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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G171	A. BUILDING ______ B. WING ______	05/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAGRANGE HOME	**405 WEST WASHINGTON STREET** **LA GRANGE, NC 28551**

(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 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure all medications were administered without error. This affected 1 of 3 clients (#5) observed to receive medications. The finding is: Client #5 did not receive his eye drops as indicated. During afternoon observations in the home on 5/6/19 at 5:10pm, Staff A assisted client #5 to ingest one Beano pill and one Gas Relief pill. During this time, the client was not administered any other medications. Immediate interview with Staff A indicated client #5 does not receive any other medications at the 5:00pm med pass; however, he would receive another pill at 6:00pm after dinner. Review on 5/7/19 of client #5's physician's orders dated 5/1 - 5/31/19 revealed an order for Combiqan Solution, .2 - .5%, 1 drop each eye twice daily, 8am, 5pm. Interview on 5/7/19 with the facility's nurse confirmed client #5's eye drops were ordered for 8am and 5pm which had apparently changed from last month when the eye drops were ordered at 8am and 8pm.	W 369		

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.