

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

PRINTED: 02/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/17/2023
NAME OF PROVIDER OR SUPPLIER FLOWE DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 628 FLOWE DRIVE CHARLOTTE, NC 28213		
(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 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide nursing services in accordance with the needs of 1 of 6 clients (#1) relative to not responding timely to ensure prescribed medications were available for client #1's medication administration. The finding is:</p> <p>Review of client #1's medication administration record for 11/2022 and 12/2022 revealed client to be prescribed Vesicare tab 10mg every day by mouth at 8:00 PM. Continue review of the medication administration record revealed client #1's Vesicare tab 10mg to be unavailable in the group home from 11/1-11/23/22 and 12/27-12/31/22. Further review revealed prescribed Zolpidem tab 5 mg by mouth at bedtime for sleeping was unavailable 11/29-11/30/22.</p> <p>Interview with the home manager (HM) on 2/17/22 revealed that the medications were put on hold due to not being available in the group home. Continue interview with the HM revealed that the pharmacy and the facility nurse was notified that the medications were not available for client #1.</p> <p>Interview with the qualified intellectual developmental disabilities professional (QIDP) on 2/17/22 confirmed that client #1 did not receive prescribed medications Vesicare tab 10mg 11/1-11/23/2022, 12/27-12/31/22, and Zolpidem tab 5mg 11/29-11/30/22 as ordered by physician. Continued interview revealed that the QIDP was</p>	W 331			

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.

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

PRINTED: 02/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/17/2023
NAME OF PROVIDER OR SUPPLIER FLOWE DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 628 FLOWE DRIVE CHARLOTTE, NC 28213		
(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 331	Continued From page 1 not notified by staff of the medications not being available for client #1. The facility nurse was not available for interview during survey due to no longer working for the company as of 2/14/23.	W 331			
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the system for drug administration failed to assure all drugs were administered in compliance with physician orders for 1 of 6 clients in the group home (#1) relative to medications being available for administration. The finding is:</p> <p>Review of client #1's medication administration record for 11/2022 and 12/2022 revealed client to be prescribed Vesicare tab 10mg every day by mouth at 8:00 PM. Continue review of the medication administration record revealed client #1's Vesicare tab 10mg to be unavailable in the group home from 11/1-11/23/22 and 12/27-12/31/22. Further review revealed prescribed Zolpidem tab 5 mg by mouth at bedtime for sleeping was unavailable 11/29-11/30/22.</p> <p>Interview with the home manager (HM) on 2/17/22 revealed that the medications were put on hold due to not being available in the group home. Continue interview with the HM revealed that the pharmacy and the facility nurse was notified that the medications were not available for client #1.</p>	W 368			

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

PRINTED: 02/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/17/2023
NAME OF PROVIDER OR SUPPLIER FLOWE DRIVE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 628 FLOWE DRIVE CHARLOTTE, NC 28213		
(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 368	Continued From page 2 Interview with the qualified intellectual developmental disabilities professional (QIDP) on 2/17/22 confirmed that client #1 did not receive prescribed medications Vesicare tab 10mg 11/1-11/23/2022, 12/27-12/31/22, and Zolpidem tab 5mg 11/29-11/30/22 as ordered by physician. Continued interview revealed that the QIDP was not notified by staff of the medications not being available for client #1. The facility nurse was not available for interview during survey due to no longer working for the company as of 2/14/23.	W 368		