

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

PRINTED: 01/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/30/2020
NAME OF PROVIDER OR SUPPLIER LIFE, INC ALBEMARLE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 243 COKE AVENUE EDENTON, NC 27932		
(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 000	INITIAL COMMENTS	W 000			
{W 368}	<p>A revisit was conducted on 1/30/2020 for all previous deficiencies cited on 10/22 - 22/2019. All deficiencies have not been corrected. The facility is not in compliance with all regulations surveyed.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the system of administering medications as ordered was implemented. This affected 1 of 4 audit clients (#2) The finding is:</p> <p>Client #4 did not receive his Meloxicam as ordered.</p> <p>Review on 1/30/2020 of the facility's plan of correction (POC) there was no information regarding correcting this citation.</p> <p>During an interview on 1/30/2020, the qualified intellectual disabilities professional (QIDP) confirmed there was no documentation regarding this citation. Further interview revealed the citation was not monitored as indicated in the facility's POC.</p>	{W 368}			

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.