

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

PRINTED: 06/02/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/31/2023
NAME OF PROVIDER OR SUPPLIER WILHELM PLACE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 630 WILHELM PLACE CONCORD, NC 28026		
(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.</p> <p>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 (#3) observed during medication administration. The finding is:</p> <p>Morning observations on 5/31/23 at 7:10 AM revealed client #3 to ambulate to the medication room to prepare for medication administration. Continued observations revealed client #3 to receive the following medications: Escitalopram 5mg, cetirizine 10mg, baclofen 20mg, century multivitamin, metoclopram 5mg, carbamazepine 200mg all crushed and mixed with applesauce, and doculiquid 60 mg. Further observations revealed staff E to place each pill on top of the MAR page after dispensing from the blisterpacks, then transfer into a small plastic bag to crush. Subsequent observation revealed staff E to administer to client #3 reguloid powder 2 teaspoon mixed in applesauce. Additional observation revealed staff E to double check the medications administered and check off after completion.</p> <p>Review of the record for client #1 on 5/31/23 revealed a physician's order dated 4/23 indicated the following order for reguloid powder. Continued review of the 4/23 physician order revealed to administer reguloid powder 2 teaspoons mixed with water.</p> <p>Interview with the facility nurse on 5/31/23</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

PRINTED: 06/02/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/31/2023
NAME OF PROVIDER OR SUPPLIER WILHELM PLACE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 630 WILHELM PLACE CONCORD, NC 28026		
(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 1 revealed client#3 should have been administered reguloid powder as prescribed per current physician order. Continued interview with the nurse revealed staff could have mixed the reguloid powder with water or juice. Further interview verified client #3 should have all medications administered as prescribed.	W 368			