

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

PRINTED: 09/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2020
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NAME OF PROVIDER OR SUPPLIER SCI-TRIANGLE HOUSE II	STREET ADDRESS, CITY, STATE, ZIP CODE 1523 TYONEK DRIVE DURHAM, NC 27703
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(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
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W 000	INITIAL COMMENTS	W 000		
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 review and interview, the facility failed to ensure all medications were administered without error. This affected 1 of 2 clients (#3) observed receiving medications. The finding is: Client #3 did not receive all medications as ordered.</p> <p>During observations of medication administration in the home on 9/16/20 at 8:02am, client #3 ingested Zyrtec 10mg, Kapvay .1mg, Vitamin D3 2000 IU, Singulair 10mg, Ativan 2mg, Luvox 50mg, Lamictal 200mg, Tegretol ER 200mg, Depakote 250mg, Depakote 500mg, and Lithium Carb 450mg. The client also received one Cosopt eye drop in her left eye.</p> <p>Review on 9/16/20 of client #3's physician's orders dated 9/1 - 9/30/20 (signed 9/8/20) revealed orders for Flonase 50mcg, place 2 sprays in each nostril every day, 7a; Miralax powder, mix one capful (17 grams) 18 oz of beverage of choice 3 times a week, M-W-F, 7a; and Systane eye drops 0.1/0.4, place 1 drop in</p>	W 369	<p>All Nurses and Medication Monitors will receive training on Nursing Policy 206-01 regarding Medication Administration and the prevention of medication errors. The Chief Nursing Officer or the RN Team leader will conduct this training. In the future, all clients will receive all medications as ordered by their physician. The RN team leader will monitor medication administration at least once monthly.</p> <p style="text-align: center;">DHSR-Mental Health SEP 29 2020 Lic. & Cert. Section</p>	11-15-2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Seshe M. Royak</i>	TITLE Chief Operations Officer- Eastern Region	(X6) DATE 9/22/20
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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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NAME OF PROVIDER OR SUPPLIER SCI-TRIANGLE HOUSE II	STREET ADDRESS, CITY, STATE, ZIP CODE 1523 TYONEK DRIVE DURHAM, NC 27703
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W 369	<p>Continued From page 1 each eye 4 times daily, 7a, 12p, 4p, 8p.</p> <p>During an interview on 9/16/20, the medication technician acknowledged the Miralax, Flonase and Systane eye drops were not given during the morning medication administration.</p> <p>Interview on 9/16/20 with the facility's nurse confirmed client #3's physician's orders were current and she should have received all medications as ordered.</p>	W 369		
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"Creating Life Skills For Those We Serve"



Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

September 22, 2020

RE:

Complaint Survey Completed September 16, 2020
SCI-Triangle House II, 1523 Tyonek Dr., Durham, NC 27703
Provider Number: 34G214
MHL Number: MHL032-070
Intake Numbers: NC00165657

Please find enclosed the plan of correction for deficiencies received on 9-18-2020 for the compliant investigation conducted on 9-16-2020 at SCI-Triangle House II. Please contact me should you have any questions or need additional information.
Thank you,

Seslie Roughton
Chief Operations Officer –Eastern Region
Skill Creations, Inc.
Seslie.roughton@skillcreaitons.com
252-908-1151