STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G172	A. BUILDING _____ B. WING _____	10/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDRIDGE	199 CINNAMON DRIVE HUBERT, NC 28539

(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 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 1 clients observed receiving medications in Sandridge II. The finding is: During morning observations of medication administration in Sandridge II on 10/4/22 at 7:48am, client #5 ingested three Depakote 125mg tablets and one Jolessa .15 - .03mg tablet. No other medications were observed. Review on 10/4/22 of client #5's physician's orders dated 9/1 - 9/30/22 revealed an order for Benefiber powder, take 10ml in 8 oz of fluid by mouth twice daily, 8a and 6p. During an interview on 10/4/22 with the medication technician (Staff A), when asked if client #5 gets Benefiber in the morning, the staff initially stated the client only receives Benefiber "at night". Further interview with Staff A revealed client #5 also receives Benefiber at 8:00am. Interview on 10/4/22 with the facility's nurse confirmed client #5 should receive Benefiber powder twice daily at 8am and 6pm as indicated on her current physician's orders.	W 369		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE