

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

PRINTED: 03/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G108	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/08/2023
NAME OF PROVIDER OR SUPPLIER GATEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1508 GATEWOOD AVENUE GREENSBORO, NC 27405		
(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>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 observations, record review and interview, the facility failed to ensure all medications were administered without error. This affected 1 of 3 clients (#2) observed receiving medications. The finding is:</p> <p>During observations of medication administration in the home on 3/8/23 at 7:13am, client #2 was observed to receive one spray in the right nostril of Calcitonin Spray, one Loratadine 10mg tablet, one Vitamin C 500mg tablet, one Vitamin D3 50mcg tablet, one Bacoflen 10mg tablet, one Omega 3 Fish 1000mg, and one Oyster Shell 500mg tablet. The tablets were mixed into a cup of chocolate pudding in whole form.</p> <p>Review on 3/8/23 of client #2's physician's orders dated 1/3/23 revealed an order for Loratadine 10mg, Vitamin C 500mg and Bacoflen 10mg, to be "crushed and give with food."</p> <p>Interview on 3/8/23 with the facility nurse confirmed that the Loratadine 10mg, Vitamin C 500mg and Bacoflen 10mg tablets should have been crushed as indicated by physician's orders.</p>	W 369			
W 440	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>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. The</p>	W 440			

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 440	Continued From page 1 finding is: A review of the facility fire drill reports on 3/7/23 revealed the third, and fourth quarter fire drills for the annual review period to be incomplete. Continued review revealed no third shift drills completed during the third quarter, and no first and second shift drill completed during the fourth quarter.	W 440			
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate all problems with evacuation drills specific to the duration of evacuations and the accurate completion of fire drill reports. The finding is: Review of the facility fire drill reports on 3/7/23 revealed 15 fire drills were conducted from 1/20/22 - 2/16/23. Continued review of the fire drill reports revealed six of 15 evacuation duration times to exceed three minutes and seven of 15 evacuation duration times to be incomplete. Further review of the fire drill reports revealed two of 15 evacuation times to be incomplete. Interview with the qualified intellectual disabilities professional (QIDP) on 3/8/23 verified facility policy indicates evacuation duration times should	W 448			

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W 448	Continued From page 2 not exceed three minutes. Continued interview with the QIDP revealed it is their responsibility to ensure fire drills are conducted regularly and the fire drill reports are completed accurately by staff.	W 448			