

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

PRINTED: 01/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G352		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2019	
NAME OF PROVIDER OR SUPPLIER HILLTOP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 2820 KIDD ROAD RALEIGH, NC 27610			
(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>DRUG STORAGE AND RECORDKEEPING 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 and interviews, the facility failed to ensure all medications remained locked. The finding is:</p> <p>The medications were left unsecured and unsupervised.</p> <p>During morning medication administration in the facility on 1/23/19, the nurse left the medication cart unlocked while she left the area to obtain some water.</p> <p>During an immediate interview the nurse stated, "Yes, the med cart should have been locked."</p> <p>Review on 1/23/19 of the facility's medication administration policy dated 6/12 revealed, "Policy: To ensure medication is administered safely and accurately. Procedure: ...17. NEVER LEAVE THE MEDICATION CART UNLOCKED...."</p> <p>During an interview on 1/23/19, the nursing manager revealed during orientation for newly hired nurses, the facility goes over what is expected. The nursing manager also revealed the newly hired nurses take a test which informs them they are never to leave the medication cart unlocked, even if they walk down the hallway to a client's bedroom.</p>			W 382			

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.