

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

PRINTED: 05/15/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G226	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/14/2019
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NAME OF PROVIDER OR SUPPLIER  VOCA-GENTRY	STREET ADDRESS, CITY, STATE, ZIP CODE 2219 GENTRY DRIVE DURHAM, NC 27705
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W 120	<p><b>SERVICES PROVIDED WITH OUTSIDE SOURCES</b> CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure outside services met the needs of client #3. This affected 1 of 3 audit clients. The findings are:</p> <p>1. Client #3 was not provided her adaptive dining equipment:</p> <p>During lunch observations at the day program on 5/13/19 at 12:00pm, client #3 consumed her lunch using a regular plastic spoon from a microwaveable food dish. Client #3 consumed her food as Staff E sat with her.</p> <p>Interview on 5/13/19 with Staff E revealed client #3 does not use any adaptive dining equipment. Additional interview indicated the staff thought the client might have an adapted spoon; however, she had not seen one.</p> <p>Review on 5/13/19 of client #3's Individual Program Plan (IPP) dated 8/19/18 revealed the client utilizes a "Hi-Lo dish" and "Foam handle spoon" at meals.</p> <p>Interview on 5/13/19 with the Qualified Intellectual Disabilities Professional (QIDP) at the day program revealed she could not recall if client #3 used any adaptive equipment; however, she thought the client "used to" bring a special plate with her from home but it was not sent with her</p>	W 120	<p>W.120 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. OT will assess the need for the use of adaptive equipment.</li> <li>B. OT will give guideline for the use of equipment</li> <li>C. All adaptive equipment will be discussed in a team meeting, to include day program</li> <li>D. All people served will be in service on their adaptive equipment</li> <li>E. All vocational staff will be in-service on the use and need of adaptive equipment.</li> <li>F. Vocational staff will be in serviced on the need to increase independence.</li> <li>G. The Behavior support plan will be reviewed.</li> <li>H. Hand over Hand assistance will be provided to ensure safety but not to restrict movement.</li> <li>I. Any restriction will be added to BSP and reviewed via HRC</li> <li>J. Vocational staff will be in serviced on all vocational needs, goals and objectives</li> <li>K. Vocational staff will be in serviced on all Individual Support plans</li> <li>L. Vocational staff will be in serviced on all Behavior Support Plan</li> <li>M. Residential Manager will monitor one time a week.</li> <li>N. Qualified Professional will monitor one time a week.</li> </ul>	07.12.2019
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MAY 22 2019

DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Marika Whade AM</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>5/22/19</i>
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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 120	<p>Continued From page 1 today.</p> <p>Interview on 5/14/19 with the QIDP from the home revealed the day program should have client #3's adaptive dining equipment at their facility and the home has encouraged them to keep the equipment at the day program.</p> <p>2. Client #3 was not afforded freedom of movement in her environment while at the day program.</p> <p>During observations at the day program on 5/13/19 from 11:45am - 12:45pm, client #3 interacted with a single staff member (Staff E) while engaging in activities. As client #3 walked to various areas in the day program, Staff E repeatedly and consistently held the client at her wrist. Client #3 was not encouraged to move freely within the day program setting.</p> <p>Interview on 5/13/19 with Staff E revealed client #3 likes to "grab food" if she sees it around her and this is why they were holding her at the wrist.</p> <p>Review on 5/13/19 of client #3's Behavior Intervention Plan (BSP) dated 3/23/19 revealed an objective for agitation. Additional review of the BSP did not include any information regarding food stealing. Further review of client #3's IPP dated 8/19/18 indicated, "[Client #3] is able to move independently in familiar spaces and work environment..."</p> <p>Interview on 5/13/19 with the QIDP at the day program revealed she had not seen client #3 steal food. Additional interview indicated there would be no reason for the staff to hold client #3 by her wrist while walking throughout the day</p>	W 120		

