STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G166	A. BUILDING _____ B. WING _____	10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YADKIN II & III	3220 & 3224 US HWY 21 HAMPTONVILLE, NC 27020

(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure staff were trained to perform their duties effectively related to assuring client privacy during medication administration for two non-sampled clients (#3 and #5). The findings are: Observations in the group home on 10/9/19 at 6:40 AM revealed staff A prompting client #3 to the medication room located next to the dining area for a blood sugar test. Staff A gave the client a choice to leave the medication room door open or closed, and the client chose to leave the door open. Continued observations during the blood sugar test revealed client #1 sitting directly outside the medication room and looking into the medication room. Client #2 was observed to walk past the medication room, stop, and look into the medication room. Staff A could be overheard telling client #3 the result of his blood sugar test. Further observations on 10/9/19 at 7:41 AM revealed staff B prompting client #3 to the medication room to receive his morning medications. Staff B gave the client a choice to leave the medication room door open or closed, and the client chose to leave the door open. Continued observations during the medication administration revealed staff B could be overheard asking client #3 if he had a bowel	W 189		

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
	34G166	A. BUILDING _____ B. WING _____	10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 189	Continued From page 1 movement earlier, and describing the medications being administered. Client #5 was observed to be at the dining table eating breakfast during client #3's medication administration, and client #1 was observed walking past the door and looking into the medication room. Further observations at 8:00 AM, revealed staff B prompting client #5 to the medication room to receive his morning medications. Staff B gave the client a choice to leave the medication room door open or closed, and the client chose to leave the door open. Continued observations during the medication administration revealed staff B could be overheard describing medications to client #5. Client #1 was observed sweeping the dining area floor directly outside the medication room and was observed looking into the medication room. Interview with the qualified intellectual disabilities professional (QIDP) and the facility nurse on 10/9/19 confirmed that staff do offer all clients in the home the choice of leaving the medication room door open. Continued interview with the QIDP and the nurse did not reveal evidence that either client #3 or client #5 had any safety or behavioral reasons for leaving the medication door open during medication administration, treatments or obtaining vital signs. The facility nurse confirmed client's #3 and #5 should be provided privacy during medication administration, treatments and while obtaining vital signs.	W 189		