PRINTED: 06/15/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING_ B. WING 34G276 06/14/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 517 NORTH HOLDEN ROAD HOLDEN GROUP HOME GREENSBORO, NG 27410 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 000 | INITIAL COMMENTS W 000 There were no deficiencies alted during the complaint investigation; however, an unrelated standard level deficiency was cited during the survey. W 382 W 982 W 382 DRUG STORAGE AND RECORDKEEPING CFR(s): 463.460(l)(2) The Nurse will in-service all staff on ensuring all medications are kept The facility must keep all drugs and biologicals locked except when being prepared for locked and not left unattended when administration. they are not being administered. The clinical team will monitor through Medication Administration This STANDARD is not met as evidenced by: Based on observations, document review and observations and Interaction interview, the facility failed to ensure all Assessments 2x a week for one month medications were kept locked except during and then on a routine basis. In the administration. The finding is: future, the Qualified Professional will The medication cart was not kept locked. ensure all medications are kept locked and not left unattended when not During observations in the home on 6/14/18 from being administered. 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 By: 8/13/18 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

Any deficiency statement ending with an esteriek (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other aguards provide autificient 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 tollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

Event ID: COP411

program participation.

(X6) DATE

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

No. 8938 P. 6/6

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CENTERS FOR MEDICARE & MEDICARD GERVICES							<u>. 0938-0391</u>	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
34		34G276	6 B. WNG			C 06/14/2018		
NAME OF PR	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE		•	
HOLDEN GROUP HOME				517 NORTH HOLDEN ROAD GREENSBORO, NC 27410				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG	ΊX	PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	OULD BE COMPLETION		
W 382	(Compartments includrawers, cabinets, roand boxes.)" Interview on 6/14/18 confirmed the medical	are not left unattended. de, but are not limited to oms, refrigerators, carts, with the facility's nurse ation storage policy was uld be following it as written.	W	382				
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