

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

PRINTED: 01/21/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/20/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAK STREET GROUP HOME-ST. MARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1801 OAK STREET CHARLOTTE, NC 28269</b>		
(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 000	INITIAL COMMENTS	W 000			
W 369	<p>A complaint survey in addition to the recertification survey was completed on 1/20/2021. Deficiencies were not cited as a result of the complaint survey for Intake #NC00161721.</p> <p><b>DRUG ADMINISTRATION</b> 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 observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 3 sampled clients (#1). The finding is:</p> <p>Observations in the group home on 1/20/21 at 8:03 AM revealed client #1 to enter the medication room with staff D for morning medications. Continued observation revealed client #1 to participate in the medication pass with answering staff D's questions about her medications and punching medications from pills cards. Further observation revealed staff D to administer Combigan solution 0.2/0.5% to client #1's right eye. Client #1 was observed to request a paper towel for her eye and exit the medication room at 8:15 AM.</p> <p>Review of records for client #1 on 1/20/21 revealed physician orders dated 8/10/20. Review of the 8/2020 physician orders revealed an order for Combigan solution 0.2/0.5% with the physician directive to instill one drop into the left eye twice daily. Continued review of records for client #1</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.

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

PRINTED: 01/21/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/20/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAK STREET GROUP HOME-ST. MARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1801 OAK STREET CHARLOTTE, NC 28269</b>		
(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	Continued From page 1 revealed a vision exam dated 10/23/2020. Review of the 10/2020 vision exam revealed a diagnosis of open angle glaucoma.  Interview with the facility nurse on 1/20/21 verified client #1 has current physician orders that include Combigan solution due to a diagnosis of glaucoma. Continued interview with the facility nurse revealed client #1 also has diabetes with a family history of glaucoma and diabetes. Subsequent interview with the facility nurse verified client #1 should have received the medicated eye drop to the left eye for glaucoma as written in the physician order.	W 369			