CENTERS FOR MEDICARE & MEDICAID SERVICES     OMB NO, 0938-0331       INTERMENT OF DEFICIENCIES     (v) IPOVDERBYPERICULA     (v) IPOVDERBYPERICULA     (v) IPOVDERBYPERICULA     (v) IPOVDERBYPERICULA     (v) IPOVDERBYPERICULA     (v) IPOVDERBYPERICULA     (v) IPOVDERBYPER     (v) IPOVDERBYPERAUNO FORMENTATION     (v) IPOVDERBYPERBYPERCEND FOR IPOVDERBYPERUAUNO FORMENTATION     (v) IPOVDERBYPERBYPERUAUNO FORMENTATION     (v) IPOVDERBYPERBYPERUAUNO FORMENTATION     (v) IPOVDERBYPERBYPERBYPERUAUNO FORMENTATION     (v) IPOVDERBYPERBYPERBYPERBYPERBYPERBYPERBYPERBYP	DEPART	MENT OF HEALTH	AND HUMAN SERVICES					APPROVED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING COMPLETED   346149 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 04/02/2019   NAME OF PROVIDER OR DAD GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 00/02/2019   PRETX SUBMENTS VICTOR NOAD GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 00/02/2019   PRETX SUBMENTS VICTOR NOAD GROUP HOME PRETX PRECENT CORRECTION ADDUE ADDRESS, CITY, STATE, ZIP CODE 00/02/2019   W 249 PROGRAM IMPLEMENTATION PRECENT TAGE PRECENT CORRECTION ADDUE ADDRESS, CITY, STATE, ZIP CODE 00/02/2019   W 249 PROGRAM IMPLEMENTATION PRECENT CORRECTION ADDUE ADDRESS, CITY, STATE, ZIP CODE 00/02/2019   W 249 PROGRAM IMPLEMENTATION V 249 PROGRAM IMPLEMENTATION 00/02/2019   W 249 PROGRAM IMPLEMENTATION V 249 PROGRAM IMPLEMENTATION V   CERTIFICATION Sand Services in sufficient number and frequency to support the achievement of the objectives a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan,	CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	-			<u>DMB NO</u>	. 0938-0391	
NAME OF PROVIDER OR SUMPLIER STREET ADDRESS. CITY, STATE, ZP CODE   WILMINGTON ROAD GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES   PARTIN SUMMARY STATEMENT OF DEFICIENCIES   TAG SUMMARY STATEMENT OF DEFICIENCIES   PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION   W 249 PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)   As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.   This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 3 of 4 audit client flag received a continuous active treatment plan consisting of needed interventions and services as individual program plan.   1. Client #5 was not encouraged or assisted to participate with preparing food items for meals.   Upon arrival to the home on 4/1/19 at 3.30pm, dinner meal items were prepared and in the refigerator. These items included chicken pot pie with peas and carrots, potato salaid and applesauce. A package of rolb was located on the kitchen counter. Staff C later placed the rolls in a bowl and prepared a beverege in a plicher. During this time, clients were were observed to be prompted, assisted or encouraged to be prompted, assisted or encouraged to be prompted, assisted or encourage the pot pie and potato									
WILMINGTON ROAD GROUP HOME     809 WILMINGTON ROAD PAYETTEVILLE, NC 28304       (PA) ID PREPX TAC     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAC     ID PREPX TAC     PROCORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAC     ID PREPX TAC     PROCORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAC     ID PREPX TAC     PROCORRECTION (EACH DEFICIENCY TAC     ID PREPX TAC     ID PREPX TAC    ID PREPX TAC     ID			34G149	B. WING			04/	02/2019	
WILMINGTON ROAD GROUP HOME     FAVETTEVILLE, NC 28304       (X4) ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY ON UST BE PREVENCE OF THUL REGULATORY ON LSC DENTIFYING INFORMATION)     ID PREVENT     PROVIDER'STAND FORRECTION (EACH ORCECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE AFROPRIATE DEFICIENCY (EACH ORCECTIVE ACTION SHOULD BE CROSS-REFERENCE) (CROSS-REFERENCE) TO THE AFROPRIATE DEFICIENCY (CROST ORCECTIVE ACTION ON CROSS-REFERENCE) (CROSS-REFERENCE)	NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
CALL ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)     D PREFIX TAG     PROGRAM LAP ACTON SHOULD BE (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APROPRATE DEFICIENCY)     CALL CACH CORRECTIVE DEFICIENCY       W 249     PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)     W 249     W 249     W 249       This STANDARD is not met as evidenced interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.     W 249     W 249       This STANDARD is not met as evidenced by Based on observations, interviews and record reviews, the facility failed to ensure 3 of 4 audit clients (#4, #5, #6) received a continuous active treatment program flan (IPP) in the areas of meal preparation, and diming skills. The findings are: 1. Client #5 was not encouraged or assisted to participate with preparing food items for meals. Upon arrival to the home on 4/1/19 at 330pm, dinner meal items were prepared and in the refrigrator. These items included chicken pot ple with peas and carrols, potato saida and applesauce. A package of roils was located on the kitchen counter. Staff C later placed the rolls in a bowl and prepared a beverage in a pitcher. During this time, clients were observed to be prompted, assisted or encouraged to participate with preparing any dinner food or beverage items. Interview on 41/19 with Staff C revealed third shift staff had prepared the pot pie and potato			HOME		;	800 WILMINGTON ROAD			
