

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

PRINTED: 04/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2021
NAME OF PROVIDER OR SUPPLIER AVENT FERRY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 904 AVENT FERRY ROAD 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 000	INITIAL COMMENTS	W 000			
W 369	<p>A recertification survey and complaint survey was completed on April 13, 2021 for Intake #NC00175042. No deficiencies were cited for the complaint. However, deficiencies were cited as a result of the recertification survey.</p> <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 observation, record review and staff interview, the facility failed to administer medications for 1 of 3 audit clients (#2) without medication error. The finding is:</p> <p>During morning observations in the home on 4/13/21, client #2 was finishing up his breakfast from 7:10am-7:20am. At 7:21am, client #2 entered the medication room and was given Levothyroxine 25 mcg to ingest.</p> <p>Review on 4/13/21 of client #2's physician's orders signed on 2/12/21 read, Levothyroxine 25 mcg, take on empty stomach.</p> <p>Interview on 4/13/21 with the nurse revealed that client #2 should have taken the medication on an empty stomach if the order is written that way.</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.