

PRINTED: 02/05/2020
FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2020
NAME OF PROVIDER OR SUPPLIER JADE TREE			STREET ADDRESS, CITY, STATE, ZIP CODE 6501 JADE TREE LANE RALEIGH, NC 27615	
(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	<p>DRUG STORAGE AND RECORDKEEPING 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 observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is:</p> <p>A key to the facility's drug storage area were accessible to anyone in the home.</p> <p>During evening medication administration in the home on 2/3/2020, the medication technician placed the key to the medication room in a locked box located fixed to a cabinet in the kitchen. Further observation revealed there was a different key left in the lock of the box. The key remained in the lock from 5:38pm until 6:30pm.</p> <p>During an interview on 2/3/2020, the qualified intellectual disabilities professional (QIDP) revealed the key to the lock box should not have been left in the box. Additional interview revealed the key should have been kept with the medication technician.</p>	W 383	<p>To prevent this deficiency from occurring staff will be retrained during the upcoming staff meeting on 2/19/2020, on the importance of keeping the key to the lock box on their person at all times to prevent access to unauthorized persons. Program Director and QP will monitor to ensure that staff are following protocol. Training will occur during each staff meeting following after the initial training.</p> <p style="text-align: center;">RECEIVED FEB 12 2020 DHSR-MH Licensure Sect</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE


(X6) DATE

Latoya M. Brown

QP

2/12/20

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.

<p style="text-align: center;">FAX</p> <p><i>Autism Services, Inc.</i> 1310 H Corporation Parkway Raleigh, NC 27610 Phone: (919) 255-9011 Fax: (919) 255-9029 ASIOFNC.ORG</p> 	To: Tonya Bridges Fax number: (919) 715-8078
	From: Leitya M. Brown Fax number: (919) 255-9029
	Date: 2/12/2020 # of Pages: 2
	Regarding: POC for Jade Tree Group Home
	Phone number for follow-up: (919) 255-9011 / (919) 395-8286
<p>Comments:</p> <p>Please see the attached POC for Jade Tree Group Home.</p> <p>Best regards,</p> <p>Leitya M. Brown, QP</p>	

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