

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

PRINTED: 09/12/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G235 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/11/2019 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER LIFE, INC FOLLY STREET GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 65 FOLLY STREET SW SUPPLY, NC 28462 | | |
| (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 368 | <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the system of administrating medications as ordered was implemented. This affected 2 of 3 clients (#3, #4) observed during medication administration. The findings are:</p> <p>1. Client #3 did not receive her nasal spray as ordered.</p> <p>During medication administration observation in the home on 9/11/19 at 6:35am, the medication technician administered client #3's six pills. Further observations revealed client #3 did not receive any other medications.</p> <p>Review on 9/11/19 of client #3's physician orders signed 6/25/19 revealed she had an order for the following: "Fluticasone 50mcg Inhale Two Sprays into each nostril every day at 6am."</p> <p>During an interview on 9/11/19, the facility's nurse revealed the time for client #3 to receive her nasal spray had been changed. Further interview revealed the time change had not been documented on the physician orders and there was no order about the new time change.</p> <p>2. Client #5's physicians order had not been updated.</p> | W 368 | | | |

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 368 | Continued From page 1 During medication administration observation in the home on 9/11/19 at 7:22am, client #5 independently checked his own blood pressure using an battery operated blood pressure machine. Further observations revealed Staff A wrote down the results. During an interview on 9/11/19, Staff A revealed client #5 checks his own blood pressure every morning. Review on 9/11/19 of client #5's physician orders signed 6/19/19 revealed his blood pressure is checked at 4pm. During an interview on 9/11/19, the facility's nurse stated client #5's blood pressure is suppose to be checked at 8am and 4pm. Further interview revealed the 8am time had not been documented on the physician orders and there was no order about both of the times. | W 368 | | | |
| W 454 | INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected all clients residing in the home. The finding is: Precautions were not taken to promote client/staff health/safety and prevent possible | W 454 | | | |

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| W 454 | <p>Continued From page 2 cross-contamination.</p> <p>During meal preparation observations in the home on 9/11/19, Staff B was observed drying their hands on a soiled dish towel after washing their hands. Further observations revealed Staff B verbally prompting a client dry their hands on the same dish towel after they washed their hands. Further observations revealed there were disposable papertowels in the kitchen. Staff B then brought the same dish towel to the table and was observed placing her hands on it, throughout the meal, while she assisted the clients with passing food items.</p> <p>During an interview on 9/11/19, Staff B revealed she dries her hands on a dish towel in her own home and she did not see anything wrong with doing here in the home.</p> <p>During an interview on 9/11/19, the facility's nurse revealed both the staff and client should have wiped their hands on the papertowels after they washed their hands.</p> | W 454 | | | |