

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

PRINTED: 12/07/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/03/2019
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NAME OF PROVIDER OR SUPPLIER PINEVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105
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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
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W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	W 382	<p>RTL and RM will in-service all staff for appropriate storage and protection of medications before, during and after med pass sessions.</p> <p>RTL and RM will observe and document 3 medication pass sessions with said employee to ensure medications are being locked up properly as well as in-service individually on appropriate medication storage.</p> <p>DHSR-Mental Health</p> <p>DEC 17 2019</p> <p>Lic. & Cert. Section</p>	1/31/2020
W 383	<p>DRUG STORAGE AND RECORDKEEPING</p>	W 383		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Charmelle Epine Residential Team Lead / QR* TITLE: _____ (X6) DATE: *12/11/19*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing if 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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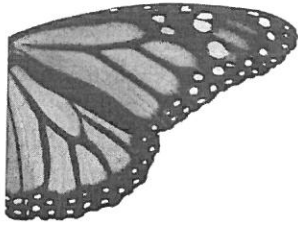
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W 383	<p>Continued From page 1 CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the medication keys were not accessible to unauthorized individuals. The finding is:</p> <p>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.</p> <p>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.</p>	W 383	<p>RTL and RM will in-service all staff for appropriate management of medication closet keys and the responsibility of the responsible staff.</p> <p>RTL and RM will observe and document 3 medication pass sessions with said employee to ensure medication keys are managed appropriately as well as in-service individually on the management of the medication keys.</p>	1/31/2020
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December 12, 2019

Sherri Capps, RN, Nurse Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Recertification Survey – November 20, 2019 – Pineview

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,



Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512

