

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

PRINTED: 10/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/19/2023
NAME OF PROVIDER OR SUPPLIER MASON STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 306 N MASON STREET APEX, NC 27502		
(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 000}	INITIAL COMMENTS A revisit survey was completed on 10/19/23 for previous deficiency cited on 9/11/23. The following deficiency W369 was corrected. A new area of non-compliance was found. W 340 NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the nurse failed to sufficiently train staff administering medications on documentation. This affected 3 of 3 audit clients (#3, #4 and #6). The findings are: A. Observations on 10/19/23 at 3:40 pm of medications prescribed to client #3 verified that medications were dispensed according to the physician's order, dated 6/26/23. The blister pack for Clobazam 10mg, revealed the 2 pm dose on 10/12/23 was dispensed. The bottle of Levetiracetam Sol 100mg was located and there was no way to verify if the 7 pm dose on 10/12/23 was dispensed. Record review on 10/19/23 revealed the Medication Administration Record (MAR) for October 2023 lacked documentation from staff, verifying who gave client #3 two of his medications on 10/12/23. B. Observations on 10/19/23 at 3:50 pm of	{W 000}			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/19/2023
NAME OF PROVIDER OR SUPPLIER MASON STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 306 N MASON STREET APEX, NC 27502		
(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 340	<p>Continued From page 1</p> <p>medications prescribed to client #4 verified that medications were dispensed according to the physician's order, dated 6/26/23. The blister pack for Carvedilol 3.125mg, revealed 8:00 am doses were dispensed on 10/6/23 and 10/15/23. The blister pack for Carvedilol 3.125mg, revealed 8:00 pm doses were dispensed on 10/1/23, 10/2/23, 10/3/23, 10/9-10/18/23. The bottle of Polyvinyl AL Sol 1.4% OP was located and there was no way to verify if the 9-10 pm dose was missed for 10/18/23.</p> <p>Record review on 10/19/23 revealed the MAR for October 2023 lacked documentation from staff, verifying who gave client #4 the medications on the above dates they were dispensed.</p> <p>C. Observations on 10/19/23 at 4:07 pm of medications prescribed to client #6 verified that medications were dispensed according to the physician's order, dated 6/26/23. The blister pack for Hydroxyzine HCL 50mg, revealed 5:00 pm doses were dispensed on 10/15/23 and 10/18/23. The blister pack for Fanapt 1mg, Divalproex 500mg ER and Ferrous Sulfate 325 mg revealed the 8:00 pm doses were given on 10/12/23. The blister pack for Saphris Sub 10mg, revealed the 7:00 pm dose was given on 10/12/23, 10/15/23, 10/16/23 and 10/18/23.</p> <p>Record review on 10/19/23 revealed the MAR for October 2023 lacked documentation from staff, verifying who gave client #4 the medications on the above dates they were dispensed.</p> <p>Record review on 10/19/23 of a Medication Error Report by the clinical nurse revealed on 10/4/23 she found several medications errors for client #4 between 10/4/23 and 10/11/23.</p>	W 340			

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

PRINTED: 10/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/19/2023
NAME OF PROVIDER OR SUPPLIER MASON STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 306 N MASON STREET APEX, NC 27502		
(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 340	Continued From page 2 Interview on 10/19/23 with the Resident Manager revealed when he encountered a blank entry on the MAR, he sees if other medications were given that shift, checks the blister packs and has staff sign off on the medication. Interview on 10/19/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed time clock entries had to be pulled to determine who was on duty during the time of the missing MAR entries in October, 2023. The QIDP acknowledged that there was no abbreviation key attached to the MAR to identify all of the staff permitted to dispense medications. The QIDP revealed that sometimes staff from other homes have to come dispense the medications if no one on duty was certified. The QIDP also acknowledged, they did not have a medication record sheet attached to the MAR to explain reasons for blank or circled entries. The QIDP revealed staff should leave an explanation if the client is out of the facility, held per physician's order, out of stock or refused by the client. The QIDP revealed the facility now used a contract nurse service to monitor their homes and have been without a full-time nurse since July, 2023. Interview on 10/19/23 with the Program Director (PD) revealed the facility had switched over to an electronic MAR but the system had been down. The facility had eliminated some of the extra documentation sheets in the MAR since switching over to the new system.	W 340			