STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G024	A. BUILDING _____ B. WING _____	12/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEVIEW	**5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105**

(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 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: The facility failed to assure all drugs and biologicals were kept locked except when being prepared for administration as evidenced by observation and interview. The finding is: During afternoon observations of medication administration in the home on 12/2/19 at 5:02 PM, staff C left the medication area. Subsequently, client #3 was left alone during this time, pill packs of client medications were left unlocked, out on a desk, in the medication area. During morning observations of medication administration in the home on 12/3/19 at 7:20 AM, staff C left the medication area. Subsequently, during this time, client #3 was left alone in the medication area along with pill packs of medications left unlocked and out on a desk. Interview on 12/3/19 at 8:00 AM with staff C confirmed they have been trained to ensure the medications are locked and secured before leaving the medication area. Interview on 12/3/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed medication technicians have been trained to ensure the medications are locked and secured before leaving the area during medication administration.	W 382		
W 383	DRUG STORAGE AND RECORDKEEPING	W 383		

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
	34G024	A. BUILDING _____ B. WING _____	12/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEVIEW	5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105

(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	Continued From page 1 CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the medication keys were not accessible to unauthorized individuals. The finding is: During observations of morning medication administration in the home on 12/3/19 at 7:35 AM, staff C left the medication keys on a desk in the medication room. Subsequently, this allowed anyone, including staff and clients, to have access to the medications without staff supervision. During an interview on 12/3/19, staff C confirmed medication keys were not to be left unsupervised. Further interview revealed they have been trained to ensure medications are locked and secured before leaving the area and possession of medication keys are retained, at all times, by the staff member administering medications. Continued interview on 12/3/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed medication technicians have been trained to ensure access to the medication room area is secured and medications are locked before leaving the area during medication administration.	W 383		