STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G300	A. BUILDING _____ B. WING _____	02/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANK STREET ICF/MR	719 FRANK STREET ROXBORO, NC 27573

(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 324	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(ii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all immunizations were current for 1 of 3 audit clients (#6). The finding is: Client #6 did not receive a tetanus booster as recommended. Review on 2/19/2020 of client #6's record revealed she had was admitted to the facility on 10/22/2019. Additional review of the client's immunization record reveal a tetanus booster was administered 8/2008. Interview on 2/20/2020 with the qualified intellectual disabilities professional (QIDP) confirmed a tetanus booster should be adminstered every 10 years. Further interview confirmed client #6 had not received a tetanus booster on timely manner.	W 324		
W 351	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(1) Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later	W 351		

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.

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W 351	Continued From page 1 than one month after admission to the facility (unless the examination was completed within twelve months before admission). This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to assure 1 of 1 newly admitted audit clients (#4) was provided a dental examination no later than one month after admission to the facility. The finding is: Client #4 did not receive a dental examination in a timely manner. Review on 2/19/2020 of client #4's record revealed she was admitted into the facility on 10/22/2019. Further review revealed a dental examination dated 12/31/19, revealed a note' " X-ray completed cleaning not done waiting for medical clearance." This assessment was not performed within 30 days of her admission. During an interview on 2/20/2020, the qualified intellectual disabilities professional (QIDP) confirmed client #4's dental examination was not completed within 30 days of her admission.	W 351		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, interviews and record	W 368		

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	34G300	A. BUILDING _____ B. WING _____	02/19/2020

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W 368	Continued From page 2 reviews, the facility failed to ensure a physician's orders were followed as written for 1 of 3 audit clients (#4). The findings are: Physician's orders were not followed as indicated for client #4. During observations of medication administration in the home on 2/19/2020 at 7:02am, client #4 ingested Lisinopril, HCTZ, Vitamin D, Levetiracetam and Carbamazepine only. Review on 2/20/2020 of client #4's physician's orders dated 1/23/19 revealed an order for, "Senokot-S tabs, take 2 tablets by mouth everyday for constiption...." Interview on 2/20/2020 with the medication technician (MT) revealed, client #4 always ingests Senokot in the evening. Interview on 2/20/2020 with the qualified intellectual disabilities professional (QIDP) confirmed the physician's order was not followed.	W 368		