

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:  <b>34G015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX RUN/ROBIN'S NEST GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3845 ROBIN'S NEST ROAD LA GRANGE, NC 28551</b>		
(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 382	<p><b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility failed to ensure all medications remained locked except during preparation for administration. This potentially affected all clients residing in the home. The finding is:</p> <p>Medications were not kept locked.</p> <p>Upon arrival to the home on 11/20/18 at 6:18am, the medication cart was observed to be unlocked. The cart remained unlocked until 6:45am after the first shift medication technician arrived and observed it. While the medication cart remained unlocked, several staff and clients were noted to walk near the cart and/or in the area where the cart was located. During this time, the medications were unsecured and accessible to anyone in the home.</p> <p>Immediate interview with the 3rd shift medication technician (MT) revealed she had recently given medications to one client in the home. The MT acknowledged she had left the cart unlocked stating, "That was my fault." Additional interview indicated she had been trained to keep the medication cart locked when not in use.</p> <p>Review on 11/20/18 of the facility's Nursing Policy and Procedure Manual (dated September 2016) revealed under Storage of Medications, "...Compartments containing medications are</p>	W 382	<p>Third shift Medication Technician will attend Medication Administration training again. All Medication Technicians will be re-inserviced to ensure medications are secured by ensuring medication cart is locked.</p> <p>Informal monitoring to occur through daily observations by QP and/or Group Home Supervisor. Formal monitoring to occur through Medication Pass Audits to be completed bi-monthly by the Group Home Supervisor.</p>	1/18/19	

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

TITLE

(X6) DATE

*Melissa Fleming*

*center facility Administrator*

*11/27/18*

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.

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W 382	Continued From page 1 locked when not in use. Trays or carts used to transport such items are not left unattended. (Compartments include, but are not limited to drawers, cabinets, rooms, refrigerators, carts and boxes)..."  Interview on 11/20/18 with the facility's nurse indicated all medication technicians have been trained to keep medications secured when not in use. Additional interview confirmed the medication cart should not have been left unlocked.	W 382			