

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

PRINTED: 03/20/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G272</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/12/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CREST ROAD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>114 GREENHOUSE LANE SOUTHERN PINES, NC 28387</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 000	INITIAL COMMENTS	W 000			
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were given as ordered. This affected 2 of 5 clients observed at medication passes. The findings are:</p> <p>1. Client #4 received Prilosec after the meal instead of before as ordered.</p> <p>Observations on 3/12/19 revealed client #4 ate breakfast at 6:05am and then received Prilosec 10mg after breakfast at 6:59am.</p> <p>Review of client #4's record on 3/12/19, revealed physician's orders that were dated 2/1/19-5/1/19. The order indicated she should receive Prilosec 10mg before breakfast.</p> <p>Interview with management staff on 3/12/19 confirmed the order indicated she should receive Prilosec before breakfast.</p> <p>2. Client #1 did not receive his Flovent with the</p>	W 368			

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 368	Continued From page 1 use of a spacer.  Observations on 3/12/19 at 6:44am revealed client #1 received Flovent without the use of a spacer.  Review of client #1's record on 3/12/19 revealed physician orders dated 2/1/19-5/1/19 which stated Flovent should be administered "with spacer."  Interview with staff on 3/12/19 revealed they did not know of a "spacer." Further interview with management confirmed the order calls for a spacer.	W 368			
W 441	<b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)  The facility must hold evacuation drills under varied conditions.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure varied conditions included middle of the night times when only 3rd shift was present and the condition were all clients firmly sleeping. This potentially affects all clients residing in the facility. The finding is:  The fire drills were not conducted at various conditions by not varying times on third shift.  Review on 3/11/19 of the record of fire drills revealed all third shift drills for the year were conducted between the hours of 6:00-6:15am and 11:55pm-12:00Am.  Interview with the facility management and	W 441			

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W 441	Continued From page 2 qualified intellectual disabilities professional (QIDP) revealed all fire drills on third shift were conducted under the shift change conditions as identified by no middle of the night times.	W 441		