

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

PRINTED: 03/04/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/01/2022
NAME OF PROVIDER OR SUPPLIER TIMBERLEA GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5691 MACK LINEBERRY ROAD CLIMAX, NC 27233		
(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>NURSING SERVICES 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 observation and interview, nursing service failed to ensure staff were adequately trained to perform health and hygiene method for 3 of 6 clients (#1, #3, and #5) specific to ensuring paper towels and soap were accessible in the bathrooms. The finding is:</p> <p>Observation in the group home on 2/28/22 - 3/1/22 revealed two bathrooms were utilized by clients #1, #3, and #5. Continued observations of both bathrooms revealed no paper towels and soap to be in either bathroom throughout observations on 2/28/22 or 3/1/22. Observations on 2/28/22 and 3/1/22 revealed clients #1, #3 and #5 at various times to enter the bathrooms with no paper towels and soap, close the door and to exit the bathroom. Subsequent observation in the group home on 3/1/22 revealed both bathrooms to remain with no paper towels and soap throughout the observation periods.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/1/22 verified that there were no paper towels and soap in either bathroom. Continued interview with the QIDP confirmed that all bathrooms should have paper towels and soap in place. Further interview with the QIDP revealed that the facility developed a new checklist which will help to ensure bathrooms are supplied.</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: 03/04/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/01/2022
NAME OF PROVIDER OR SUPPLIER TIMBERLEA GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5691 MACK LINEBERRY ROAD CLIMAX, NC 27233		
(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 383	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the keys to the drug storage area was secured appropriately. The finding is:</p> <p>Observations in the group home on 3/1/22 at 5:58 AM revealed staff D to obtain the medication administration keys from a drawer in the kitchen and to administer medications to a client and return the keys to the kitchen drawer. Continued observation revealed staff D to leave the facility at 6:00 AM to end the shift. Further observation 3/1/22 at 6:30 AM revealed staff E to enter the facility to start the shift and to place personal items in the office area. Subsequent observation revealed staff E to enter the kitchen and obtain the medication administration keys from the drawer. Additional observation revealed staff E to enter the drug storage area with the keys.</p> <p>Interview with the facility nurse on 3/1/22 confirmed that staff should keep the medication administration keys on their person. Continued interview with the facility nurse confirmed that the medication administration keys should not be stored in a drawer in the kitchen and an in-service training will be provided to staff. The facility failed to assure only authorized staff had access to the medication key as required.</p>	W 383			