

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

PRINTED: 06/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/04/2021
NAME OF PROVIDER OR SUPPLIER SCI-ROANOKE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 103 & 105 CLEARFIELD DRIVE ROANOKE RAPIDS, NC 27870		
(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 382	<p>A revisit and complaint survey was completed on 6/4/21 for Intake #NC00177273 and Intake #NC00177360. No deficiencies were cited for the complaints. Seven deficiencies were corrected for the revisit; However, one deficiency remains out of compliance. The facility remains out of compliance.</p> <p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure all medications were kept locked except when being administered. The finding is:</p> <p>During observations of medication administration on 6/4/21 at 12:15pm, Staff A retrieved medications from a gray laptop bag that does not have a lock on it. In addition, the bag was laying on a table in the room where medication is administered which has a door that does not lock.</p> <p>Interview on 6/4/21 with Staff A revealed that for several weeks, medications have been transported from the home to the day program in the bag that does not lock. In addition, Staff A confirmed the room where the bag is kept does not have a lock on the door.</p> <p>Interview on 6/4/21 with Staff B revealed that medications are transported in the laptop bag that does not lock and kept in a room that does not</p>	W 382			

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.

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W 382	Continued From page 1 lock while at the day program. Staff B revealed that previously, they had a red bag that locks that was used to transport medications but the facility nurse has provided them with the gray laptop bag. In addition, Staff B revealed that there used to be a cabinet that locked at the day program where medications were kept but the cabinet was no longer there. Interview on 6/4/21 with the facility Director revealed that medications are supposed to be transported in a locked bag and kept in a cabinet at the day program that locks. The facility director confirmed the medications should be locked and secured until they are administered.	W 382		