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

PRINTED: 06/22/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			IDENTIFICATION NUMBER: A. BUI		IPLE CONST	RUCTION		(X3) DATE SURVEY COMPLETED	
			34G095	B. WING_			06	/19/2019	
NAME OF PROVIDER OR SUPPLIER  OAK STREET GROUP HOME-ST. MA			<b>J</b> ARK		1801 OAF	DORESS, CITY, STATE, ZIP CODE STREET DTE, NC 28269			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD (PROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
	W 104	This STANDARD is in Based on observation governing body and in exercise general policidirection over the facility manner. The finding in Observations conduct on 6/18/19 at 4:50 PM seats with duct tape up the seats. Further observed two large holds the back of the driver insulation of the seat is through the holes. Conterior of the facility is to the 1st row back see be coming apart from Interview with staff B of damage to the interior least since 9/2018 although the damage hap facility home manager aware of the condition van as she had placed damage. The facility is administration was confacility van although in that she was aware of varified the condition of varified the condition of the seat is the was aware of varified the condition of the condition of the condition of the seat is the was aware of the condition of the seat is the was aware of the condition of the seat is the was aware of the condition of the seat is the was aware of the condition of the seat is the was aware of the condition of the seat is the was aware of the condition of the seat is the condition of the seat is the seat i	nust exercise general policy, a direction over the facility.  Tot met as evidenced by: In and interviews, the management failed to by, budget and operating lity by failing to assure the van was repaired in a timely set.  The dof the group home van a revealed damage to van set to cover the damage of servation of seat damage less in the material covering seat revealing inner togething to protrude an interview and the chair at the frame.  The dof 18/19 revealed the long the van had been at a lough she did not know the interior of the facility of tape on the seats to cover the facility of tape on the seats to cover the facility of tape on the seats to cover the facility of the interior of the faci	W 1	The C get se moniti be con	RECEIVED JUL 0 4 2019  DHSR-MH Licensure Sect	g seats will ager.		
AE	SORATORY	PIRECTOR'S OR PROVIDER'S	UPPLIER REPRESENTATIVE'S SIGNATURE	artal	06	TITLE	210	(36) DATE	

Any deficiency statement ending-with an asserisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the petiones. (See instructions.) Except for nursing homes, the findings stated above are discloseble 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 104 Continued From page 1  van was not acceptable and needed repair.  W 369 DRUG ADMINISTRATION  CFR(s): 483.460(k)(2)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  W 104  V 104  V 104  V 104  V 105  V 105  V 106  V 107  V 107  V 107  V 107  V 107  V 107  V 108  V 109  V	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING		ФСТІОН		(X3) DATE SURVEY COMPLETED	
OAK STREET GROUP HOME-ST. MARK  1881 OAK STREET CHARLOTTE, NC 28269  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  W 104  Continued From page 1 Van was not acceptable and needed repair.  W 369  DRUG ADMINISTRATION CFR(s): 483.460(k)(2)  1881 OAK STREET CHARLOTTE, NC 28269  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLET) COMPLET OF THE APPROPRIATE DEFICIENCY)  W 104  W 104  W 104  Van was not acceptable and needed repair.  W 369  OR has completed an in-service with staff on the med process and promoting independence with clients. This procedure will be ongoing and			34G095	B. WING			06/	19/2019	
W 104 Continued From page 1 van was not acceptable and needed repair.  W 369 DRUG ADMINISTRATION CFR(s): 483.460(k)(2)  W 104 CFR(s): 483.460(k)(2)  W 105 PREFIX TAG  PREFIX				STREET ADDRESS, CITY, STATE, ZIP CODE 1801 OAK STREET					
wan was not acceptable and needed repair.  W 369  DRUG ADMINISTRATION  CFR(s): 483.460(k)(2)  W 369  QP has completed an in-service with staff on the med process and promoting independence with clients. This procedure will be ongoing and	PREFIX	(EACH DEFICIENC	Y MUST BE FRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		(XS) COMPLETION DATE	
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 observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 clients observed during drug administration (#2). The finding is:  Observation conducted on 6/19/19 at 7:25 AM revealed client #2 entered the medication administration area and received medications of Escitalopram 20 mg, Levothyroxine 50 mcg, Vitamin D tablet, Oyster Shell Calcium 500 mg, and FOS powder (1 tsp). Client #2 was observed to take all medications followed by water that was poured by staff. Review of the medication administration record following the medication pass revealed Amtiodopine Besylate 10 mg tablet remained in the bubble pack for 6/19/19.  Review of the record for client #2 on 6/19/19 revealed current quarterly physician orders which included, in addition to the medications observed as administered, an order for Amtiodopine Besylate 10 mg, 8:00 AM. Interview with the facility nurse on 6/19/19 confirmed Amtiodopine		van was not acceptable DRUG ADMINISTRA' CFR(s): 483.460(k)(2) The system for drug a that all drugs, includin self-administered, are This STANDARD is a Based on observation interview, the facility for were administered with observed during drug finding is:  Observation conducter revealed client #2 entiadministration area at Escitalopram 20 mg. I Vitamin D tablet, Oyst and FOS powder (1 to take all medicallons poured by staff. Reviadministration record pass revealed Amlodd schedule for 8:00 AM administered for 6/19, of client #2's morning Amlodopine Besylate the bubble pack for 6/19. Review of the record revealed current quarincluded, In addition to as administered, an obesylate 10 mg, 8:00	ple and needed repair.  TION  administration must assure ing those that are administered without error.  The motion of the trace and instance of the trace and instance of the trace and instance of the trace of the trace of the trace of the medication of the trace of the medication of the medications revealed of the trace of the medication of the medications of the medications of the medications revealed of the medications of		QP has the me with cli- will be	completed an in-service with sta d process and promoting indeper ents. This procedure will be ongo monitored by the Group Home M	ndence ing and	8/18/19	

