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

PRINTED: 11/21/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G015	B. WING _			11/2	20/2018
NAME OF PROVIDER OR SUPPLIER FOX RUN/ROBIN'S NEST GROUP HOME				38	TREET ADDRESS, CITY, STATE, ZIP CODE 845 ROBIN'S NEST ROAD A GRANGE, NC 28551		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE
W 382	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		W	382	DEFICIENCY)		
	oompartments cor	itaning medications are					

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.

Facility ID: 922017A

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		34G015	B. WING _			11/20/2018	
NAME OF PROVIDER OR SUPPLIER FOX RUN/ROBIN'S NEST GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP C 3845 ROBIN'S NEST ROAD LA GRANGE, NC 28551	CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE	
W 382	locked when not in us transport such items a (Compartments included drawers, cabinets, rockboxes)" Interview on 11/20/18 indicated all medicated	ee. Trays or carts used to are not left unattended. de, but art not limited to oms, refrigerators, carts and with the facility's nurse on technicians have been eations secured when not in riew confirmed the	Wa	882			