

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

PRINTED: 03/22/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/22/2019
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NAME OF PROVIDER OR SUPPLIER SCI-TRIANGLE HOUSE II	STREET ADDRESS, CITY, STATE, ZIP CODE 1523 TYONEK DRIVE DURHAM, NC 27703
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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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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 except during administration. The finding is:</p> <p>Medications were not kept locked.</p> <p>Upon arrival to the home on 3/22/19 at 8:45am, medications were observed on a shelf in an unlocked cabinet. The cabinet also contained client's records. The medications were Lisinopril and Flourauracil 5% cream.</p> <p>Immediate interview with the facility's nurse revealed she had placed the medications in the cabinet yesterday since they needed to be returned to the pharmacy.</p> <p>Interview on 3/22/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the medications which need to be returned to the pharmacy should be kept locked in the medication closet until they are ready to be returned.</p>	W 382	<p>All drugs and biologicals will be stored/locked in the medication room at all times except during medication administration preparation. In the future when medications are waiting to be returned to the pharmacy they will remain locked in the medication room until the time they are being returned. The RN Team Lead will re-inservice the nurse on Nursing Policy 206-10 assuring all drugs are locked at all times except during preparation for medication administration.</p> <p>The RN Team Lead will monitor at least monthly and the Director/QP will monitor at least 1 time weekly.</p> <p style="text-align: center;">RECEIVED APR 02 2019 DHSR-MH Licensure Sect</p>	5-21-19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Antonia Sison Chief Operations Officer 4-2-19

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.