

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

PRINTED: 06/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G347	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2019
NAME OF PROVIDER OR SUPPLIER MCFARLAND ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 214 MCFARLAND ROAD ENFIELD, NC 27823	
(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 192	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained on competencies directed towards client's health needs. This affected 1 of 4 audit clients (#4). The finding is:</p> <p>Staff documented client #4 consumed all of his Lactulose, even though he did not consume it all.</p> <p>During evening medication administration in the home on 6/3/19 at 6:15pm, Staff A poured 30 milliliters of client #4's Lactulose into a measuring cup. Further observations revealed as client #4 was putting the measuring cup up to his mouth he spit an undetermined amount of the Lactulose on the floor. Client #4 then shoved the cup away and an undetermined amount of the Lactulose spilled on the table. Staff A then put the measuring cup on the table and there was an undetermined amount of the Lactulose remaining in the cup.</p> <p>During an interview on 6/3/19, Staff A stated, "I'm not sure if he got all of it" when asked if client #4 consumed all of his Lactulose.</p> <p>Review on 6/4/19 of the medication administration record (MAR) it revealed Staff A indicated client #4 consumed all of his Lactulose.</p> <p>During an interview on 6/4/19, the facility's nurse</p>	W 192	<p>W 192</p> <p>The facility will ensure that each staff will be re-in-serviced on refusal of medications as it pertains to the medication administration process. All employees will receive additional medication training. Observations will be completed by the QPI and other team members to ensure proper steps are being taken during the medication administration process a minimum of 3 times per month. These observations will be documented on LIFE, Inc. QA/QI forms.</p> <p>DHSR - Mental Health</p> <p>JUL 02 2019</p> <p>Lic. & Cert. Section</p>	8-02-2019

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

TITLE

(X6) DATE

Barbara W. Park

D. J. ICE III

6-28-19

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.

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

PRINTED: 06/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G347	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2019
NAME OF PROVIDER OR SUPPLIER MCFARLAND ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 214 MCFARLAND ROAD ENFIELD, NC 27823		
(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 192	Continued From page 1 revealed she should have been called because client #4 did not consume all of his Lactulose. Further interview revealed staff have been "completely" trained how to document in the MAR. During an interview on 6/3/19, the qualified intellectual disabilities professional (QIDP) stated staff should have called the facility's nurse to inform her how client #4 did not consume all of his Lactulose.	W 192			