

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

PRINTED: 09/19/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G274	MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 09/05/2018
--	--	---	--

NAME OF PROVIDER OR SUPPLIER LOCKLEY ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>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:</p> <p>Client #6 did not receive her prescribed Benzotropine 1mg due to unavailability prior to 9/4/18.</p> <p>During observations of the medication pass on 9/5/18 at 5:39am, client #6 received Benzotropine 0.5mg along with her other prescribed medications. When the medications were being checked for accuracy, it was noted client #6's current physician's order for Benzotropine Mesylate is 1 MG Oral Tablet. Client #6's Benzotropine Mesylate "1 MG" medication was later located on the very top shelf of the medication cabinet and not filed in client #6 medication bin. The medication was delivered to the facility on 9/4/18 (in the presence of the surveyor). However, client #6's old medication Benzotropine 0.5mg medication remained in her medication bin and was not removed nor replaced with the new Benzotropine dosage of 1mg (received at the facility on 9/4/18).</p> <p>Review on 9/5/18 of client #6's physician's orders dated 8/2018 revealed, "Benzotropine Mesylate 1 MG Oral Tablet..Take 1 tablet (1mg) by mouth 2</p>	W 368	<p>This deficiency will be corrected by the following actions:</p> <p>368</p> <ul style="list-style-type: none"> A. Clinical Supervisor and/or RN will in-service all staff on medication procedures for all residents living at Lockley B. Home Supervisor will monitor weekly to ensure that all medication procedure is completed per the physician orders. C. Clinical Supervisor will monitor bi-monthly. D. RN will monitor bi weekly <p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">SEP 26 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	11-3-18
-------	---	-------	--	---------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Keisha Douglas Program Manager</i>	TITLE	(X6) DATE 9-20-18
--	-------	----------------------

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.

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

PRINTED: 09/19/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G274	MULTIPLE CONSTRUCTION A BLDG _____ B WING _____		(X3) DATE SURVEY COMPLETED 09/05/2018
NAME OF PROVIDER OR SUPPLIER LOCKLEY ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 368	Continued From page 1 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 Mesylate 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 368	Refer to page 1	11-3-18	
W 369	DRUG ADMINISTRATION 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.	W 369	Refer to page 3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G274	<input checked="" type="checkbox"/> MULTIPLE A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 09/05/2018
NAME OF PROVIDER OR SUPPLIER LOCKLEY ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 369	Continued From page 2 The finding is: Client #6 was not administered her Benztropine Mesylate 1 MG as per the physician's orders. 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. Review on 9/5/18 of client #6's physician's orders dated 8/2018 revealed, "Benztropine Mesylate 1 MG Oral Tablet...Take 1 tablet (1mg) by mouth 2 times per day." During an interview on 9/5/18, the nurse confirmed client #6's physician's orders were current and client #6 should have received Benztropine 1mg as ordered by the physician. Further interview confirmed client #6 received the wrong milligrams (mg) dosage of Benztropine, 0.5mg, during the observed medication administration on 9/5/18.	W 369	W369 This deficiency will be corrected by the following actions: A. Clinical Supervisor and/or Home Supervisor will in-service and train support staff on the appropriate protocol concerning medication administration to ensure that medications are administered without error and in accordance with physician orders. B. Home Supervisor will monitor MAR documentation daily and medication administration weekly. C. Clinical Supervisor will monitor MAR documentation weekly and medication administration bi-monthly.	11-3-18
W 392	DRUG LABELING CFR(s): 483.460(m)(3) Drugs and biologicals packaged in containers designated for a particular client must be immediately removed from the client's current medication supply if discontinued by the physician. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure all	W 392	Refer to page 4	

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

PRINTED: 09/19/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G274	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A ELDER B WING		(X3) DATE SURVEY COMPLETED 09/05/2018
NAME OF PROVIDER OR SUPPLIER LOCKLEY ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 392	<p>Continued From page 3</p> <p>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:</p> <p>Client #6's Benztropine 0.5mg medication was not removed immediately from her current medication supply.</p> <p>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.</p> <p>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."</p> <p>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).</p>	W 392	<p>This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. Nurse will in-service all staff on the appropriate/acceptable removing of medication B. Home Supervisor will monitor medication administration weekly and/or correct medications that are in bin. C. Clinical Supervisor will monitor medication administration and /or check medications that are in medication bins bi-monthly. 		11-3-18

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

PRINTED: 09/19/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G274	MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____		(X3) DATE SURVEY COMPLETED 09/05/2018
NAME OF PROVIDER OR SUPPLIER LOCKLEY ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(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, "Benzotropine Mesylate 1 MG Oral Tablet...Take 1 tablet (1mg) by mouth 2 times per day." During an interview on 9/5/18, the nurse revealed the old medication should have been removed from client #6's medication bin and replaced with the new 1 milligram medication.	W 392	Refer to page 4	11-3-18	