

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

PRINTED: 03/04/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/01/2019
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NAME OF PROVIDER OR SUPPLIER KENWOOD DRIVE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5004 KENWOOD DRIVE DURHAM, NC 27712
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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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<p>W 000</p> <p>{W 382}</p> <p>{W 460}</p>	<p>INITIAL COMMENTS</p> <p>A revisit was conducted on 3/1/19 for all previous deficiencies cited on 9/25 - 26/18. All deficiencies have not been corrected, and no new noncompliance was found. The facility is not in compliance with all regulations surveyed. The surveyor will return in 30 days from revisit date.</p> <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:</p> <p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by:</p> <div style="text-align: center; font-size: 24px; font-weight: bold;">SCANNED</div> <div style="text-align: center; font-size: 18px; font-weight: bold;">MAR 29 2019</div> <div style="text-align: center; font-size: 18px; font-weight: bold;">MHL & C Section</div>	<p>W 000</p> <p>{W 382}</p> <p>{W 460}</p>	<p>Following the Annual Survey conducted at our Kenwood Group Home on 9/25-26/2018 and follow-up survey on 3/1/2019, a review of systems revealed a need to improve our oversight and monitoring of our medication administration processes. As a result, our Registered Nurse will conduct 2 initial medication administration observations by 3/31/2019. After that, the Registered Nurse will conduct at least 1 monthly medication administration observation to ensure compliance with this standard. The QP will follow-up on at least a monthly basis to ensure that observations are completed monthly.</p> <p>Following the Annual Survey conducted on 9/25-26/2018 and follow-up survey on 3/1/2019, a review of systems revealed the need to monitor staff compliance with ensuring that each consumer's diet is followed. As a result, initially, all staff were in-serviced on consumer diets. Additional monitoring will include the Registered Dietitian conducting 2 initial meal observations by 3/31/2019. Subsequent to this, the dietitian will conduct at least 1 meal observation at least monthly. The QP will monitor compliance on at least a monthly basis.</p>	<p>3/31/2019</p> <p>3/31/2019</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alyse Shirley / Ebony St. Lewis TITLE: Program Director / QP (X6) DATE: 3/21/2019

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.