STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
	34G337	A. BUILDING _____ B. WING _____		01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KING GEORGE GROUP HOME	323 KING GEORGE ROAD GREENVILLE, NC 27834

(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure staff were sufficiently trained to administer medications. The finding is: Observations of medication administration on 1/17/23 at 4:40pm, staff A and client #3 went into the medication room. Staff A allowed client #3 to retrieve the medication from the cart. Staff A had client name the medication, punch the medication out of the bubble pack and consume. Staff A signed the back of the medication package and then opened the MAR and checked medications against the MAR. Staff A signed the MAR and client #3 returned the medication to the cart. Review on 1/18/23 of the facility's medication administration observation form that is used to check staff off on medication administration following initial training revealed steps to compare the label on the medication with the MAR at least three times. Interview on 1/18/23 with the facility nurse revealed the expectation is that staff compares the medication label against the MAR twice prior to medication administration and then a third time when signing the MAR after administration. The facility nurse confirmed that the medication should not have been administered prior to comparing the medication label against the MAR.	W 189	Preparation of this Plan of Correction does not constitute admission or agreement by the provider or the truth of facts alleged or conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of state and federal law. W189 LPN will in-service staff on medication administration protocols that should be followed when administering medications. Plan to Prevent Re-occurrence: LPN will conduct random observations during medication administration and complete the Medication Observation Form. Any issues cited will be noted and addressed immediately.	2/28/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Cynthia B. Stevens	Facility Administrator	01/26/2023

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.