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W 120	Continued From page 2 program.	W 120		
W 125	<p>Interview on 5/13/19 with the QIDP from the home indicated client #3 does not have food stealing behaviors and there would not be a reason for staff to hold her by the wrist while moving throughout the day program.</p> <p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#4) had the right to be treated with dignity regarding the use of incontinence pads. The findings are:</p> <p>Client #4 was not afforded dignity.</p> <p>During observations throughout the survey in the home and at the day program on 5/13/19, client #4 was seated in his wheelchair. During this time, the seat of client #4's wheelchair had an incontinence pad positioned over it. The pad was visible to anyone in the area as the edges of the padding extended from the sides and back of the chair.</p> <p>Interview on 5/13/19 with Staff C revealed the incontinence pad was positioned over the wheelchair seat because client #4 had a toileting accident and does not have an extra seat cover.</p>	W 125	<p>W.125 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. All Behavior support plans will be reviewed and assessed for consents.</li> <li>B. All restrictive will be approved via HRC and signed by legal guardian before implementation.</li> <li>C. All consumers will be treated with dignity and respect regarding the use of any adaptive equipment for incontinence.</li> <li>D. Additional items will be obtained/secured to ensure that all equipment is properly cared maintained.</li> <li>E. Vocational staff will be in serviced on all Dignity and respect and use of any adaptive equipment for incontinence</li> <li>F. Support staff will be in serviced on all Dignity and respect and use of any adaptive equipment for incontinence</li> <li>G. Residential Manager will monitor one time a week.</li> <li>H. Qualified Professional will monitor one time a week.</li> </ul>	07.12.2019

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W 125	Continued From page 3	W 125			
W 227	<p>Interview on 5/14/19 with the Residential Manager indicated client #4 does not have extra seat covers for his wheelchair seat and the incontinence pad was put in place to keep the seat from getting wet in case of a toileting accident.</p> <p>During an interview on 5/14/19, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged the use of incontinence pads in this manner could be a right to dignity issue.</p> <p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4).</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #3's Individual Program Plan (IPP) included specific objectives to meet her needs. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #3's IPP did not include objectives to address her money management needs.</p> <p>Review on 5/13/19 of client #3's IPP dated 8/19/18 revealed a priority training need in the area of money management. Additional review of the plan indicated the client requires staff assistance to make purchases including giving money to the cashier, receiving change back and</p>	W 227	<p>W.227 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. All ISP'S will be reviewed and revise as needed to ensure all priority needs are met.</li> <li>B. All current goals will be assessed, modified, update or discontinued. Team will make that decisions</li> <li>C. Formal objectives will be implemented to address priority needs.</li> <li>D. Support staff will be in serviced on all WTP needs, goals and objectives</li> <li>E. Residential Manager will monitor one time a week.</li> <li>F. Qualified Professional will monitor one time a week.</li> </ul>	07.12.2019	

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W 227	Continued From page 4 waiting for a receipt. Further review of client #3's IPP did not include objectives to address her money management needs.	W 227		
W 240	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #3's Individual Program Plan (IPP) included information to support her independence. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #3's IPP did not include specific information regarding the use of a clothing protector at meals.</p> <p>During 2 of 2 mealtime observations in the home on 5/13 - 5/14/19 at 5:13pm and 7:02am, client #3 consumed her meal with a clothing protector around her neck. At both meals, no spillage was noted on the clothing protector.</p> <p>Review on 5/14/19 of client #3's IPP dated 8/19/18 revealed no information regarding client #3's use of a clothing protector at meals or her need for one.</p>	W 240	<p>W.240 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. All ISP'S will be reviewed and revise as needed to ensure objectives of the use of adaptive equipment is in place specifically clothing protectors.</li> <li>B. PT will be assess the need for the use of adaptive equipment.</li> <li>C. PT will give guideline for the use of equipment, if applicable</li> <li>D. All adaptive equipment will be discussed in a team meeting, to include day program</li> <li>E. All adaptive equipment that will be a restriction will be address at HRC.</li> <li>F. All people served will be in service on their adaptive equipment</li> <li>G. All staff will be in-service on the use need and function of equipment</li> <li>O. Vocational staff will be in serviced on all adaptive equipment</li> <li>P. Residential Manager will monitor one time a week.</li> <li>O. Qualified Professional will monitor one time a week</li> </ul>	07.12.2019

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W 240	Continued From page 5 Interview on 5/14/19 with the Residential Manager (RM) and Qualified Intellectual Disabilities Professional (QIDP) indicated they were not sure why the clothing protector was used and there was not information in client #3's IPP regarding it's use.	W 240		
W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#3, #4) 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 self-help skills. The findings are:</p> <p>1. Clients were not actively involved with food preparation tasks.</p> <p>During evening observations in the home on 5/13/19 at 4:17pm, Staff C prepared dinner items including green beans and several cans of ravioli on the stove. With the exception of one client pouring fruit into a bowl, no clients assisted with the preparation of food items.</p>	W 249	<p>W.249 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. ISP will be update/modified to meet the current dietary needs or need for restrictions if applicable.</li> <li>B. Nutritionist will do assessment of all people served to ensure current diets are implemented</li> <li>C. Consumers will be actively involved in food preparation</li> <li>D. Community / home life assessment will be completed on all consumers</li> <li>E. The people served will be in serviced on family style dining and understanding the role of encouraging choice and providing food choice based upon dietary orders.</li> <li>F. Staff will be in serviced on family style dining and understanding the role of encouraging choice and providing safety while dining.</li> <li>G. Staff will be in serviced on all rights—focus on "choice".</li> <li>H. Staff will be in serviced on all family dining and cleaning</li> <li>I. Residential Manager will monitor one time a week.</li> <li>J. Qualified Professional will monitor one time a week.</li> </ul>	07.12.2019

