PRINTED: 08/18/2019 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			30 90 90	E SURVEY IPLETED	
		34G105	34G105 B. WNG		0.5	3/07/2019	
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	30772013
23RD STR	REET HOME				804 EAST 23RD STREET NEWTON, NC 28658		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	CFR(s): 483.475(b)(1) [(b) Policies and procedure develop and implement policies and procedure plan set forth in paragrament at paragrament at paragrament at paragrament at paragrament at paragrament at policies and updated minimum, the policies address the following: (1) The provision of summand patients whether the place, include, but are (i) Food, water, medical supplies (ii) Alternate sources of following: (A) Temperatures to safety and for the safe provisions. (B) Emergency light (C) Fire detection, esystems. (D) Sewage and was *[For Inpatient Hospice Policies and procedure (6) The following are achospice-operated inpatient The policies and procedure following: (iii) The provision of summand procedure of shelter in patient to the following: (iiii) The provision of summand plants of the policies and procedure following: (iiii) The provision of summand plants of the following: (iiii) The provision of summand plants of the following: (iiii) The provision of summand plants of the following: (iiii) The provision of summand plants of the following: (iiii) The provision of summand plants of the following: (iiii) The provision of summand plants of the following: (A) Food, water, medical plants and procedure in patients and procedure i	edures. [Facilities] must and emergency preparedness are, based on the emergency raph (a) of this section, risk aph (a)(1) of this section, an plan at paragraph (c) of es and procedures must be at least annually.] At a and procedures must be at least annually.] At a and procedures must be at least annually. The procedures must and pharmaceutical from the protect patient health and and sanitary storage of an annual set disposal. The procedures must be at least annually. The procedures and alarm set disposal. The procedures must be at least annually. The procedures and alarm set disposal. The procedures must be at least annually. The procedures and alarm set disposal. The procedures must alarm set disposal and alarm set disposal and alarm set disposal. The procedures must alarm set disposal and	E	015	E 015 - All direct support staff an will be trained/in-serviced on wat needs as required by the Emerge Preparedness Policy. All staff/R be trained to procure and mainta minimum supply of water per polithe Safety Committee Chairperso This will be ensured via monthly mental assessments completed a facility, completed by a member of Interdisciplinary Team. In the future, the Administrator are the Safety Committee Chairperso ensure that the facility will maintal requirements related to food/water Emergency Preparedness Policy.	er suppency TL will in the icy, by on. environ at each of the ond/or on will in er per	
BURATURY DI	IKECTOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATURE			TITLE	,	X6) DATE

Any deficiency statement ending with an actorist (*) denotes a deficiency which the institution may be

Administrator

8/24/19

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.

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G105	B. WING_		08/	07/2019
· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS, CITY, STATE, ZIP COD 804 EAST 23RD STREET NEWTON, NC 28658		5772013		
PREFIX	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
E 015	supplies. (B) Alternate source following: (1) Temperature and safety and for the of provisions. (2) Emergency limits of provisions. (3) Fire detections systems. (C) Sewage and with this STANDARD is reported and the facility of the emergency prepared and the provision of subsistent clients and staff as recemended and the emergency plan (EP). Observations conduct 8/6/19, verified by intermanager, revealed and consisting of two gallod drinking water was an observations conduct 8/7/19 revealed three from the emergency we clients when packing I an available supply of bottles of water. Review of the facility's conducted on 8/6/19, verified intellectual di (QIDP) on 8/7/19, revermaintain a supply of operson per day for the group home manager, verified the facility's su	ses of energy to maintain the sto protect patient health e safe and sanitary storage sighting. In, extinguishing, and alarm aste disposal. In the se sevidenced by: In, record review and sailed to implement the ness policy relative to the ness policy and policy in the facility in the ness policy policy in the new policy in the new policy policy in the new policy policy policy in the new policy po	EO	15		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G105	B. WING_		08	3/07/2019
2004.000.0000.000	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 EAST 23RD STREET NEWTON, NC 28658	1 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE	(X5) COMPLETION DATE
E 015	needs of the 6 clients as a total of 5-7 staff a 24-hour period. NURSING SERVICES CFR(s): 483.460(c)	residing in the home as well assigned to the home over a	E 0	W 331 - RN and/or Habilitation will ensure all staff are trained, to provide active treatment dur	abilitation Specialis e trained/in-service	
	The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to provide nursing services in accordance with the needs of 1 of 3 sampled clients (#1) and 1 non-sampled client (#5) relative to training staff in client participation during the medication administration process. The findings are: A. The facility failed to provide nursing services in accordance with the needs of client #1.			medication administration. The will include name, purpose, and side effects of each medication. Medication Administration active will be ensured via quality cheef weekly, for a period of four were routinely thereafter, by a member of the future, RN and/or Hability Specialist will ensure active tree is continuious during medication.	d possible given. We treatmocks twice leks, then per of the lation atment	e ent
	revealed client #1 enter administration area and included: Aspirin 81mg 1 tablet; Levetoraceta Nifedipine 30 mg - 1 ta units- 1 tablet. Continu staff D to administer m client #1 with no inform purpose or possible side received. Further observerieve client #1's med medications from a bull	d received medications that y- 1 tablet; Ezetimibe 10mg- 250mg- 1/2 tablet; ablet and Vitamin D3 2000 used observations revealed edications and to provide nation related to the name, de effects of medications ervation revealed staff D to dications, punch out able pack, mix medications ed client #1 all medications				-

