

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

PRINTED: 06/23/201
FORM APPROVE
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2019
NAME OF PROVIDER OR SUPPLIER TUCKASEEGEE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5400 TUCKASGEE ROAD CHARLOTTE, NC 28208	
(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 383	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the keys to the medication closet keys were secured so as not to allow unauthorized access to medications in the home. The finding is:</p> <p>Afternoon observations on 6/17/19 at 4:15 PM revealed an opened drawer in the group home's medication area. Continued observations of the opened drawer revealed a visible red plastic coil with an attached ring of keys. Further observations, confirmed immediately, at 4:20 PM by the qualified intellectual disabilities professional (QIDP), the attached ring of keys to be keys to the medication cabinets. Subsequent interview with the QIDP confirmed leaving the keys in an opened unlocked drawer allowed anyone to have access to the medications, without staff supervision.</p> <p>Subsequent interview on 6/17/19 with the QIDP confirmed medication technicians have been trained to ensure the medication room area and medication keys are secured. Further interview confirmed all medications are to remain locked at all times, and keys to the medications should remain secured, to prevent anyone having access to medications except for the staff administering medications.</p>	W 383	<p>In-service will be completed with all staff by 8/18/19. The staff person responsible for medication administration must keep the med keys on them at all times when clients are in the home. This procedure will be ongoing and will be monitored by the Group Home Manager and the Qualified Professional.</p> <p style="text-align: center;">RECEIVED JUL - 8 2019 DHSR NH L & C Black Mountain / WRO</p>	8/18/19
W 473	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(ii)</p>	W 473	<p>In-service will be completed by 8/18/19 on the importance an ice pack in lunch bag and food safety. This procedure will be ongoing and will be monitored by the Group Home Manager and the Qualified Professional.</p>	8/18/19

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/18/2019
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W 473	<p>Continued From page 1</p> <p>Food must be served at appropriate temperature.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure the cold foods in 5 of 5 clients' lunch bags in the home were maintained at the proper state requirements for safe food temperatures. The finding is:</p> <p>Morning observations in the group home on 6/18/19 at 7:20 AM revealed clients' lunch bags packed with their lunch items to sit on a couch in the living room area. Further observations at 8:05 AM revealed clients to load into the van. Continued observations of the van loading process revealed the clients' lunch bags to be placed into the van for transport to their day program. Subsequent observations at 8:07 AM confirmed none of the clients' lunch bags contained packed cooling devices.</p> <p>Immediate interview on 6/18/19 at 8:08 AM during the van loading process with the qualified individual disabilities professional (QIDP) revealed individual client lunch bags consisted of chicken salad with mayonnaise, and a cucumber and tomato salad mixture for their lunch meal. Continue interview confirmed ice packs/cooling devices were not packed in the individual lunch bags. Further interview with the QIDP confirmed a cooling device should have been placed in each client's lunch bag to keep the client's lunch food at a consistent, safe temperature.</p>	W 473			