Preferx TAG     CEACH CORRECTIVE ACTION SHOLLD BE RECULATORY OR LSC IDENTEVING INFORMATION)     PREFX TAG     CEACH CORRECTIVE ACTION SHOLLD BE CROSS-REFERENCE TO THE APPROPRIATE     COMMETTION DEFICIENCY       W 249     PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)     W 249     W 249     W 249     VECTORY OR LSC DEINTEVING UP OR MATION CFR(s): 483.440(d)(1)     W 249     W 249       This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 3 of 4 audit clients (#4, #5, #6) received a continuous active treatment program consisting of needed interventions and services as identified in the individual plan.     This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 3 of 4 audit clients (#4, #5, #6) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation, and dining skills. The findings are: 1. Client #5 was not encouraged or assisted to participate with preparing food items for meals. Upon arrival to the home on 4/1/19 at 3:30pm, dinner meal items were prepared and in the refrigerator. These items included chicken pot pie with pees and carrots, potato salad and applesauce. A package of rolls was located on the kitchen counter. Staff C Later placed the rolls in a bowl and prepared a beverage items. Interview on 4/1/19 with Staff C revealed third shift staff had prepared the pot pie and potato	WILMING				I	FAYETTEVILLE, NC 28304			
CFR(s): 483.440(d)(1)     As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.     This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 3 of 4 audit clients (#4, #5, #6) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation, and dining skills. The findings are:     1. Client #5 was not encouraged or assisted to participate with preparing food items for meals.     Upon arrival to the home on 4/1/19 at 3:30pm, dinner meal items were prepared and in the refrigerator. These items included chicken pot pie with peas and carrots, potato salad and applesauce. A package of rolis was located on the kitchen counter. Staff C later placed the rolls in a bowl and prepared a beverage in a pitcher. During this time, clients were observed to be prompted, assisted or encouraged to participate with preparing any dinner food or beverage items.     Interview on 4/1/19 with Staff C revealed third shift staff had prepared the pot pie and potato	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	D BE	COMPLETION	
formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 3 of 4 audit clients (#4, #5, #6) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation, and dining skills. The findings are: 1. Client #5 was not encouraged or assisted to participate with preparing food items for meals. Upon arrival to the home on 4/1/19 at 3:30pm, dinner meal items were prepared and in the refrigerator. These items included chicken pot pie with peas and carrots, potato salad and applesauce. A package of rolls was located on the kitchen counter. Staff C later placed the rolls in a bowl and prepared a beverage items. Interview on 4/1/19 with Staff C revealed third shift staff had prepared the pot pie and potato	W 249	CFR(s): 483.440(d)	(1)	W 2	249	9			
Based on observations, interviews and record     reviews, the facility failed to ensure 3 of 4 audit     clients (#4, #5, #6) received a continuous active     treatment plan consisting of needed interventions     and services as identified in the Individual     Program Plan (IPP) in the areas of meal     preparation, and dining skills. The findings are:     1. Client #5 was not encouraged or assisted to     participate with preparing food items for meals.     Upon arrival to the home on 4/1/19 at 3:30pm,     dinner meal items were prepared and in the     refrigerator. These items included chicken pot     pie with pesa and carrots, potato salad and     applesauce. A package of rolls was located on     the kitchen counter. Staff C later placed the rolls     in a bowl and prepared a beverage in a pitcher.     During this time, clients were in other areas of the     home. No clients were observed to be prompted,     assisted or encouraged to participate with     preparing any dinner food or beverage items.     Interview on 4/1/19 with Staff C revealed third     shift staff had prepared the pot pie and potato		formulated a client's each client must re- treatment program interventions and se and frequency to su objectives identified	s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the						
Interview on 4/1/19 with Staff C revealed third shift staff had prepared the pot pie and potato		Based on observat reviews, the facility clients (#4, #5, #6) treatment plan cons and services as ide Program Plan (IPP) preparation, and dir 1. Client #5 was no participate with prep Upon arrival to the dinner meal items w refrigerator. These pie with peas and c applesauce. A pac the kitchen counter in a bowl and prepa During this time, cli home. No clients w assisted or encoura	tions, interviews and record failed to ensure 3 of 4 audit received a continuous active sisting of needed interventions ntified in the Individual ) in the areas of meal hing skills. The findings are: of encouraged or assisted to paring food items for meals. home on 4/1/19 at 3:30pm, vere prepared and in the items included chicken pot arrots, potato salad and kage of rolls was located on . Staff C later placed the rolls ared a beverage in a pitcher. ents were in other areas of the ere observed to be prompted, aged to participate with						
		Interview on 4/1/19 shift staff had prepa	with Staff C revealed third ared the pot pie and potato						