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	OF DEFICIENCIES F CORRECTION	ION IDENTIFICATION NUMBER:		NG	NSTRUCTION		(X3) DATE SURVEY COMPLETED	
	34G095 8. W		B. WING			, , , , , , , , , , , , , , , , , , ,	06/19/2019	
	ROVIDER OR SUPPLIER  EET GROUP HOME-ST. I	<i>I</i> ARK	STREET ADDRESS, CITY, STATE, ZIP COD. 1801 DAK STREET CHARLOTTE, NC 28269					
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRE		(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD 8E ERENCED TO THE APPROPRIATE DEFICIENCY)		
W 369 W 371	during the morning mon 6/19/19.	d have been administered edication pass for client #2 FION	ws					
	The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.							
	Based on observation interview, the system of failed to assure 2 of 3 observed during media provided the opportunity.	for drug administration clients (#1 and #2) cation administration were						
	assure client #2 was p	g administration failed to rovided the opportunity to on self-administration. The						
	revealed client #2 ents administration area an Escitalopram 20 mg, L Vitamin D tablet, Oyste and FOS powder (1 ts conducted during the r for client #2 revealed t medication (staff E) to	d received medications of evothyroxine 50 mcg, er Shell Calcium 500 mg, p). Continued observation nedication administration he staff administering retrieve client #2's set, punch out medications						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  A. BUILDIN		ILTIPLE CONSTRUCTION DING		истіон	(X3) DATE SURVEY COMPLETED	
			34 <b>G</b> 095	B. WING				06/19/2019	
NAME OF PROVIDER OR SUPPLIER  OAK STREET GROUP HOME-ST. MARK			/ARK	STREET AUDRESS, CITY, STATE, ZIP CODI 1801 OAK STREET CHARLOITE, NC 28269			STREET		
	(X4) ID PREFIX TAG			ID PREF 1'AG			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
		medications to the clie was observed to take water that was poured. Review of records for revealed a daily living 10/29/18. Review of trevealed client #2 is a assistance and get wawith supervision. Furt assessment revealed a level of skill that the activity with gestures, modeling or demonstrations. The system for dru assure client #1 was participate in medicate finding is:  Observations conducter revealed client #1 entered administration area an ordered per the current physician orders. Con conducted during the reformations from a cloindividually from a bub medications to the client was observed to take a water poured initially by assistance. Staff E was for client #1 for multiple assistance or offering the participation.	ent in a med cup. Client #2 all medications followed by I by staff.  client #2 on 5/19/19 skills assessment dated the 10/29/18 assessment ble to dispense pills with other to take with medication ther review of the 10/29/18 supervision is identified as individual performs the verbal direction and ation.  g administration failed to rovided the opportunity to the self-administration. The  end on 6/19/19 at 7:42 AM and the medications at administration record and tinued observation traff & to retrieve client #1's set, punch out medications ble pack and hand int in a med cup. Client #1 all medications followed by y client #1 with staff s observed to pour water e medications without client the choice of client	W	37'				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IQENTIFICATION NUMBER:	(X2) MULTIPLE CONS		ONSTR	<b>истіон</b>		E SURVEY PLETED
		34G095	B. WING				06/19/2019	
NAME OF PROVIDER OR SUPPLIER  OAK STREET GROUP HOME-ST. MARK				160	1 OAK	ORESS, CITY, STATE, ZIP CODE STREET TE, NC 28269		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE) TAG CROSS-REFERENCED		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B) CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	CTION SHOULD BE COMPLETION THE APPROPRIATE DATE	
W 371	supervision and get windependently. Further assessment revealed a level of skill that the activity with gestures, modeling or demonstrative with Staff E #1 and #2 are capable medication administration hand assistance during the facility nurse verificapable of accessing medication closet, pur	4/2/19 assessment ble to dispense pills with ater to take with medication ar review of the 4/2/19 supervision is identified as individual performs the verbal direction and ation.  on 6/19/19 verified clients a of participation in tion with at least hand over g most tasks. Interview with ad clients #1 and #2 are medications from the aching medications	W	371				