STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G053	A. BUILDING _____ B. WING _____	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRON PLACE	219 MYRON PLACE SALISBURY, NC 28144

(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 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4) 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. This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility's drug administration system failed to ensure 2 of 4 sampled clients (#5 and #4) were taught to administer their own medications. The findings are: A. Staff D failed to provide training during medication administration for client #5. Observations of the medication pass on 7/31/19 at 8:15 AM revealed staff D to accompany client #5 to the medication room. Continued observations revealed staff D to take the blood pressure of client #5 and record it at 99/72. Further observations revealed staff D to administer the morning medications for client #5 of Lipitor, Clonazepan, Catapress, Ferso, Prozac, Haldol, Metformin, Oyscal, Zantac and Topamax. Further observations revealed staff D to state to this surveyor, "I don't know the names of these medicines". Continued observations revealed staff D did not inform the client of the name, possible side effects or purpose of the medications administered to client #5. Subsequent observations revealed staff D to punch all of client #5's medications into a medication cup without requesting client #5 to assist her.	W 371		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G053	A. BUILDING _____ B. WING _____	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRON PLACE	219 MYRON PLACE SALISBURY, NC 28144

(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 371	Continued From page 1 Interview with the facility nurse revealed staff are taught when administering medication they should always inform the client of the name, the possible side effects and the purpose of the medications they are receiving. Continued interview with the qualified intellectual disabilities professional (QIDP) and the facility nurse confirmed that client #5 is capable of punching medications with partial independence and should have been given the opportunity to participate in her drug administration with hand over hand punching of her medication packs, and by being taught the name and side effects of medications. B. Staff D failed to provide training during medication administration for client #4. Observations of the medication pass on 7/31/19 at 8:45 AM revealed staff D to accompany client #4 to the medication room. Further observations revealed staff D to administer the morning medications for client #4 of Adderall, Catapress, Vitamin D 3, Loestrin, and Oyscal. Continued observations revealed staff D did not inform client #4 of the name, side effects or purpose of the medications she administered to client #4. Subsequent observations revealed staff D punched all of client #4's medications into a medication cup without requesting client #4 to assist or supporting the client with hand over hand assistance. Interview with the facility nurse revealed staff are taught when administering medication they should always inform the client of the name, the possible side effects and the purpose of the medications they are receiving. Continued	W 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 371	Continued From page 2 interview with the QIDP and the facility nurse confirmed that client #4 is capable of punching medications with partial independence. Further interview with the QIDP and the facility nurse revealed client #4 should have been given the opportunity to participate in drug administration by punching medication cards and by being taught the name and side effects of medications.	W 371		