| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G300 | A. BUILDING _____ B. WING _____ | 02/26/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FRANK STREET ICF/MR | 719 FRANK STREET ROXBORO, NC 27573 |

| (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 192 | STAFF TRAINING PROGRAM<br>CFR(s): 483.430(e)(2)<br><br>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.<br><br>This STANDARD is not met as evidenced by:<br>Based on interviews and document/record reviews, the facility failed to ensure staff were sufficiently trained on competencies directed towards client's health needs. This affected 1 of 4 audit clients (#5). The finding is:<br><br>Nursing staff was not informed of client #5 missing a bowel movement for more than 3 days.<br><br>Review of client #5's individual program plan (IPP) revealed a need to monitor for constipation.<br><br>Review on 2/25/19 of client #5's physician's order dated 1/23/19 revealed an order: "Miralax1/2 capful daily X's2 days if no stool in 3 dys, Dulcolax Suppository if no stool in 5 days." Further review of medication adminstration record (MAR) revealed no Miralax or dulcolax was adminstered in the month of January and February 2019.<br><br>Review on 2/25/19 of the client #5's 2019 bowel movement record revealed the client had no bowel movements recorded on 1/1-25/19 and 2/8-13/19.<br><br>Interview on 2/26/19 with the qualified intellectual disabilities professional (QIDP) confirmed she was not aware client #5's bowel movements were not regular and staff were suppose to communicate with the nurse if there is no bowel | W 192 | | |

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.

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|---|---|---|---|---|
| W 192 | Continued From page 1<br>movement in 3 days. | W 192 | | |
| W 324 | PHYSICIAN SERVICES<br>CFR(s): 483.460(a)(3)(ii)<br><br>The facility must provide or obtain annual physical examinations of each client that at a minimum includes immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure all immunizations were current for 1 of 4 audit clients (#6). The finding is:<br><br>Client #6 did not receive a tetanus booster as recommended.<br><br>Review on 2/25/19 of client #6's record revealed she had was admitted to the facility on 11/20/1995. Additional review of the client's immunization record reveal a tetanus booster was administered 10/18/2005.<br><br>Interview on 2/26/19 with the qualified intellectual disabilities professional (QIDP) confirmed a tetanus booster should be adminstered every 10 years. Further interview confirmed client #6 had not received a tetanus booster on timely manner. | W 324 | | |
| W 368 | DRUG ADMINISTRATION<br>CFR(s): 483.460(k)(1)<br><br>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. | W 368 | | |

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|---|---|---|---|---|
| W 368 | Continued From page 2 | W 368 | | |

This STANDARD is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to ensure a physician's orders were followed as written for 2 of 4 audit clients (#1, #2). The findings are:

1. Physician's orders were not followed as indicated for client #1.

During observations of medication administration in the home on 2/25/19 at 5:18pm, staff mixed miralax with applesauce and it was fed to client #1.

Review on 2/25/19 of client #1's physician's orders dated 1/23/19 revealed an order for, "Miralax, mix 1 capful to the indicated line (17GM) in 6 OZ fluid and take by mouth daily."

Interview on 2/25/19 with the medication technician (MT) revealed, client #1 always ingests their Miralax when mixed with applesauce.

Interview on 2/26/18 with the qualified intellectual disabilities professional (QIDP) confirmed the physician's order was not followed.

2. Physician's orders were not followed as indicated for client #2.

During observations of medication administration in the home on 2/25/19 at 5:08pm, the MT crushed Metformin and mixed with applesauce the fed to client #2.

Review on 2/25/19 of client #2's physician's orders dated 1/23/19 revealed an order for,

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| W 368 | Continued From page 3<br>"Metformin 500mg ER, Take 2 tablet by mouth. daily *Do not crush*."<br><br>Interview on 2/25/19 with the MT revealed, client #2 gets all her medications crushed.<br><br>Interview on 2/25/19 with the QIDP confirmed the physician's order was not followed | W 368 | | |