STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G309	A. BUILDING ______ B. WING ______	11/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON STREET EAST GROUP HOME	407 WEST WASHINGTON STREET LA GRANGE, NC 28551

(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 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 3 of 6 audit clients (#4, #5 and #6). The findings are: A. During observations of medication administration in the home on 11/1/21 at 4:58pm, Staff B was observed to administer one Metformin 500mg tablet to client #6. Client #6 was then observed to begin eating dinner at 5:04pm. During additional observations of medication administration in the home on 11/2/21 at 7:08am, Staff A was observed to administer one Topiramate 50mg tablet to client #6. Review on 11/2/21 of client #6's physician's orders dated 9/27/21 revealed an order for Metformin 500mg, "Give 30 minutes before meals." Additional review of client #6's physician's orders revealed an order for Topiramate 50mg to be administered at 9:00am. Interview on 11/2/21 with the facility nurse confirmed client #6 should have received her Metformin 500mg tablet 30 minutes before eating dinner and her Topiramate 50mg up to an hour before or an hour after the ordered time of 9:00am as the physician's order indicates.	W 368	All staff assigned to medication administration will be inserviced on proper medication administration according to the five rights of medication administration along with the identified areas of concern by the Nursing supervisor or designee. Medication administration will be monitored twice weekly for two weeks, then once weekly for four weeks then randomly to assure proper administration with corrective action performed by identified need. DHSR - Mental Health NOV 17 2021 Lic. & Cert. Section	01-01-22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] Chambers RN, PD — TITLE: Program Director — (X6) DATE: 11/15/21

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 368	Continued From page 1 B. During observations of medication administration in the home on 11/2/21 at 7:13am, Staff A was observed to administer one Aspirin 81mg tablet and 17 grams of PEG 3350 mixed in 16 ounces of water to client #5. Client #5 was then observed to eat breakfast at 7:55am. Review on 11/2/21 of client #5's physician's orders dated 9/27/21 revealed an order for Aspirin 81mg to be taken after breakfast and PEG 3350, mix 17 grams in 6-8 ounces of fluids. Review on 11/2/21 of a chart posted in the medication room of the home revealed a posting which stated "[Client #5's Aspirin must be taken after breakfast." Interview on 11/2/21 with the facility nurse confirmed that client #5 should have received his Aspirin tablet after breakfast and his PEG 3350 should have been mixed in no more than 6-8 ounces of fluids as the physician's order indicates. C. During observations of medication administration in the home on 11/2/21 at 7:19am, Staff A was observed to administer one Meloxicam 15mg tablet to client #4. Client #4 was then observed to eat breakfast at 7:55am. Review on 11/2/21 of client #4's physician's orders dated 9/27/21 revealed an order for Meloxicam 15mg, take with food. Review on 11/2/21 of a chart posted in the medication room of the home revealed a posting which stated "[Client #4's] AM medications must be taken with food (5 crackers)."	W 368		

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W 368	Continued From page 2 Interview on 11/2/21 with the facility nurse confirmed client #4 should have taken her Meloxicam with food as the physician's order indicates.	W 368		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) 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 observation and interview, the facility failed to ensure all medications were kept locked except when being administered. The finding is: During observations in the home on 11/2/21 at 7:02am, Staff A was observed to walk to the medication room with a stack of cups. Staff A placed the cups into the medication room, shut the door and walk back into the kitchen. Staff A was observed to walk back to the medication room with a pitcher of water, open the door and place the pitcher on the counter. Staff A was observed to walk out of the medication room and shut the door. At 7:08am, Staff A walked back to the medication room, opened the door and called client #6 to get her medications. During the observations, the door to the medication room was unlocked. During the observation, the medications were locked in a cabinet in he medication room. Interview on 11/2/21 with the facility nurse confirmed the medication room door should be locked when staff are not in the medication room	W 382	All staff assigned to medication administration will be inserviced on the standard procedure to secure all drugs and biologicals in locked areas by the Nursing supervisor or designee. The Nursing supervisor or designee will monitor staff during medication pass to assure medication area is properly secured twice weekly for two weeks; then once weekly for four weeks, then randomly with corrective action performed by identified need.	01-01-22

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W 382	Continued From page 3 administering medications. The facility nurse confirmed that medications are to be double locked in a locked cabinet in addition to the medication room door being locked.	W 382		
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to the keys to the drug storage area. The finding is: During observations in the home on 11/2/21 from 6:30am until 7:02am, the keys to the drug storage area were left laying on a table in the den of the home. During the observation, the keys were accessible to anyone in the home. Review on 11/2/21 of the facility's Medication Administration Audit form revealed, "Med keys remain separate and in possession of a med certified/designated staff." Interview on 11/2/21 with the facility nurse confirmed the keys to the drug storage area should have been in the possession of staff.	W 383	All staff assigned to medication administration will be inserviced on the standard procedure to have keys to the medication room secured on their person at all times by the Nursing Supervisor or designee. The Nursing supervisor or designee will monitor staff during medication pass to assure keys to the medication area are on their person twice weekly for two weeks; then once weekly for four weeks, then randomly with corrective action performed by identified need.	01-01-22
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections.	W 454	All assigned staff will be inserviced on infection control with specific emphasis on issues identified during the survey process by the QP or designee. Staff will be monitored twice weekly for two weeks; then once weekly	01-01-22