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W 249	<p>Continued From page 6</p> <p>Interview on 5/13/19 with Staff C revealed clients can participate with meal preparation by stirring, pouring or setting the table. The staff indicated she does not allow the clients to work around the stove because it is hot.</p> <p>Review on 5/14/19 of client #3's Community/Home Life Assessment (CHLA) dated 8/19/18 noted the client can make food with no cooking given physical assistance. Additional review of the client's IPP dated 8/19/18 revealed staff should encourage her participation with ADL's.</p> <p>Interview on 5/14/19 with the Residence Manager (RM) and Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should be actively involved with food preparation tasks.</p> <p>2. Client #4 was not prompted to participate with serving himself at breakfast.</p> <p>During morning observations in the home on 5/14/19 at 7:02am, client #4 entered the dining room from the medication room and his food items were already prepared on his plate. The client was not prompted or assisted to serve his breakfast meal.</p> <p>Interview on 5/14/19 with Staff A revealed client #4 can serve himself with assistance from staff.</p> <p>Review on 5/14/19 of client #4's CHLA dated 10/30/18 revealed he eats family style given physical assistance.</p> <p>Interview on 5/14/19 with the RM and QIDP confirmed client #4 can serve himself given staff</p>	W 249		
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W 249	Continued From page 7 assistance.  3. Client #4 was not prompted or assisted to clear his dirty dishes after meals.  During observations in the home after dinner on 5/13/19 and after breakfast on 5/14/19, client #4 was not prompted or encouraged to clear his dirty dishes from the table.  Interview on 5/14/19 with Staff A revealed client #4 can assist with clearing his dishes.  Review on 5/14/19 of client #4's CHLA dated 10/30/18 revealed he can take his dirty dishes to the kitchen given physical assistance.  Interview on 5/14/19 with the QIDP confirmed client #4 should be assisted to clear his dishes after meals.	W 249		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to manage client #5's inappropriate behaviors was included in a formal active treatment plan. This affected 1 of 3 audit clients. The finding is:  Client #5's grooming supplies were kept locked due to inappropriate behaviors.	W 288	W.288 This deficiency will be corrected by the following actions:  1. All behavioral support plans will be reviewed. 2. All Behavioral Support Plans will be updated to address the current needs and all personal items 3. All proper techniques will be used to manage behavioral and storing of items. 4. Psychologist will review all plans and add all restrictions to the active treatment plan if applicable 5. All staff will be in-service on all Behavioral Support Plans. 6. Residential Manager will monitor one time a week. 7. Qualified Professional will monitor one time a week	07.12.2019



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W 288	Continued From page 8  During morning observations in the home on 5/14/19 at 6:03am. Staff B retrieved a bottle of body wash from a locked closet and gave it to Staff D. Staff D took the body wash into the bathroom with client #5. Closer observation of the closet revealed client #5's entire grooming basket, including various items, was also kept in the locked closet.  Interview on 5/14/19 with Staff B revealed client #5's grooming items are kept locked in the closet because he gets up at night and will get into his grooming basket.  Review on 5/14/19 of client #5's Behavior Support Plan (BSP) dated 4/16/19 revealed an objective to address inappropriate verbalizations, property destruction, self-injurious behavior and failure to cooperate. Additional review of the BSP did not include a technique of locking away the client's grooming items to address his inappropriate behavior.  Interview on 5/14/19 with the Residence Manager (RM) and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5's grooming items are kept locked due to inappropriate behaviors. Additional interview with the QIDP indicated she thought the restriction of the grooming items was already in the BSP.	W 288			
W 312	DRUG USAGE CFR(s): 483.450(e)(2)  Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual	W 312			

