as evidenced by: ons, record review and failed to assure all				

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## FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G274 B. WING 09/05/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4617 LOCKLEY ROAD LOCKLEY ROAD HOLLY SPRINGS, NC 27540 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 392 Continued From page 3 W 392 medications packaged in containers designated for a particular client was immediately removed from the client's current medication supply when discontinued by the physician. This affected 1 of 2 audit clients (#6) observed medication administrations. The finding is: Client #6's Benztropine 0.5mg medication was not removed immediately from her current medication supply. During the medication administration observations in the home 9/5/18 at 5:39am, client #6 received Benztropine 0.5mg along with her other prescribed medications. The other ingested medications were accurate as per the physician's orders. During observations of client #6's medication bin on 9/5/18 revealed the medication Benztropine 0.5mg, was discontinued. The Benztropine 0.5mg medication dosage was still being administered to client #6 as of 9/5/18. The Benztropine 0.5mg medication should have been removed from client #6's medication bin when the new physician's order was obtained for, "Benztropine Mesylate 1 MG Oral Tablet...Take 1 tablet (1mg) by mouth 2 times per day." During observations in the home of the medication closet on 9/5/18, client #6's new medication Benztropine 1mg had been delivered to the facility on 9/4/18 (during the presence of the surveyor). However, client #6's old medication Benztropine 0.5mg medication remained in her medication bin and was not removed nor replaced with new the medication Benztropine 1mg medication (received at the facility on 9/4/18).

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		ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 09/19/2018 MAPPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G274	B. WING		09/05/2018		
NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
LOCKLEY	ROAD		4617 LOCKLEY ROAD HOLLY SPRINGS, NC 27540				
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 392	Continued From page 4 Review on 9/5/18 of client #6's physician's orders dated 8/2018 revealed, "Benztropine Mesylate 1 MG Oral TabletTake 1 tablet (1mg) by mouth 2 times per day."		W 392				
	the old medication sh	n 9/5/18, the nurse revealed ould have been removed cation bin and replaced with nedication.					

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Event ID: 8TUU11

Facility ID: 955751

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