

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

PRINTED: 11/01/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/18
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SANDRIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539
---	---

(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 389	<p>DRUG LABELING CFR(s): 483.460(m)(1)(ii)</p> <p>Labeling for drugs and biologicals must include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure all biologicals and medications were labeled in an acceptable manner for 1 of 5 audit clients (#5). The finding is:</p> <p>Client #5's external feeding bags were nit labeled in Sandridge 1.</p> <p>During observations on 10/29/18 at 4:15pm client #5 was sitting in a recliner in the activity room of Sandridge 1 receiving his external feeding. Two bags were hung from a intravenous pole. One bag had clear liquid infusing out of the bag and the other bag had a brown liquid infusing out into the IV line. Additional observation revealed neither of these enteral feeding bags were labeled.</p> <p>During immediate interview on 10/29/18 with direct care staff she stated client #5 has a jejunostomy and receives his nutrition through a "J tube". She stated he receives his enteral nutrition infused over several hours. When staff was questioned what the feeding included she stated he received several cans of Jevity and another bag of water infused over several hours. She explained direct care staff set up the enteral feeding and that occasionally during the week the</p>	W 389	<p>The Nurses will Re-In service all medication technicians administering Enteral Feedings by pump to assure that policies regarding the labeling of biological feedings are followed. The Nurses will Audit the Homes affected by this policy twice weekly and at other times as needed for a period of 30 days to assure compliance. If problems are identified they will act immediately to re-train staff and correct the issue. The Director of Nursing and Programming Director will be informed of any non-compliance issues.</p>	12/24/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Vanessa Erwi* TITLE *President* (X6) DATE *11/5/2018*

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: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/18
NAME OF PROVIDER OR SUPPLIER SANDRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539	
(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 389	<p>Continued From page 1 facility nurses check the feedings to ensure they are accurate.</p> <p>Review on 10/30/18 of client #5's individual program plan (IPP) revealed he receives his enteral nutrition through a jejunostomy. His prescribed diet is 1800 calorie modified carbohydrate with a limited fluid schedule 80-100 ounces per day.</p> <p>Review on 10/30/18 of client #5's physician orders dated 7/25/18 revealed "Jevity 1.5 75 ml. 3pm-7am Total 1170 ml. via pump 1500. Water flush 120 ml. at 3pm, 12 midnight, 4am, 7am, 11pm, 4am, 3pm."</p> <p>Interview on 10/30/18 with the Director of Nursing Services revealed direct care staff are instructed during their medication administration classes to label each enteral feeding bag with what the contents include, when the bag was started and the expiration date.</p>	W 389	<p>The Nurses will Re-In service all medication technicians administering Enteral Feedings by pump to assure that policies regarding the labeling of biological feedings are followed. The Nurses will Audit the Homes affected by this policy twice weekly and at other times as needed for a period of 30 days to assure compliance. If problems are identified they will act immediately to re-train staff and correct the issue. The Director of Nursing and Programming Director will be informed of any non-compliance issues.</p>	12/24/18