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		34G105	B. WING_			8/07/2019
	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE 804 EAST 23RD STREET NEWTON, NC 28658		10/07/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 331	Review of records for an individual service (Review of the ISP revevaluation dated 1/16 punches out medicati swallows pills whole, trash appropriately an administration record review for client #1 reinventory (ABI) asses further verified client # place a pill in mouth a with independence. Interview on 8/7/19 wifacility qualified intelle professional (QIDP) v provide training to clie administration relative side effects of medical. B. The facility failed to accordance with the number of the companion of the co	client #1 on 8/7/19 revealed blan (ISP) dated 1/22/19. realed a medication /19 that indicated client #1 ons with supervision, obtains own drink, disposes ad signs the medication (MAR). Continued record vealed an adaptive behavior sment dated 4/23/18 that #1 is able to dispense pills, and drink water from a cup the the facility nurse and the ctual disabilities erified all staff should ants during medication to the name, purpose and tion. In provide nursing services in eeds of client #5. The don 8/7/19 at 8:00 AM anter the medication and receive medications that tog - 1 capsule; Gabapentin portigine 25 mg - 2 tablets; ablet; Thermotabs buffered Vitamin D3, 2000 unit- 1 ervations revealed staff Dons to client #5 and to related to the purpose or for medications received. The state of the client wat medications. Following	W3	31		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 EAST 23RD STREET NEWTON, NC 28658		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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	bubble pack into a memedications to the clie observed to hand clies by staff. Client #5 was medications followed. Review of records for an ISP dated 12/18/18 client #5 revealed a m 12/13/18 that identifies medications with hand pills whole, obtains ow appropriately. Interview on 8/7/19 wir QIDP verified all staff sclients during med adriame, purpose and sid DRUG ADMINISTRAT CFR(s): 483.460(k)(2) The system for drug are that all drugs, including self-administered, are This STANDARD is not Based on observation interview, the facility famon-sampled client (#5 medications without errobservations conducted revealed client #5 to errobservations.	dout medications from a ed cup and handed ent #5. Staff D was further int #5 a cup of water poured is then observed to take by water. Client #5 on 8/7/19 revealed is Further record review for redication evaluation dated in dient #5 punches out is over assistance, swallows in drink and disposes trash in the facility nurse and should provide training to ministration relative to the inde effects of medication. ION Idministration must assure in the defence of the effects of medication. ION In met as evidenced by: In second review and ited to ensure 1 in the effects of medication. Iou was administered in the effect of the	W 36			
		tablet; Lamotrigine 25 mg				