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W 454	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients in the day program classroom and in the home (#1, #2, #3, #4, #5 and #6). The findings are: A. During observations at the day program on 11/1/21 at 11:28am, client #3 was observed to wash his hands in preparation for lunch. While walking from the bathroom to the table, client #3 stuck his hand in the trash can and played with the lid of the trash can. Staff C prompted client #3 to sit at the table and begin eating lunch. During lunch, client #3 was observed to eat from a small bag of chips. At 11:46am, client #3 gave the rest of his bag of chips to client #5 who proceeded to eat them. Interview on 11/2/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should have prompted client #3 to re-wash his hands after touching the trash can and should not have given his chips to his peer. B. During observations in the home on 11/1/21 at 4:17pm, client #4 was observed assisting Staff B and Staff C with preparing dinner. Client #4 was wearing a pair of latex gloves. During the observation, client #4 touched various surfaces in the kitchen. At 4:19pm, client #4 was observed to scratch her nose. At 4:22pm, client #4, wearing the same gloves, was observed to pick up crackers with her hands and count out 6 per client and place them in a bowl. Interview on 11/2/21 with the QIDP confirmed client #4 should have been prompted to remove	W 454	for four weeks and then randomly by the assigned QP or designee with corrective action performed by identified need.	

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W 454	Continued From page 5 her gloves, wash her hands and put on a new pair of gloves. C. During observations in the home on 11/2/21 at 4:40am, client #6 was observed setting the table in preparation for dinner. Client #6 was observed to use her hand to scratch/rub her nose, and then used the same hand to place spoons and forks on the table, touching the end of the utensils to eat off of. Interview on 11/2/21 with the QIDP confirmed client #6 should have been prompted to wash her hands after scratching/rubbing her nose.	W 454		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure 1 of 6 audit clients (#6) received their specially prescribed diet as indicated. The finding is: During observations at the day program on 11/1/21 at 11:31am, client #6 was observed eating lunch which consisted of a meat and cheese sandwich, bag of chips, cup of mandarin oranges and a Ziploc bag of cookies. Additional observations in the home on 11/1/21 at 5:04pm, client #6 was observed eating dinner which consisted of chicken nuggets, a bowl of vegetable soup, crackers and diced peaches.	W 460	All Consumers identified during the Survey relative to dietary orders will be reassessed by the Dietician to assure that all diet orders are current and valid. Staff will receive inservice training specific to changes in diet orders. All assigned staff will be inserviced on client diets and food allergies identified for each client by the QP or designee. Staff will be monitored twice weekly to assure compliance by the QP or designee; then once weekly for four weeks and then randomly with corrective action performed by identified need.	01-01-22

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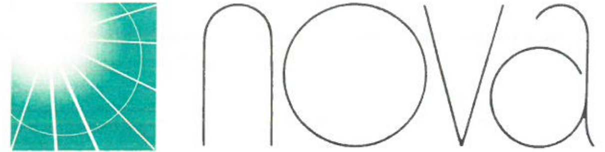
W 460	Continued From page 6 Review on 11/1/21 of client #6's individual program plan (IPP) dated 10/5/21 revealed a diet order consisting of 1800 calorie, food allergy to tomato paste products and citrus products. Review on 11/2/21 of client #6's diet memo posted in the kitchen of the home revealed client #6 should not have citrus products or tomato/tomato paste products. Interview on 11/2/21 with Staff A regarding the vegetable soup served at dinner on 11/1/21 revealed the soup consisted of tomato and tomato paste products. Interview on 11/2/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 should not have been served the oranges or vegetable soup based on her diet order.	W 460		



BEHAVIORAL HEALTHCARE CORPORATION

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November 15, 2021

Justin Foster, MPA, QIDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health
NOV 17 2021
Lic. & Cert. Section

Re: Survey, completed November 1-2, 2021
Washington Street East Group Home
407 West Washington Street
LaGrange, NC 28551
Provider Number 34G309
MHL# 054-038

Dear Mr. Foster,

Attached you will find the plan of correction associated with your correspondence dated November 3, 2021, along with the statement of deficiencies from the survey completed November 1- 2, 2021.

If additional information is needed, please do not hesitate to contact me.

Sincerely,

Linwood A. Chambers RN, PD

Linwood A. Chambers, RN
Program Director
NOVA-IC, Inc.

Attachments: Signed and dated pages of the state form
Plan of Correction: Washington Street Group Home

P.O. Box 11077 • Goldsboro, North Carolina 27532 • Phone: (919) 734-8803 • Fax: (919) 735-9643