STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G214	A. BUILDING _____ B. WING _____	R-C 11/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-TRIANGLE HOUSE II	1523 TYONEK DRIVE DURHAM, NC 27703

(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 A follow-up survey was completed on 11/18/20 for the previous survey completed on 9/16/2020. Deficiencies were cited as a result of the survey.	{W 000}		
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to perform their duties effectively. The finding is: The facility nurse was not effectively trained to document medication administration properly. During observation of medication administration in the home on 11/18/20 from 12.00- 1:00pm , the nurse prepared client #1 at 12:15 Crushed it and mixed with her meal at 12:23pm. The nurse document the medication on the MAR at 12:25. The client ingested her medication at 12:55pm. Interview on 11/18/20 with the nurse revealed they have been trained to document the medication after the client ingest the medication. She further added, "I assumed since I mixed the medication with the food she will consume all her meal." Review of a document for medication Adminstration policy 206-1 indicated, "The MAR	W 189	189 All nurses and medication monitors will receive training by the RN Team leader in nursing policy 206-001, which covers medication administration documentation. The RN team leader will monitor medication administration and documentation once weekly. The Director will monitor medication administration once weekly. All monitoring will be documented and follow up will occur as needed.	1-19-2021

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

Sieslie Roughton | Chief Operations Officer- Eastern Region | 12-1-2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 189	Continued From page 1 is initiated immediately after the client swallow or is given his/her medication or treatment before going to the next client." Further review revealed the nurse had medication training on 10/1/2020. Interview on 11/18/20 with the acting Qualified Intellectual Disabilities Professional (QIDP) revealed medication adminstration should only be documented after the client ingest the medication.	W 189		