

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2023
NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3256 PLAYMORE BEACH RD MORGANTON, NC 28655		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to ensure privacy during treatment and care of personal needs for 1 of 6 clients (#2). The findings is:</p> <p>Observations in the group home on 11/7/23 at 6:45 AM revealed client #2 to enter the medication room with staff A for medication administration. Continued observations revealed the medication room door to remain open during the medication pass, which is adjacent to the main living room. Further observations revealed client #4 to enter the medication room twice while staff A was providing education to client #2 about their medications. Subsequent observations revealed staff A to redirect client #4 back to the living room each time.</p> <p>Interview with the facility nurse on 11/7/23 revealed staff are trained to offer privacy during medication administration and confirmed the medication room door should be closed during medication administration.</p>	W 130			
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure all medications and biologicals remained locked except when being prepared for</p>	W 382			

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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FORM APPROVED
OMB NO. 0938-0391

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W 382	<p>Continued From page 1 administration. The finding is:</p> <p>Morning observations in the home on 11/7/23 at 6:40 AM revealed the door to the medication room to be open and a plastic box containing a client's morning medications to be sitting on the corner of a desk next to the door. Continued observations revealed there were no staff present in the room where the medications were left out. Further observations revealed the door of the medication room to be adjacent to the living room and several clients to be moving around the living room at that time. Subsequent observation revealed the medications to remain unlocked in the room until the staff returned at approximately 6:45 AM.</p> <p>Interview on 11/7/23 with the Licensed Practical Nurse (LPN) revealed that all medications should be locked in the closet inside the medication room until staff prepare them for administration and that staff have been trained to not leave medications unlocked outside of that time.</p>	W 382			