

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

PRINTED: 01/05/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/04/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEWIS FORK HOMES I AND II</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1358 &amp; 1388 LEWIS FORK BAPTIST CHURCH RD FERGUSON, NC 28624</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 000	INITIAL COMMENTS	W 000			
W 369	<p>DRUG ADMINISTRATION 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 observation, record review and interview, the facility failed to ensure that all drugs, including those that are self-administered, were administered without error for 1 of 6 clients (#4) at Lewis Fork II. The finding is:</p> <p>Observation in the group home on 1/4/23 at 7:21 AM revealed client #4 to enter the medication room for medication administration. Continued observation revealed client #4 to receive the following four medications: Calcium D3 630 mg, Lactulose Sol 45 mL, Lisinopril 5 mg, and Risperidone 1 mg. Further observation revealed client #4 to participate in medication administration by punching each medication with staff prompts and to self-administer the Lactulose.</p> <p>Review of client #4's record on 1/4/23 revealed physician orders dated 11/22/22. Review of the physician orders revealed client #4's morning medications to include Calcium D3 630 mg, Lactulose Sol 45 mL, Linzess 290 mcg, Lisinopril 5 mg, and Risperidone 1 mg. It should be noted the medication Linzess was not observed during</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.

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W 369	Continued From page 1 client #4's medication pass.  Interview with the nurse supervisor on 1/4/23 verified client #4's physician orders to be current. Continued interview with the nurse supervisor revealed the medication Linzess comes strictly out of a bottle, not a bubble pack, and showed the surveyor an example bottle. Further interview with the nurse supervisor revealed when a "missed" medication error occurs it is reviewed by the director of nursing to determine if the medication should be administered late or not, and further revealed the medication will be documented as an "omission" or an "error" in the nursing notes.	W 369			
W 440	<b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)  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 evacuation drills were held at least quarterly for each shift of personnel at Lewis Fork II. The finding is:  A review of the facility fire drill reports on 1/3/23 revealed the second, third, and fourth quarter fire drills for the annual review period to be incomplete. Continued review revealed no second or third shift drills completed during the second quarter, no first shift drill completed during the third quarter, and no third shift drill completed during the fourth quarter.  Interview with facility leadership on 1/4/23 confirmed fire drills should have been conducted quarterly for each shift of personnel.	W 440			