

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

PRINTED: 06/03/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>QUEEN'S POND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>651 QUEEN'S CREEK ROAD HUBERT, NC 28539</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 340	<p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the nursing services failed to ensure that staff were sufficiently trained in taking temperature in regards to COVID-19 protocol. This potentially effected all clients residing in the home (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13 and #14). The finding is:</p> <p>During morning observations in the home on 6/2/21 at 5:40am, the surveyor entered the home. Further observations revealed Staff A who opened the door did not take the temperature of the surveyor. Staff A did not ask the surveyor any questions regarding COVID-19 protocol.</p> <p>During an interview on 6/2/21, the home manger (HM) revealed the temperature of the surveyor should have been taken when she first entered the home. Further interview revealed anyone who enters the home should have their temperature taken due the facility's COVID-19 protocols.</p> <p>Review on 6/1/21 of the facility's front door revealed a noticed which stated, "Temperature checks and health screening required before entering building."</p>	W 340			

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: 06/03/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>QUEEN'S POND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>651 QUEEN'S CREEK ROAD HUBERT, NC 28539</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 340	Continued From page 1 Review on 6/2/21 of the facility's training records revealed Staff A had training on 6/5/20 to ensure that anyone entering the facility temperature is taken upon entering.  During an interview on 6/2/21, the management staff confirmed all staff have been trained to ensure when anyone enters the home, their temperature should be taken.	W 340			