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W 312	Continued From page 9 elimination of the behaviors for which the drugs are employed.  This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure drugs used for behavior management were not ordered on a PRN (as needed) basis for 1 of 3 audit clients (#5). The finding is:  Client #5's behavior medications were ordered on a PRN basis.  Review on 5/14/19 of client #5's record revealed a Behavior Support Plan (BSP) dated 4/16/19 with a protocol which incorporated the use of Olanzapine and Lorazepam as PRN crisis medications. Additional review of the client's physician's orders dated 2/5/19 under "PRN Medications" noted "Lorazepam 1mg, take 1 tablet by mouth up to three times daily as needed for anxiety" and "Olanzapine 5mg, take 1 tablet (5mg) by mouth as needed for agitation lasting (greater than) 5 minutes, may repeat in 15 minutes (max 15mg/ 24 hrs)."  Interview on 5/14/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5's behavior medications were ordered on a PRN or as needed basis.	W 312	W.312 This deficiency will be corrected by the following actions: A. All physicians orders will be reviewed. B. There will be current orders for all medication in the person serve records. C. The current orders will not include any PRN medication that are used for behavior modification. D. The team will ensure that all orders are implemented E. All the orders will be reviewed and discussed at the monthly core team/quarterlies/annual ISP. F. There will be supporting documentation for all Orders G. RN will review monthly H. Residential Manager will monitor one time a week. I. Qualified Professional will monitor one time a week	07.12.2019	
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.	W 368			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G226</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOCA-GENTRY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2219 GENTRY DRIVE DURHAM, NC 27705</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 368	Continued From page 10  This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 3 clients (#4) observed receiving medications. The finding is:  Client #4 did not receive his Flomax as ordered.  During observations of medication administration in the home on 5/14/19 at 6:55am, client #4 ingested one Tamsulosin (Flomax) .4mg tablet and seven other medications. The client then consumed his breakfast meal.  Review on 5/14/19 of client #4's physician's orders dated 2/7/19 revealed, "Tamsulosin (Flomax) .4mg, take 1 capsule by mouth once daily. Take 30 minutes after same meal each day."  Interview on 5/14/19 with Staff D, the medication technician, confirmed the Flomax should have been taken after client #4 had consumed his breakfast meal.  Interview on 5/14/19 with the Residence Manager (RM) and Qualified Intellectual Disabilities Professional (QIDP) confirmed the Flomax should have been administered after breakfast as indicated on the physician's orders.	W 368	W.368 This deficiency will be corrected by the following actions: A. All physicians orders will be reviewed. B. There will be current orders for all medication in the person serve records. C. The team will ensure that all orders are implemented D. All the orders will be reviewed and discussed at the monthly care team/quarterlies/annual ISP. E. There will be supporting documentation for all Orders. F. RN will review monthly G. Residential Manager will monitor one time a week. H. Qualified Professional will monitor one time a week	07.12.2019	
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are	W 369			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  05/14/2019
NAME OF PROVIDER OR SUPPLIER  VOCA-GENTRY			STREET ADDRESS, CITY, STATE, ZIP CODE 2219 GENTRY DRIVE DURHAM, NC 27705		
(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	<p>Continued From page 11 self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 3 clients (#3) observed receiving medications. The finding is:</p> <p>Client #3 did not receive the correct dose of Acetaminophen.</p> <p>During observations of medication administration in the home on 5/14/19 at 7:15am, client #3 ingested one Acetaminophen 500mg tablet.</p> <p>Review on 5/14/19 of client #3's standing physician's orders dated 4/1/19 revealed an order for "Acetaminophen 650mg, take one tablet every 4 hours as needed for pain".</p> <p>Interview on 5/14/19 with Staff D, the medication technician, confirmed client #3 ingested one Acetaminophen 500mg.</p> <p>Interview on 5/14/19 with the Residence Manager (RM) and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 should have received 650mg of Acetaminophen as ordered. Additional interview indicated the order may need to be reassessed for accuracy since they have not been able to find any 650mg tablets of Acetaminophen.</p>	W 369	<p>W.369 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> <li>A. RN will assess all orders.</li> <li>B. All physician orders will be reviewed for accuracy.</li> <li>C. All staff will be in service on medication procedure and following the guidelines for measuring and dispensing all medications</li> <li>D. All assessment will be reviewed, and recommendations discussed in core team, quarterly, or ISP.</li> <li>E. Staff will be in service on Medication Administration procedures</li> <li>F. RN will monitor monthly</li> <li>G. Residential Manager will monitor one time a week.</li> <li>H. Qualified Professional will monitor monthly</li> </ul>	07.12.2019	