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



PRINTED: 11/08/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G189	B. WING		10/25/2022		
	PROVIDER OR SUPPLIER	3		STREET ADDRESS, CITY, STATE, ZIP O 1045 KINCHEN DR ROCKY MOUNT, NC 27803	CODE	2312022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE	
	that all drugs, incluself-administered, This STANDARD Based on observatinterviews, the facimedications were at This affected 3 of 3 observed receiving. A. During observating administration pass 7:09am staff A administration to client 125mg (2 tabs), Seamlodipine 2.5mg, 1mg, Omeprazole 2 orders dated 10/3/2 Vitamin D3 1000U, 1mg, Omeprazole 2 ordered by the phys 8:30am. During observations administration pass 7:17am staff A administration pass 7:17am staff A administration to client 2000IU, Cogentin 20 Lactulose 20mL, Quanting and MiraLAX 1 Review on 10/25/22 orders dated 10/3/22	ag administration must assure ading those that are are administered without error. is not met as evidenced by: ations, record review and lity failed to ensure all administered without error. and administered without error. and audit clients (#1, #2 and #3) and medications. The findings are: ions of the medication in the home on 10/25/22 at an inistered the following the #1: Haldol 5mg, Depakote anna Lax, Vitamin D3 1000U, Lorazepam 1mg, Cogentin 20mg, Otezla 30 mg and and are sician to be administered at a soft the medication in the home on 10/25/22 at an inistered the following are sician to be administered at a soft the medication in the home on 10/25/22 at an inistered the following #2: Vimpat 10mg, Vitamin D3 mg, Metoprolol 100mg, Jetiapine 100mg, Guanfacine		W369 All staff will receive re to Medication Administration which outlines medication procedures and dosing. Client #3 and all clients will be assessed to determine how to best method of medication given their current diet. To determine how to best meeds in this area. A MD order will be obtain best method of medication is pharmacy will be consult which meds are contrain crushing. MD orders and the MAR DO NOT CRUSH for meaning is contraindicated. Each client that this application guidelines located in the MAR book. All staff will receive training this procedure. The Regional Nursing Diswill monitor medication a monthly.	raining on the on policy, on administratime. with a puree remine the ion administration adminis	ation d diet ration ill meet lient's t the ation.	

11/15/2022 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.

NOV 1 8 2022 If continuation sheet Page 1 of 3

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

PRINTED: 11/08/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DA	(X3) DATE SURVEY COMPLETED	
		34G189			44		
NAME OF PROVIDER OR SUPPLIER SCI-NASH HOUSE I				STREET ADDRESS, CITY, STATE, ZIP COD 1045 KINCHEN DR ROCKY MOUNT, NC 27803	Ε	0/25/2022	
(X4) ID PREFIX TAG			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATE OF CROSS-REFERENCE)		OULD BE	(X5) COMPLETION DATE	
	100mg, Lactulose 2 Guanfacine 1mg an ordered by the phys 8:30am. Further observations administration pass 7:24am staff A adminedication to client 17grams, Metoprolo 10mg and Vitamin D Review on 10/25/22 orders dated 10/3/22 MiraLAX 17grams are ordered to be administration pass and the facility's medications can eith before or an hour after physician. Interview on 10/25/22 confirmed the facility's policy is that medicate administered an hour time ordered by the policy is the policy in the policy in the policy in the policy is the policy in t	OmL, Quetiapine 100mg, d MiraLAX 17grams are ician to be administered at soft the medication in the home on 10/25/22 at nistered the following #3: Aspirin 81mg, MiraLAX I ER 12.5mg, Fluoxetine is 2000IU. of client #3's physician's revealed Aspirin 81mg, and Metoprolol 12.5mg are istered at 8:30am. 2 with staff A revealed the administration policy is that er be administered an hour er the time ordered by the service or and hour after the obspician. 2 with the facility nurse is medication administration ions can either be before or and hour after the obspician. 2 soft the medication in the home on 10/25/22 at istered the following 3: Aspirin 81mg, MiraLAX ER 12.5mg, Fluoxetine is 2000IU. Client #3 atton in whole pill form and	W 3	69			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	(X3) DATE SURVEY COMPLETED	
34		34G189	B. WING		10	10/25/2022	
NAME OF PROVIDER OR SUPPLIER SCI-NASH HOUSE I				STREET ADDRESS, CITY, STATE, ZIP CO 1045 KINCHEN DR ROCKY MOUNT, NC 27803	ODE	12312022	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	IX (EACH CORRECTIVE ACTION)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 369	dated 10/4/22 reveal heart healthy, 1500 Interview on 10/25/2 intellectual disabilities #3 is on a pureed disabilities #3 is and therefore it would be a pure with the pu	alled client #3 is prescribed a calorie puree diet. 22 with the qualified es professional revealed client et. 2 with the facility nurse s on a completely pureed diet ld be unsafe to give him to being crushed and added to	W 3	369			