

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

PRINTED: 01/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/07/2022
NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 102 DOVE ROAD CREEDMOOR, NC 27522		
(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 survey was conducted on 1/7/2022 for all previous deficiencies cited on 11/9/21. All deficiencies have been corrected. A new area of noncompliance was found at W382.</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. This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure that medications were secured when not in use. This had the potential to effect 5 of 6 clients (#1, #2, #4, #5 and #6). This finding is:</p> <p>During morning observations in the home on 1/7/22 between 9:00 AM-9:40 AM, the medication technician (MT) was dispensing medications to clients #1 and #2. At 9:04 AM, the MT left the medication room unlocked while she went to the kitchen. Clients #4, #5 and #6 were unsupervised outside the door, for the minute that the MT was gone. An additional observation at 9:17 AM, found the MT and client #1 entering an unlocked medication room to pass out medications. The MT used her key to get a controlled medication out of a locked box. At 9:25 AM, the MT left the medications in an unlocked room to retrieve the nebulizer machine for client #1's treatment. Client #1 and the MT went to another area of the home and used the nebulizer treatment for 15 minutes, with the medication room remaining unlocked.</p> <p>During an interview on 1/7/22 with the MT she acknowledged that she forgot to lock the</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 medication room door every time she exited. During an interview on 1/7/22 with the Qualified Intellectual Disabilities Professional (QIDP) she stated that the controlled medications should be double locked and when staff are not present, the medication room should be locked.	W 382			