

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/10/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>A JACK WALL GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1213 MOSS SPRINGS ROAD ALBEMARLE, NC 28001</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 observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 6 clients (#2) observed during medication administration. The finding is:</p> <p>Observation in the group home on 1/10/23 at 7:08 AM revealed staff F to sanitize client #2's hands and punch medications into a medicine cup inserted in a covered small basket for medication administration and staff E to attempt to take over the medication administration for client #2. Continued observation at 7:18 AM revealed staff F to empty all capsules, crush all pills and prepare Polyethylene Glycol 3350 powder in a sprite drink. Further observation revealed staff F to administer all medications with applesauce and Polyethylene Glycol 3350 powder drink. Subsequent observation at 7:30 AM revealed staff F to administer levetiracetam 100 mg/12 ml solution and to spray fluticasone nasal spray 50 mcg with 1 spray in each nostril in the living room. Staff F exited the living room at 7:35 AM and staff B continued to administer client #2's Polyethylene Glycol 3350 powder drink until it was finished.</p> <p>Review of records for client #2 on 1/10/23 revealed physician orders dated 1/10/22. Review of the 1/10/23 physician orders revealed medications to administer at 8:00 AM to be alprazolam 0.25 mg tab, Boost plus energy drink, calcium 600 + vitamin D tab, chlorhexidine gluconate 0.12% solution, deep sea 0.65% nose</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	<p>Continued From page 1</p> <p>spray, diltiazem 180 mg cap, divalproex sodium 125 mg cap, docusate sodium 100 mg cap, fruity chews tab, guanfacine ER 2 mg tab, levetiracetam 100 mg/ml solution, paroxetine HCL 10 mg, Poly ethylene Glycol 3350 powder, and topiramate 50 mg tab. Further review of physician orders revealed client #2 to be prescribed deep sea 0.56% nose spray with 2 sprays in each nostril twice daily for allergy symptoms and chlorhexidine gluconate 0.12% solution applied to gums with toothettes twice a day to prevent gum disease and decrease bacteria in mouth. During the survey observation staff F was not observed to administer deep sea 0.56% nose spray 2 sprays in each nostril and observed not to administer chlorhexidine gluconate 0.12% solution applied to gums with toothettes.</p> <p>Subsequent morning observation revealed staff F to administer fluticasone nasal spray 50 mcg with 1 spray in each nostril to client #2 and the medication to be prescribed at 9:00 PM for the client.</p> <p>Interview with the facility nurse on 1/10/23 verified the physician orders dated 1/10/23 to be current. Continued Interview with the facility nurse confirmed that staff should have administered all medications as prescribed on the physician orders.</p>	W 369			