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		34G105	B. WING		08	/07/2019
23RD STF	ROVIDER OR SUPPLIER REET HOME	ATEMENT OF DECIDIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE 804 EAST 23RD STREET NEWTON, NC 28658		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
W 369	- 2 tablets; Levothyrox Calc 500 mg-1 tablet; tab - 1 tablet; Vitamin Continued observation administer medication with no information repossible side effects of Staff D was observed wanted to help punch followed by no responsive them observed to out medications from cup and hand medical was further observed water poured by staff. revealed client #5 to table water. Review of records on revealed physician or 5/20/19. Review of the revealed medications (1), Gabapentin 800 m (2), Levothyroxin 100 vitD/500mg (1), Therm Vitamin D3, 2000 unit 0.12%. Additional revevealed Chlorhexiding applied to the teeth will interview with staff D of should have received as prescribed and staff the client's medication with facility nurse on 8 physician orders for client interview with staff D of Further interview with staff client's medication with facility nurse on 8 physician orders for client interview with staff client's medication with facility nurse on 8 physician orders for client interview with staff client's medication with facility nurse on 8 physician orders for client interview with staff client's medication with facility nurse on 8 physician orders for client interview with staff client's medication with facility nurse on 8 physician orders for client interview with staff client's medication with facility nurse on 8 physician orders for client interview with staff client's medication with facility nurse on 8 physician orders for client interview with staff client's medication with facility nurse on 8 physician orders for client interview with staff client's medication with facility nurse on 8 physician orders for client's medication with staff client's m	Thermotabs buffered salt D3, 2000 unit- 1 tablet. In serve a led staff D to as and to provide client #5 lated to the purpose or of medications received. It to ask client #5 if the client out medications which was use from client #5. Staff D retrieve medications, punch a bubble pack into a med tions to the client. Staff D to hand client #5 a cup of Subsequent observation aske all medications followed 8/7/19 for client #5 dated to 5/2019 physician orders to include: Amitiza 24 mcg and (1), Lamotrigine 25mg mcg (1), OYS Calc 500 to tabs buffered salt tab (1), (1) and Chlorhexidine glu itew of physician order to glu 0.12%. Should be the a swab. 10. 8/7/19 revealed client #5 Chlorhexidine glu. 0.12% of D had overlooked it during administration. Interview (7/7/19 verified the 5/20/19	W 369	W 369 - RN will ensure medic will be given to the direct support of the direct support of the direct support of addition, RN will ensure the service for all staff on administ all medications. In addition, Rensure medication checker sy adequately applied in order to medication errors. Direct Supwill retake Medication Administraining. This will be ensured via quality checks of medication administ twice weekly, for a period of for then routinely thereafter. In the future, RN will ensure all support staff are trained to adriall medications, and medication are conducted to prevent error.	oort staff. ning/in- ering N will stem is prevent port Staff tration / control ration our weeks I direct minister n checks	,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1000	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 371	that clients are taught medications if the interest determines that self-aris an appropriate objection does not specify other. This STANDARD is in Based on observation interview, the facility from the facility	administration must assure to administer their own ardisciplinary team dinistration of medications ctive, and if the physician wise. ot met as evidenced by: as, record review and ailed to assure the system a provided the opportunity to on self-administration or ed to the name, purpose adications administered for (#1) and 1 non-sampled gs are: g administration failed to provided the opportunity to on self-administration or ed to the name, purpose dications. For example: ed on 8/7/19 at 7:10 AM ered the medication dreceived medications that g-1 tablet; Ezetimibe 10mg-250 mg-1/2 tablet; witamin D3 2000 and observations revealed redications erivation revealed staff D to	W3	W 371 - RN and/or Habilitation will ensure all staff are traine to provide active treatment dimedication administration. Twill include name, purpose, a side effects of each medication addition, RN will train/in-set to ensure all individuals are a opportunity to be as independent possible during the medication Medication Administration active weekly, for a period of four with the routinely thereafter, by a mendinterdisciplinary Team. In the future, RN/Habilitation ensure active treatment is conduring medication passes.	d/in-service uring this training and possible on given. ervice staff afforded the dent as on passes. tive treatmetecks, twice eeks, then of the Specialist was a special specialist was a special	d ent

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		34G105	B. WING		30	3/07/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 EAST 23RD STREET NEWTON, NC 28658		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	IX (EACH CORRECTIVE ACTION S	SHOULD BE	(X5) COMPLETION DATE
	away the cup. Review of records for an individual service p Review of the ISP review of the ISP review of the ISP review of the ISP review evaluation dated 1/16/punches out medication swallows pills whole, of trash appropriately and administration record (review for client #1 review for client #1 review for client #1 review for client #1 review on 8/7/19 with place a pill in mouth an with independence. Interview on 8/7/19 with qualified intellectual disconfided client #1 is cap medication administration administration administration administration are including Amitiza 24 most medication administration area and including Amitiza 24 most medication administration area and including Amitiza 24 most medication administration area and including Amitiza 24 most medication and including Amitiza 24 most medication area and	client #1 on 8/7/19 revealed lan (ISP) dated 1/22/19. ealed a medication (19 that indicated client #1 ons with supervision, obtains own drink, disposes disigns the medication (MAR). Continued record realed an adaptive behavior sment dated 4/23/18 that 1 is able to dispense pills, and drink water from a cup of the facility nurse and esabilities professional and sabilities professional and sabilities professional of the in their medication with QIDP on 8/7/19 able of participation in in with at least hand over a most tasks. administration failed to rovided the opportunity to an self-administration or did to the name, purpose dications. For example:	W	371		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		250 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	TIPLE CONSTRUCTION NG	1.0 (2)	(X3) DATE SURVEY COMPLETED	
		34G105	B. WING_			8/07/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 804 EAST 23RD STREET NEWTON, NC 28658		10/10/12013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 371	Continued observation administer medication no education related to side effects of medication observed to ask client help punch out medications, punched bubble pack into a medications to the client by staff. Client #5 was medications followed to the client was medications with hand pills whole, obtains own appropriately. Interview on 8/7/19 with QIDP verified all client opportunity to participal administration at the scapable. Further interview.	min D3, 2000 unit- 1 tablet. Ins revealed staff D to us to client #5 and to provide to the purpose or possible tions received. Staff D was #5 if the client wanted to ations. Following no to the purpose or possible tions received. Staff D was #5 if the client wanted to ations. Following no to the purpose of possible to ut medications from a to d cup and handed tent #5. Staff D was further to the standard of the companies of the poured to the the standard of the purpose out to ver assistance, swallows to drink and disposes trash the the facility nurse and the should be provided the to the	Wa	171		