

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/26/2023
NAME OF PROVIDER OR SUPPLIER MURDOCH DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1600 EAST C STREET BUTNER, NC 27509		
(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 observations, record reviews, and interviews, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 4 clients (#12) observed receiving medications in Pineview Cottage and 1 of 3 clients (#6) observed receiving medications in Royal Cottage. The findings are:</p> <p>A. During morning observations of medication administration in Pineview Cottage on 9/26/23 at 7:09am, Nurse A dispensed Atorvastatin 40mg, Atenolol 50mg, Amlodipine Besylate 5mg, Phenibarbital 16.2mg and Miralax 34gms. Client #12 ingested the medications. No other medications were dispensed at this time.</p> <p>Review on 9/26/23 of client #12's physician's orders signed 9/5/23 revealed, "Senna tablet 8.6, give 3 tablets by mouth once daily at 7:30am."</p> <p>Interview on 9/26/23 with Nurse A confirmed Senna was not given to client #12 during the med pass and he should have received it.</p> <p>Interview on 9/26/23 with the Nurse Supervisor confirmed client #12 continues to receive Senna as ordered.</p> <p>B. During evening observation of medication administration in Royall Cottage on 9/25/23 at 6:15pm, Nurse B dispensed Polyethylene glycol</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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W 368	Continued From page 1 3350 34gms dissolved in a carbonated drink. Client #6 ingested the medication Review on 9/25/23 of client #6's individualized program plan dated 10/26/22 revealed pureed 1800 calorie diet with honey thick fluids. Further review revealed physician orders dated 7/13/23 pureed 1800 calorie diet with honey thick fluids, may sprinkle on apple sauce or pudding. Interview on 9/25/23 with Nurse B confirmed client #6 should receive honey thick liquids.	W 368			