

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

PRINTED: 08/14/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2019
NAME OF PROVIDER OR SUPPLIER PARK AVENUE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 105 PARK AVENUE CREEDMOOR, NC 27522		
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of wearing of eyeglasses. This affected 1 of 4 audit clients (#3). The finding is:</p> <p>Client #3 not prompted to wear his eyeglasses.</p> <p>During afternoon observations in the home on 8/12/19 from 3:00pm thru 4:30pm, client #3 was not prompted to wear his eyeglasses. Additional observations revealed at 4:11pm, client #3 was holding his medication close to his face to see what he was taking. Client #3 was also observed to be watching television in his bedroom during this time. At no time was client #3 prompted to wear his eyeglasses.</p> <p>During an interview on 8/13/19, Staff B revealed client #3 wears his eyeglasses "all the time."</p> <p>Review on 8/13/19 of client #3's IPP dated 1/10/19 stated, "[Client #3] does utilize Rx</p>	W 249			

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 249	Continued From page 1 glasses for his vision as he is farsighted. He sometimes needs to be reminded by staff to wear his glasses during the day."	W 249			
W 374	<p>During an interview on 8/13/19, the qualified intellectual disabilities professional (QIDP) revealed client #3 wears his eyeglasses at all times and needs to be reminded by staff to wear them.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(7)</p> <p>The system for drug administration must assure that drugs used by clients while not under the direct care of the facility are packaged and labeled in accordance with State law.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs were packaged and labeled with the name of the person prescribed the medication, with instructions on how to administer the medication and instructions as to how often to administer the medication for 2 of 4 audit clients (#3, #6). The findings are:</p> <p>1. Client #3's Beneprotein was not labeled.</p> <p>During afternoon medication administration in the home on 8/12/19 at 4:11pm, client #3's Beneprotein was not labeled.</p> <p>During an interview on 8/12/19, Staff A confirmed client #3 Beneprotein packet was not labeled. Further interview revealed client #3's Beneprotein "just come in a box" without any labels.</p>	W 374			

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W 374	Continued From page 2 During an interview on 8/12/19, the qualified intellectual disabilities professional (QIDP) confirmed client #3's Beneprotein packet was not labeled. 2. Client #6's labels for Triamcinolon Cream and Mupirocin Ointment were faded. During morning medication administration in the home on 8/13/19 at 7:55am, client #6's labels for Triamcinolon Cream and Mupirocin Ointment were faded and information was unable to be read. During an interview on 8/13/19, Staff C confirmed client #6's Triamcinolon Cream and Mupirocin Ointment labels were faded.	W 374			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The findings are: The medications were left unsecured and unsupervised. 1. During afternoon medication administration in	W 382			

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W 382	<p>Continued From page 3</p> <p>the home at 4:09pm, client #6's Beneprotein was removed from the top of a cabinet in the medication room by Staff A. Further observations revealed there is not a lock on the door leading into the medication room.</p> <p>During an interview on 8/12/19, Staff A confirmed the box which contains client #6's Beneprotein packets are kept on top of the cabinet in the medication room.</p> <p>2. During morning medication administration in the home at 8:03am, Staff C walked away while the surveyor was holding medications at the dining room table. Further observations revealed Staff C walked around the corner into the kitchen and was out of view of the medications.</p> <p>During an interview on 8/13/19, Staff C confirmed she had walked away and left the medications unattended. Further interview revealed Staff C had been trained not to leave medications unattended.</p> <p>Review on 8/13/19 of inservice training dated 7/1/19 stated, "During Med Administration-Never Leave meds unattended or unlocked....MEDICATIONS SHOULD BE LOCKED WHEN NOT BEING GIVEN...."</p> <p>During an interview on 8/13//19, the facility's nurse stated, "of course, medications should be secured at all times."</p>	W 382			
W 441	<p>EVACUATION DRILLS</p> <p>CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills under varied conditions.</p>	W 441			

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W 441	Continued From page 4 This STANDARD is not met as evidenced by: Based on review of fire drill reports and interview, the facility failed to ensure fire evacuation drills were conducted at varied times. This affected all clients residing in the home. The finding is: Fire drills on third shift were not conducted at varied times. Review of fire drill reports on 8/12/19 revealed the following: Five fire drills were conducted at 12:35am, 12:53am, 6:09am, 12:51am and 12:05am. During an interview on 8/12//19, the qualified intellectual disabilities professional (QIDP) stated third shift hours are between 11pm thru 8am. Further interview confirmed third shift fire drills were not conducted at varied times.	W 441			