

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

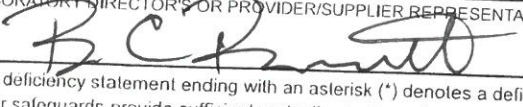
PRINTED: 06/08/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2022
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NAME OF PROVIDER OR SUPPLIER WILDCAT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 208 WILDCAT ROAD DEEP GAP, NC 28618
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(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
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W 382	<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 observations and interview, the facility failed to keep prescription medication and topicals locked for 4 of 15 clients residing in the facility (#3, #10, #12 and #13). The findings are:</p> <p>A. The facility failed to ensure topicals were kept locked for clients #12 and #13. For example:</p> <p>Observations throughout the afternoon on 6/1/22 from 4:40 PM to 6:45 PM and the morning of 6/2/22 from 6:45 until 9:30 AM of the facility's two shower rooms located on the back hallway of the facility revealed various shower baskets of multiple clients to sit in unlocked wall cabinets. Continued observation of the shower baskets for clients #12 and #13 revealed various topicals and hygiene items with pharmacy labels. Further observation of the shower rooms revealed a cart in each room, one of which was locked and the other unlocked with additional prescribed topicals.</p> <p>Interview conducted on 6/2/22 with the facility nurse revealed the treatment carts in the shower rooms should contain all prescribed topical medications for each client and should remain locked at all times when not in use. Continued interview with the facility nurse verified prescribed topicals should not be kept in the unlocked wall cabinets.</p> <p>B. The facility failed to ensure prescription medications were kept locked for client's #3 and #10. For example:</p>	W 382	<p>This deficiency will be corrected by the following actions: W-382A – The facility must keep all drugs and biologicals locked except when being prepared for administration. The LPN will in-service staff on policy for storage of topical medications. The clinical team will monitor twice a week for one month and then on a routine basis through Medication Administration Assessments and routine observations to ensure topical medications are locked and stored per policy. In the future, the LPN will ensure staff are trained to store and lock topical medications per policy.</p> <p>Responsible Party: LPN Completion Date: August 5, 2022</p> <p style="text-align: center;">RECEIVED JUN 22 2022 DHSR-MH Licensure Sect</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 6/15/22
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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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NAME OF PROVIDER OR SUPPLIER WILDCAT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 208 WILDCAT ROAD DEEP GAP, NC 28618
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W 382	<p>Continued From page 1</p> <p>Morning observation at the group home on 6/2/22 at 7:10 AM revealed client #10 to be in suite A lying in bed with the door open. Continued observation at 7:30 AM revealed staff G to prepare client #10's medications at the medication cart in the suite's living room. Further observation at 7:37 AM revealed staff G to leave the medication cart unlocked and the medications unattended while they entered client #10's bedroom for medication administration. It should be noted when surveyor questioned if it was okay to leave the medications out before entering the client's bedroom, staff G replied, "Yes it should be fine." Additional observations of client #3's medication preparation revealed staff G to leave the medication cart unlocked and client #3's medications unattended as they walked out of suite A and to a hallway closet to retrieve a personal care item.</p> <p>Interview with the facility nurse on 6/2/22 revealed staff should keep all medications locked except when preparing for medication administration. Continued interview with the facility nurse revealed is not an acceptable practice for staff to leave the medication cart unlocked as well as leave medications unattended.</p>	W 382	<p>This deficiency will be corrected by the following actions: W-382B – The facility must keep all drugs and biologicals locked except when being prepared for administration. The LPN will in-service staff on the policy of leaving medications locked and not being left unattended. The clinical team will monitor twice a week for one month and then on a routine basis through Medication Administration Assessments and routine observations to ensure medications are locked and not left unattended. In the future, the LPN will ensure staff are trained to keep medication storage cart locked and not to leave medications unattended.</p> <p>Responsible Party: LPN Completion Date: August 5, 2022</p>	
W 440	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel. The finding is:</p> <p>Review of the facility fire drill reports on 6/2/22 for</p>	W 440		

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W 440	<p>Continued From page 2</p> <p>the 12-month review year from 6/2021 - 5/2022 revealed only 4 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 7/1/21 (3rd), 7/22/21 (1st), 8/30/21 (2nd) and 5/14/22 (2nd).</p> <p>Subsequent review did not reveal fire drill reports for 1st, 2nd and 3rd shift of personnel during the 2nd quarter shift of personnel. Further review did not reveal fire drill reports for 1st and 3rd shift of personnel during the 3rd and 4th quarter shift of personnel for the review year.</p> <p>Interview with the residential team lead supervisor and regional vice president (RVP) on 6/2/22 revealed that fire drills for each shift of personnel could not be located during the survey. Continued interview with the qualified intellectual disabilities professional (QIDP) and RVP on 6/2/22 verified that staff should have conducted a fire evacuation drill for each shift of personnel during each quarter of the review year.</p>	W 440	<p>This deficiency will be corrected by the following actions: W-440 – The facility will hold evacuation drills at least quarterly for each shift of personnel. The Safety Chairperson will in-service the Residential Team Leader and the QIDP on the Fire Drill Schedule. The Administrator and Safety Chairperson will monitor all Fire Drills monthly to ensure they are completed per the schedule. In the future the Administrator will ensure Fire Drills are completed for each shift at least quarterly.</p> <p>Responsible Party: Safety Chairperson Completion Date: August 5, 2022</p>	



176 Wildcat Road
Deep Gap, NC 28618

828-262-5450 phone
828-262-5730 fax

June 15, 2022

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2716

Dear Ms Holder,

Enclosed please find the plan of correction for the deficiencies cited at the annual on-site survey at the Wildcat Group Home conducted on June 2nd, 2022. The deficiencies will be corrected by no later than August 5th, 2022, as requested. Thank you for your time and attention. Please do not hesitate to call with questions regarding the plan of correction.

Sincerely,

A handwritten signature in black ink that reads "C. Bennett". The signature is fluid and cursive, with the first name "C." and the last name "Bennett" clearly visible.

Charles Bennett
Executive Director
(828)-446-6986 (Cell)
(828)-262-5450 (Office)
Charles.Bennett@rhanet.org

RECEIVED

JUN 22 2022

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In every face, a possibility.