

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

PRINTED: 08/07/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G231</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/26/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>STRAWBERRY HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH HOWARD STREET CHADBOURN, NC 28431</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 382	<p><b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure all medications were kept locked when not in the process of administering them. This potentially affected 1 of 3 audits (client #2). The finding is:</p> <p>Client #2's medications were left unlocked.</p> <p>During observations of the morning medication administration pass on 7/26/19, client #2's pills were left unlocked sitting in front of her when staff D left the room.</p> <p>During an interview on 7/26/19, when staff D was asked to do as she would do if there was nobody else in the room, she confirmed this is what she would do, she turned and locked the cabinet and left the medications in front of client #2 and walked out.</p> <p>Review of the record on 7/26/19 for client #2 revealed an individual program plan dated 9/24/19 which indicated client #2 is incompetent and has a legal guardian.</p> <p>Interview with the qualified intellectual disability professional (QDDP) on 7/26/19 confirmed the staff should not have left the unlocked medications in front of client #2.</p>	W 382			
W 436	<p><b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)</p>	W 436			

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.

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W 436	<p>Continued From page 1</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to assure client #2 was provided with a CPAP and had training to utilize her CPAP before discontinuing it. This affected 1 of 3 audit clients (#2). The finding is:</p> <p>Client #2's CPAP was discontinued without training.</p> <p>During observations on the morning of 7/26/19 client #2 did not have a CPAP machine in her room.</p> <p>Interview on 7/26/19 with client #2 confirmed she did not have a CPAP and that she would like to have one and would try to use it. She did not know why they had taken it away from her.</p> <p>Record review on 7/26/19 revealed client #2's individual program plan dated 9/24/18 which noted that a CPAP was discontinued by the provider "due to non-use." There was no other documentation about efforts to have client #2 utilize the CPAP.</p> <p>Interview with the QIDP (qualified intellectual disabilities professional) on 7/26/19 confirmed that the CPAP was discontinued and there was</p>	W 436			

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W 436	Continued From page 2 no evidence of training to use or make an informed decision not to use before discontinuing it.	W 436		