

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

PRINTED: 11/08/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G189</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/25/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCI-NASH HOUSE I</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1045 KINCHEN DR ROCKY MOUNT, NC 27803</b>		
(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	<p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(2)</p> <p>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 3 of 3 audit clients (#1, #2 and #3) observed receiving medications. The findings are:</p> <p>A. During observations of the medication administration pass in the home on 10/25/22 at 7:09am staff A administered the following medication to client #1: Haldol 5mg, Depakote 125mg (2 tabs), Senna Lax, Vitamin D3 1000U, Amlodipine 2.5mg, Lorazepam 1mg, Cogentin 1mg, Omeprazole 20mg, Otezla 30 mg and Propranolol 10mg.</p> <p>Review on 10/25/22 of client #1's physician's orders dated 10/3/22 revealed Senna Lax, Vitamin D3 1000U, Amlodipine 2.5mg, Cogentin 1mg, Omeprazole 20mg and Otezla 30mg are ordered by the physician to be administered at 8:30am.</p> <p>During observations of the medication administration pass in the home on 10/25/22 at 7:17am staff A administered the following medication to client #2: Vimpat 10mg, Vitamin D3 2000IU, Cogentin 2mg, Metoprolol 100mg, Lactulose 20mL, Quetiapine 100mg, Guanfacine 1mg and MiraLAX 17grams.</p> <p>Review on 10/25/22 of client #2's physician's orders dated 10/3/22 revealed Vimpat 10mg, Vitamin D3 2000IU, Cogentin 2mg, Metoprolol</p>	W 369			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G189</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/25/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCI-NASH HOUSE I</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1045 KINCHEN DR ROCKY MOUNT, NC 27803</b>		
(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	<p>Continued From page 1</p> <p>100mg, Lactulose 20mL, Quetiapine 100mg, Guanfacine 1mg and MiraLAX 17grams are ordered by the physician to be administered at 8:30am.</p> <p>Further observations of the medication administration pass in the home on 10/25/22 at 7:24am staff A administered the following medication to client #3: Aspirin 81mg, MiraLAX 17grams, Metoprolol ER 12.5mg, Fluoxetine 10mg and Vitamin D3 2000IU.</p> <p>Review on 10/25/22 of client #3's physician's orders dated 10/3/22 revealed Aspirin 81mg, MiraLAX 17grams and Metoprolol 12.5mg are ordered to be administered at 8:30am.</p> <p>Interview on 10/25/22 with staff A revealed the facility's medication administration policy is that medications can either be administered an hour before or an hour after the time ordered by the physician.</p> <p>Interview on 10/25/22 with the facility nurse confirmed the facility's medication administration policy is that medications can either be administered an hour before or and hour after the time ordered by the physician.</p> <p>B. During observations of the medication administration pass in the home on 10/25/22 at 7:24am staff A administered the following medication to client #3: Aspirin 81mg, MiraLAX 17grams, Metoprolol ER 12.5mg, Fluoxetine 10mg and Vitamin D3 2000IU. Client #3 consumed the medication in whole pill form and used water to assist with swallowing.</p> <p>Review on 10/25/22 of the nutritional evaluation</p>	W 369			

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

PRINTED: 11/08/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G189</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/25/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCI-NASH HOUSE I</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1045 KINCHEN DR ROCKY MOUNT, NC 27803</b>		
(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	Continued From page 2 dated 10/4/22 revealed client #3 is prescribed a heart healthy, 1500 calorie puree diet.  Interview on 10/25/22 with the qualified intellectual disabilities professional revealed client #3 is on a pureed diet.  Interview on 10/25/22 with the facility nurse confirmed client #3 is on a completely pureed diet and therefore it would be unsafe to give him medication without it being crushed and added to applesauce or pudding.	W 369			