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

PRINTED: 06/12/2023 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G215			C 06/08/2023		
ROVIDER OR SUPPLIER	0.02.0		STR	EET ADDRESS, CITY, STATE, ZIP CODE	06/	00/2023
COLTRIANOLE HOUSE I			1406 TYONEK DRIVE			
SCI-TRIANGLE HOUSE I			DUI	RHAM, NC 27703		
SUMMARY STATEMENT OF DEFICIENCIES ((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	<	•		(X5) COMPLETION DATE
INITIAL COMMENTS		W 0	000			
intake #NC00202434 substantiated. Deficie the allegations.	The complaint was encies were cited related to					
substantiated. Deficiencies were cited related to		W 3		W 375 All staff will receive re training Skill Creations policy on Medi Training will also be conducted with the Regional Nursing Diras well as Facility Administrated Medication error policy. Reporting, Communication, Dand processing of reports will The "Buddy System" which has assigned staff to review the Meach med pass will be re-imported The RN Clinical Director will refer medication administration and error processing at SCI Triangle House 1 and 2 monthly.	on ication ed ector ion on locume be hig as an IAR af lemen monito d medi	entation ghlighted. ter ted.
DIRECTOR'S OR PROVIDER'S	NIDDI IED DEDDESENTATIVE'S SIGNATI IDE	<u> </u>		TITLE		(X6) DATE
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENTS A complaint survey we intake #NC00202434. substantiated. Deficient the allegations. DRUG ADMINISTRATICFR(s): 483.460(k)(1) The system for drug at that all drugs are admit the physician's orders. This STANDARD is in Based on record revienterviews with staff, the of 6 clients (#6) receives prescribed. The finding received his prescribed. The finding received his prescribed at 8pm to his affected review of the medicated that the container for the opened. Additional received his prescribed in the facility Nurse physician had been in the facility Nurse physician had been in the facility of the medicated that the facility nurse physician had been in the facility of the facility Nurse physician had been in the facility nurse of the facility N	ACONTECTION IDENTIFICATION NUMBER: 34G215 ROVIDER OR SUPPLIER IGLE HOUSE I SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 6/8/23 for intake #NC00202434. The complaint was substantiated. Deficiencies were cited related to the allegations. DRUG ADMINISTRATION CFR(s): 483.460(k)(1) 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 record review and confirmed by interviews with staff, the facility failed to ensure 1 of 6 clients (#6) received medications as prescribed. The finding is: Review on 6/8/23 of client #6's medication error report dated 5/8/23 revealed client #6 did not received his prescribed eye drops Dorzolamide Hydrochloride 2% to be administered at 8am and at 8pm to his affected eye on 5/7/23. Further review of the medication error report indicated that the container for the eye drops had not been opened. Additional review of this report indicated that the facility Nurse and the primary care physician had been notified. However, there was no follow up noted by the qualified intellectual disabilities professional (QIDP) or the facility Nurse. Interview on 6/8/23 with staff A confirmed she did not send the medication error report for client #6 to the facility Nurse or the QIDP. Record review on 6/8/23 of the facility's medication error policy which was revised in 2022, revealed once a medication error report	A BUILDIN 34G215 B. WING ROVIDER OR SUPPLIER IGLE HOUSE I SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 6/8/23 for intake #NC00202434. The complaint was substantiated. Deficiencies were cited related to the allegations. DRUG ADMINISTRATION CFR(s): 483.460(k)(1) 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 record review and confirmed by interviews with staff, the facility failed to ensure 1 of 6 clients (#6) received medications as prescribed. 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Record review on 6/8/23 of the facility's medication error policy which was revised in 2022, revealed once a medication error report	A BUILDING 34G215 34G215 STREET ADDRESS, CITY, STATE, ZIP CODE 1406 TYONEK DRIVE DURHAM, NC 27703 SUMMAPY STATEMENT OF PERCICENCIES (PEACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC (DENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 6/8/23 for intake #NC00202434. The complaint was substantiated. Deficiencies were cited related to the allegations. DRUG ADMINISTRATION CFR(s): 483.460(k)(1) 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 record review and confirmed by interviews with staff, the facility failed to ensure 1 of 6 clients (#6) received medications as a prescribed. 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The finding is: Review on 6/8/23 of client #6's medication error report dated 5/8/23 revealed client #6 did not received his prescribed eye drops had not been opened. Additional review of the medication error report indicated that the container for the eye drops had not been opened. Additional review of the wover, there was no follow up noted by the qualified intellectual disabilities professional (QIDP) or the facility Nurse. Interview on 6/8/23 with staff A confirmed she did not send the medication error report for client #6's medication error report dozen that the facility Nurse or the QIDP. Record review on 6/8/23 with staff A confirmed she did not send the medication error report for client #6's medication error report which was revised in 2022, revealed once a medication error report.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Seslie Roughton

Chief Operations Officer

(X6) DATE 6-15-2023

Any deficiency statement ending with an asterisk of 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.

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, ,		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3	(X3) DATE SURVEY COMPLETED		
		34G215	B. WING _			C 06/08/2023		
NAME OF PROVIDER OR SUPPLIER SCI-TRIANGLE HOUSE I				STREET ADDRESS, CITY, STATE, ZIP CODE 1406 TYONEK DRIVE DURHAM, NC 27703		06/06/2023		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	TION SHOULD BE COMPLETION THE APPROPRIATE DATE			
W 368	Continued From page 1 has been completed, this report should be forwarded to the clinical supervisor (QIDP) and the Facility Nurse who will follow up with the primary care physician and a determination will be made if direct care staff need additional training. The Regional QIDP is also to review for any necessary follow up. Interview on 6/8/23 with the QIDP and Regional QIDP confirmed this medication was not given as ordered by the physician and staff did not follow the facility's policy to ensure this medication error report for client #6 was forwarded to the QIDP and facility Nurse for necessary follow up. In addition, the regional QIDP stated the facility is to follow a buddy system for having a second staff check behind the medication technician for every shift. The regional QIDP stated this was not done per policy on 5/7/23.		W 3	W 368				
W 375	that drug administrative reactions are record. This STANDARD is Based on record responder of the system for medication ensure complete and available for a medi (#6). The finding is: Review on 6/8/23 of report dated 5/8/23 received his prescrib.	8) administration must assure ion errors and adverse drug	W 3	75				

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		34G215	B. WING			C 06/08/2023	
NAME OF PROVIDER OR SUPPLIER SCI-TRIANGLE HOUSE I				STREET ADDRESS, CITY, STATE, ZIP CODE 1406 TYONEK DRIVE DURHAM, NC 27703	·		
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W 375	Further review of the indicated that the conot been opened. A indicated that the factor of the property of the	nis affected eye on 5/7/23. e medication error report intainer for the eye drops had dditional review of this report cility Nurse and the primary b) had been notified. However, up noted by the qualified es professional (QIDP) or the with staff A confirmed she did ation error report for client #6 or the QIDP. The facility's medication error be revealed once a medication or completed, this report of to the clinical supervisor lity Nurse for further action. with the Regional QIDP or medication administration and to include notification to ourse, PCP and Pharmacist so of medication administration and Additional interview or medication administration and if there were problems with ons. The Regional QIDP or 2023 the facility had set up a content of the content o	W 37	75			