STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G033	A. BUILDING _____ B. WING _____	03/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHRIDGE ROAD	301 SOUTHRIDGE RD JAMESTOWN, NC 27282

(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 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4) The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the system for drug administration failed to assure 3 of 3 clients (#2, #3 and #4) observed during the medication pass were provided teaching related to name, purpose and side effects of medications administered. The findings are: A. The system for drug administration failed to assure client #3 was provided teaching related to the name, purpose or possible side effects of medications received. For example: Observations conducted on 3/4/2020 at 7:10 AM during medication administration revealed client #3 to receive medications including Vitamin D 5000 IU, Benztropine 0.05mg, Fluoromethol 0.1% and Restasis EMO 0.05%. Continued observations revealed with staff E direction, client #3 to punch medications into a medication cup. Client #3 was observed to take all medications. Client #3 was not observed to be provided with teaching related to the name, purpose or possible side effects of medications administered. Review of medical record on 3/4/2020 revealed a person centered plan (PCP) dated 9/1/2019. Further review of the PCP revealed client #3	W 371		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 371	Continued From page 1 participates in his medication administration and knows what he's taking and why he is taking it. Continued review of record revealed an independent daily assessment dated 8/27/2019. Client #3 requires moderate/gestural or partial physical assistance with describing, dispensing, and stating medication and purpose. Interview with the qualified intellectual disability professional (QIDP) on 3/4/2020 verified client #3 should have been provided education during his medication pass with the identification of at least one medication, purpose and side effect. B. The system for drug administration failed to assure client #2 was provided teaching related to the name, purpose or possible side effects of medications received. For example: Observations conducted on 3/4/2020 at 7:20 AM during medication administration revealed client #2 to receive medications including Carbamezepine CHW 100mg, Cetirizine 10mg, Sertraline 50mg, Reguloid S/F, Fluticasone Spray. Continued observations during this medication administration revealed staff E to prompt client #2 to punch medications with staff assistance into a medication cup. Further observations revealed client #2 to take all medications. Client #2 was not observed to be provided with teaching related to the name, purpose or possible side effects of medications administered. Review of medical record on 3/4/2020 revealed a PCP dated 3/1/2019. Further review of the PCP revealed a living skills assessment dated 2/10/2020. Review of the current living skills assessment revealed client #2 can participate in	W 371		

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W 371	Continued From page 2 medication administration but relies on others for accuracy and safety. Interview with the QIDP on 3/4/2020 verified client #2 should have been provided education during his medication pass with the identification of at least one medication, purpose and side effect. C. The system for drug administration failed to assure client #4 was provided teaching related to the name, purpose or possible side effects of medications received. For example: Observations conducted on 3/4/2020 at 7:30 AM during medication administration revealed client #4 to receive medications including Omeprazole 20mg, Vitamin D 1000 Unit, Calcium + Vit D 600/400 IU, Docusate Sodium 100mg, Certavite tab/Antioxid, Polyethyene Glycol Powd. Continued observations revealed staff E to prompt client #4 to punch medications into a medication cup. Further observations revealed client #4 to take all medications. Client #4 was not observed to be provided with teaching related to the name, purpose or possible side effects of medications administered. Review of medical record on 3/4/2020 revealed a PCP dated 10/1/2019. Continued review of the PCP revealed an independent daily living assessment dated 9/9/2019. Further review of the independent daily living assessment revealed client #4 requires full assistance during medication administration to describe, dispense, state medication and purpose, and understand why he is taking them. Interview with the QIDP on 3/4/2020 confirmed all clients should have been provided education	W 371		

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W 371	Continued From page 3 during the medication pass with the identification of at least one medication, purpose and side effect.	W 371		