

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

MAY 16 2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Lic. & Cert. Section		(X3) DATE SURVEY COMPLETED 05/07/2019
NAME OF PROVIDER OR SUPPLIER LAGRANGE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>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:</p> <p>Client #5 did not receive his eye drops as indicated.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview on 5/7/19 with the facility's nurse confirmed client #5's eye drops were ordered</p>	W 369	<p>Drug Administration</p> <p>Nova, IC. will assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Nova, IC.'s Nursing Department will do an in-service with all staff within the facility to reiterate procedures covered in the Medication Administration training.</p> <p>Nova, IC's Nursing Department will conduct an annual recertification class for all Nova, IC. facilities according to the annual training schedule to address the issue globally.</p> <p>Nova, IC.'s Nursing Department will continue to train staff upon hire according to policy and will be monitored by Nursing and the Residential Services Supervisors on a routine basis regarding each HT's ability to administer medications accurately.</p> <p>The QP & RSS will monitor on a weekly basis to review, document, address, and make referrals regarding staff's training needs.</p> <p>The RSS and Nurse will conduct quarterly audits to ensure that medication</p>	7-5-19	

	<p>for 8am and 5pm which had apparently changed from last month when the eye drops were ordered at 8am and 8pm.</p>		<p>administration is conducted in compliance with standards.</p> <p>Frequency: Initially, Weekly, Quarterly, and Annually</p> <p>Responsible Persons: Nursing, QP, RSS</p>	

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

TITLE

(X6) DATE

Cynthia Hill

Program Director 5-10-19

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.