

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G169	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2023
NAME OF PROVIDER OR SUPPLIER FRIENDWAY GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 202 FRIENDWAY ROAD GREENSBORO, NC 27409		
(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	<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 observation, record review and interview, the facility failed to assure all drugs were administered as prescribed for 1 client (#1) observed during medication administration. The finding is:</p> <p>Observation in the group home on 3/29/23 at 7:25 AM revealed client #1 to enter the medication administration room and participate in the morning medication pass. Further observation revealed client #1 to receive raw honey 1 tbsp., Lisinopril 40 mg, Cetirizine HCL 10 mg, CalMag calcium 500 mg magnesium 250 mg, Vita Sprout 1 tablet.</p> <p>Review of the physician orders dated 2/27/23 for client #1 revealed medications ordered at 8:00 AM to include raw honey 1 tbsp. by mouth, Vitamin D3 50 mcg, Lisinopril 40 mg, Cetirizine HCL 10 mg, Calcium 1000 mg, Vita Sprout 1 tablet, and Mineral Rich 60 cc.</p> <p>Interview with facility nurse on 3/29/23 confirmed client #1's physician orders are current. Continued interview verified by the 2/23 physician order revealed client's guardian provides the group home with the following medications; Vitamin D3 50 mcg, Calcium 1000 mg, and Mineral Rich 60 cc. Further interview with the facility nurse revealed client #1 should have received Vitamin D3 50 mcg, Calcium 1000 mg, and Mineral Rich 60 cc during the 8 AM medication administration.</p>	W 368			

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

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