

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

PRINTED: 11/17/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/15/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC TWIN ACRES GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2767 WILDCAT ROAD WILLIAMSTON, NC 27892</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 383	<p><b>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</b></p> <p>Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure only authorized persons had access to the drug storage area. This had the potential to effect all of the clients (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Medication administration observations at the day program on 11/15/22 between 1:00pm-1:30pm, revealed various employees, who serve as medication technicians, would enter the opened nurse's office to get a key ring hanging on a hook, at the doorway. The employees were observed to take the key, step across the hall and use it to open the medication cabinet where the drugs were stored in individual lock boxes.</p> <p>Interview on 11/15/22 with the nurse revealed the key to the medication closet should be kept on the person.</p>	W 383			

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.