

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

PRINTED: 06/13/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/11/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CURRY HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1793 BRILEY ROAD GREENVILLE, NC 27834</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	<p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were given as ordered. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>Client #1 did not receive her medication at the time it was ordered.</p> <p>During observations of the afternoon medication pass at 1:25pm on 6/10/19, client #1 received a Klonopin 1mg tablet.</p> <p>Review of the physicians order filed and signed by the RN 06/19 and the orders filed and signed by the doctor on 4/25/19 revealed Clonazepam Tab 1 mg for Klonopin Take 1 tablet by mouth three times a day (7:00am, 5:00pm, 8:30pm).</p> <p>During interviews with the nurse and the qualified intellectual disabilities professional (QIDP) on 6/11/19, both revealed that the time for Klonopin was changed at some point and the pharmacy inadvertently went back to the old time. However, it was not caught by the facility or the physician. Therefore, the orders he signed indicated the old time (5pm) versus what they say the new time is (2pm).</p>	W 368			

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.