

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

PRINTED: 10/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G224	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OR SUPPLIER COUNTRY LANE			STREET ADDRESS, CITY, STATE, ZIP CODE 534 COUNTRY LANE HOLLY SPRINGS, NC 27540		
(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 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were given without error. This affected two clients (#1 and #2.) The finding is:</p> <p>Staff failed to administer eye drops for clients #1 and #2 without error.</p> <p>During observations of the morning medication pass at 7:20am on October 13, 2020, staff took drops out of a bag labeled incorrectly and placed two drops of what were identified afterwards as ear drops into client #2's eyes. She realized it when looking at the bottle to pass the surveyor to read and immediately had the client wash his eyes out. At 7:45am client #1 refused to allow her to give him his eye drops so she said okay and called the nurse who stated okay. There were no further attempts to ask or assist him with eyedrops again.</p> <p>After the observations, the drops placed in client #2's eyes were identified as Ear drops DRO 6.5%.</p> <p>Review of the most current physician's orders revealed client #2 had an order for Systane Balance Dry to instill drops into each eye in the mornings and at bedtime as well as the drops for impacted cerumen nightly as directed. The ear drops had been placed into the eye drop bag.</p>	W 369			

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 369	Continued From page 1 Further review of the most current physician's orders for client #1 revealed an order for Pazeo DRO 6.7% instill drops into both eyes once daily. There was no plan or allowance written for the client not to receive as directed. Interview with the qualified intellectual disability professional (QIDP) on 10/13/2020) confirmed the physician orders should be followed as written.	W 369			