

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

PRINTED: 02/02/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER PLAYMORE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3252 PLAYMORE BEACH ROAD MORGANTON, NC 28655		
(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 287	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure techniques to manage inappropriate client behavior were not used for the convenience of staff. The finding is:</p> <p>Observation throughout the 1/30-31/23 survey revealed toilet paper, hand soap, and hand towels to be absent from the bathrooms in the group home. Continued observations revealed multiple instances of client's using the bathroom without having access to hygiene supplies.</p> <p>Review of records for the group home clients on 1/31/23 revealed no evidence of any behaviors related to the restriction of hygiene supplies in the bathroom.</p> <p>Interview with the residential manager on 1/31/23 revealed two clients in the home have a history of clogging the toilets with toilet paper and hygiene supplies are provided as needed. Interview with the qualified intellectual disabilities professional (QIDP) on 1/31/23 confirmed none of the clients in the home have restrictions relative to hygiene supplies. Continued interview with the QIDP verified the bathrooms should be stocked with all essential hygiene supplies at all times.</p>	W 287			
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</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>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 all drugs, including those that are self-administered, were administered without error for 1 of 6 clients (#3). The finding is:</p> <p>Observation in the group home on 1/31/23 at 7:01 AM revealed client #3 to enter the medication room for medication administration. Continued observation revealed client #3 to receive the following medications: Quetiapine Fumarate 200 mg, Lamotrigine 200 mg, Topamax 200 mg, Abilify 20 mg, Guanfacine 1 mg, and Baking Soda 2 teaspoons. Further observation revealed client #3 to participate by punching and self-administering the medications.</p> <p>Review of client #3's record on 1/31/23 revealed physician orders dated 11/3/22. Review of the physician orders revealed client #3's morning medications to include Quetiapine Fumarate 200 mg, Lamotrigine 200 mg, Topamax 200 mg, Abilify 20 mg, Guanfacine 1 mg, Artificial Tears 15mL, and Baking Soda 2 teaspoons. It should be noted the medication Artificial Tears was not observed during client #3's medication pass.</p> <p>Interview with the facility nurse on 1/31/23 verified client #3's physician orders to be current. Continued interview with the facility nurse revealed all of client #3's morning medications should be given at the same time during medication administration.</p>	W 369			