

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

PRINTED: 12/19/2018
FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2018
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NAME OF PROVIDER OR SUPPLIER WASHINGTON STREET EAST GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 407 WEST WASHINGTON STREET LA GRANGE, NC 28551
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(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
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W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure all medications administered during the morning medication pass on 12/18/18 were administered without error as evidenced by observation, interview and record verification for 2 of 3 audit clients (#4, #5). The findings are:</p> <p>1. Direct care staff did not administer client #5's medication and treatments which were ordered by the physician.</p> <p>a. During observations on 12/18/18 of the morning medication administration pass at 7:00am client #5 came to the medication room. Direct care staff administered Vitamin D3 200mg (1), Synthroid 50mcg. (1), Desmopressin 0.2 mg (1), Clonidine 0.1 mg (1), Cortef 10mg. (1/2 pill) and Tegretol 200mg. (1). Staff took out a pill packet for Jolessa 0.15mg. (Levonorgestrol and Ethinyl Estradiol tablets 0.15mg/0.03mg.) and explained the pill packet was empty and was not re-ordered. Client #5 did not receive Jolessa 0.15mg.</p> <p>Review on 12/18/18 of the physician orders for client #5 dated 11/29/18 revealed she was to receive the following at 8am: Vitamin D3 200mg (1), Synthroid 50mcg. (1), Desmopressin 0.2 mg (1), Clonidine 0.1 mg (1), Cortef 10mg. (1/2 pill), Tegretol 200mg. (1) and Jolessa 0.15mg. (Levonorgestrol and Ethinyl Estradiol tablets</p>	W 369	<p>W 369: Drug Administration</p> <p>The facility will assure that all medications are administered according to Physician's Orders, including those that are self-administered, without error.</p> <p>The facility will provide additional staff training provided by RN/LPN to ensure that staff understands proper medication administration procedures.</p> <p>Monitoring/Frequency: RN/LPN, QP/IID, and RSS will monitor for efficiency and consistency on a weekly basis.</p> <p>DHSR - Mental Health</p> <p>JAN 04 2019</p> <p>Lic. & Cert. Section</p> <p>DHSR - Mental Health</p>	2-17-19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Camelia Hill</i>	TITLE <i>Program Director</i>	(X6) DATE <i>12/27/18</i>
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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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:OSZ811

Facility ID: 945081

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/18/2018
NAME OF PROVIDER OR SUPPLIER WASHINGTON STREET EAST GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 407 WEST WASHINGTON STREET LA GRANGE, NC 28551		
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W 369	<p>Continued From page 1 0.15mg/0.03mg.) .</p> <p>Immediate interview on 12/18/18 with the direct care staff administering medications revealed it is the responsibility of the medication technician to let the facility nurses know several days before a medication pill pack is empty.</p> <p>Phone interview with a facility nurse on 12/18/18 revealed she had not been notified client #5's Jolessa 0.15mg. needed to be refilled. She confirmed it is the responsibility of the medication technician to let the facility nurses know several days before a medication pill pack is empty. Further interview confirmed at 9:00am on 12/18/18 this omission was considered to be outside the medication administration time and was considered a medication error.</p> <p>b. During toothbrushing client #5 did not receive Chlorhex Gluconate solution 0.12% rinse.</p> <p>During observations on 12/18/18 of the morning medication administration pass at 7:00am client #5 came to the medication room. Direct care staff administered Vitamin D3 200mg (1), Synthroid 50mcg. (1), Desmopressin 0.2 mg (1), Clonidine 0.1 mg (1), Cortef 10mg. (1/2 pill) and Tegretol 200mg.</p> <p>During observations on 12/18/18 at 8:20am of client #5's toothbrushing revealed staff took her into the bathroom, she applied toothpaste to her toothbrush. She put the toothbrush under water and brushed all surfaces of her teeth. She had mouthwash in her grooming kit but it was not used at any point during toothbrushing.</p> <p>Review on 12/18/18 of client #5's physician</p>	W 369		2-17-19
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Event ID:OSZ811

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If continuation sheet Page 2 of 3

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			(X5) COMPLETION DATE

<p>W 369</p>	<p>Continued From page 2</p> <p>orders dated 11/29/18 revealed an order for Chlorhex Gluconate solution 0.12% rinse at 8am.</p> <p>Phone interview on 12/18/18 with the facility nurse confirmed the physician's order for Chlorhex Gluconate solution 0.12% rinse is current and should be administered in the morning after toothbrushing.</p> <p>2. Direct care staff did not administer client #4's nasal spray as ordered by the physician.</p> <p>During observations on 12/18/18 of the medication administration pass at 7:35am client #4 administered Astepro nasal spray (1) spray each nostril while being monitored by direct care staff. She also received Mobic 15mg. (1), Singulair 10mg. (1), Paxil 20mg. (1) and Xanax 0.5 mg. (1).</p> <p>Review on 12/18/18 of the physician orders dated 11/28/18 for client #4 revealed she was to receive: Astepro nasal spray (2) sprays each nostril, Mobic 15mg. (1), Singulair 10mg. (1), Paxil 20mg. (1) and Xanax 0.5 mg. (1) at 8am.</p> <p>Phone interview on 12/18/18 with the facility nurse confirmed client #4 should receive Astepro nasal spray (2) sprays each nostril as ordered by the physician on 11/29/18.</p>	<p>W 369</p>		<p>2-17-19</p>
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