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

PRINTED: 04/05/2019

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.

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	): 04/05/2019 APPROVED 0. 0938-0391			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY COMPLETED			
		34G149	B. WING _		04	/02/2019			
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE				
	TON ROAD GROUP	НОМЕ	800 WILMINGTON ROAD						
				FAYETTEVILLE, NC 28304					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE			
W 249		home on 4/2/19 at 6:30am,	W 24	49					
	breakfast items wer counter and in the r included two cereal before breakfast at client #5 into the kit the kitchen, the stat toast while client #5 unengaged. The cl place pitchers and s During later observe prepared oatmeal co participation from c observed to be pror encouraged to participation breakfast food item	re noted in bowls on the refrigerator. These items choices and yogurt. Just 7:00am, Staff F prompted chen to assist them. Once in ff used the toaster to prepare is stood several feet away ient was only prompted to serving dishes on the table. ations at 7:38am, Staff F on the stove without any lients. No clients were mpted, assisted or icipate with preparing any							
	placed breakfast ite how clients assist w placing drinks and f the dishwasher. W with preparing food "I don't let them do	with Staff F revealed she had ems into bowls. When asked vith meal preparation tasks by food on the table and loading hen asked if the clients assist on the stove, the staff stated, stuff that is hot" The staff the home likes to bake on the							
	revealed, "Being ab preparation and hor to [Client #5]." Add Adaptive Behavior I indicated client #5 or requiring mixing an independence. The the areas of prepar	f client #5's IPP dated 1/15/19 ble to participate in meal usehold chores are important itional review of the client's inventory (ABI) dated 1/19 can prepare beverages d sandwiches with partial e ABI also identified needs in ing breakfast, lunch and egetables, meat dishes,							

Facility ID: 944891

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		AND HUMAN SERVICES				FORM	04/05/2019 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		. ,			(X3) DATE SURVEY COMPLETED		
		34G149	B. WING			04/02/2019	
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
WILMING	GTON ROAD GROUP	НОМЕ			00 WILMINGTON ROAD AYETTEVILLE, NC 28304		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 249	canned and frozen microwave and pre Interview on 4/2/19 Disabilities Profess in the home can as putting food into po stirring or placing fo interview indicated prepare dishes while pot roast; however, should be left for pr client participation. 2. Client #6's meal as indicated. During observations at 12:05 pm, client had already been s mashed potatoes w meatloaf was alread pieces. Client #6 he and was unsuccess herself, causing spi hand over hand ass between client #6 as spoon to break up t #'s plate and starte did not receive any Interview on 4/1/19 client #6 was not of feed and that client spillage when feedi Review on 4/1/19 o 11/27/18 revealed t	foods in the oven or paring combination dishes. with the Qualified Intellectual ional (QIDP) revealed clients sist with meal preparation by its, opening cans or bottles, bod in dishes. Additional third shift staff will sometimes ch take longer to cook like a there remaining menu items reparation at dinner time with guidelines were not followed s at the day program on 4/1/19 #6 was in the dining room and erved a plate of meatloaf, with macaroni and cheese. The dy cut into small bite sized eld a regular spoon in left hand sful with loading spoon to feed illage. No conversation or sistance were observed and Staff G. Staff G used the the food remaining on client d to feed client #6. Client #6 prompts to feed herself. with Staff G revealed that ffered a maroon spoon to self #6 normally did not have food	W 24	249			

If continuation sheet Page 3 of 6

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	04/05/2019 APPROVED 0938-0391	
STATEMENT			. ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G149	B. WING			04/02/2019		
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
WILMING	GTON ROAD GROUP	HOME			00 WILMINGTON ROAD AYETTEVILLE, NC 28304			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE	
W 249 W 369	spoon, inner lip plat straw. In addition, the was "Capable of ho mouth but requires with a straw. At time Staff should encour Interview on 4/2/19 #6 was capable of f 3. Client #4 was no use knife to cup up During observations 5:45 pm, client #4 shad received a dinr potato salad and ap independent with fe problems with chew asked if he wanted responded yes. Sta asked if he needed Staff D took client # cut up the food, the #4. The client was r cut up his food. Review on 4/2/19 o 11/14/18 which eva that client #4 was p knife for cutting. Interview on 4/2/19	te and mug with handle and ne IPP revealed that client #6 Iding food and putting it in her assistance. Also holds cup es, will eat with her hands. age utensils." with QIDP revealed that client feeding self with left hand. t encouraged or assisted to meal. s at the home on 4/1/19 at that at dining room table and her plate of chicken pot pie, oplesauce. Client #4 was beding and did not display any ving his food. Client #4 was second helpings and he ff D approached client #4 and assistance and he stated yes. f4's plate to the kitchen and n returned the plate to client not afforded the opportunity to f client #4's ABI dated luated eating skills, revealed artially independent with using with QIDP confirmed client #4 hg a knife or fork, to cut up his teation.	W 2					

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		I AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	04/05/2019 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII		(X3) DATE SURVEY COMPLETED			
		34G149	B. WING _			04/02/2019	
NAME OF I	PROVIDER OR SUPPLIER	·			TREET ADDRESS, CITY, STATE, ZIP CODE	-	
WILMING	GTON ROAD GROUP	HOME			00 WILMINGTON ROAD AYETTEVILLE, NC 28304		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 369	The system for drug that all drugs, inclus self-administered, a This STANDARD i Based on observat reviews, the facility medications were a This affected 1 of 5 receiving medication 1. Client #2 was no Lactulose. During observation in the home on 4/1/ plastic 30 cc mease counter. Staff D too medication and pour measuring cups. St the table and empti into the glass, then poured it over the m stirred contents. Aff measuring cup, the amount of Lactulos the stacked cups. Interview with Staff Lactulose in the me normally happened Review on 4/2/19 o dated 2/4/19 reveal 10 gm/15 give 120 day, add to regular	g administration must assure ding those that are are administered without error. is not met as evidenced by: tion, interviews and record failed to ensure all administered without error. 5 clients (#2) observed ons. The finding is: of given a full dose of of medication administration /19 at 4:07, Staff D took four uring cups and placed on ok a bottle of Lactulose ured 30 cc into each of the taff D took a large cup from ied each 30 cc measuring cup opened a 8 oz can of cola and medication in the cup and ter Staff D emptied each ere was an undetermined se remaining in at least three of f D on 4/1/19 about the leftover easuring cups, revealed that it d. of client #2's physician's orders led an order for Lactulose Sol ml by mouth three times a	W 36	69			

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		I AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	04/05/2019 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			. ,			(X3) DATE SURVEY COMPLETED	
		34G149	B. WING	;		04/(	02/2019
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
WILMING	GTON ROAD GROUP	НОМЕ			300 WILMINGTON ROAD FAYETTEVILLE, NC 28304		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 369	the Lactulose was r unless the measuri remaining medicine staff had the option into the cups to loo cup upside down, to 2. Client #2 was no Synthroid as indicat During observations in the home on 4/1/ retrieved client #2's pulled blister packs cabinet . Staff D wa blister packs of mer following pills in a s Glycopyrrol, Hydroo The medications wa bowl of chocolate p several times to tak sought assistance f administered the m not observed to ing this time. Review on 4/2/19 o dated 2/4/19 reveal mcg, take 1 tablet to Interview with nurse she reviewed the A Administration Rec	not considered a full dose ing cup was free of all e. The nurse indicated that of pouring the mixing liquid sen the contents or turning the o produce a slow drip. At observed to receive ted. s of medication administration (19 at 4:07 pm, Staff D as medication basket with pre from the locked medication as observed punching out dications and placing the small paper pill cup: Neurontin, cort, Xifacan and Metaclopram. ere then transferred into a budding. Client #2 refused ke his medications. Staff D from Staff B, who successfully neds to client #2. Client #2 was jest any other medications at of client #2's physician's orders led an order for Synthroid 175 by mouth daily at 4 pm. e on 4/2/19 revealed that when pril 2019 Medication ord (MAR), Staff D had at 4 pm that Synthroid had	. w :	369			

Facility ID: 944891

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