STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G058	A. BUILDING _____ B. WING _____	06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD FARM ROAD	409 OLD FARM ROAD RAEFORD, NC 28376

(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 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure all medications were administered without error for 1 of 3 audit clients (#2). The finding is: During observations on 6/27/23 at 8:12am, Staff E gave client #2 the following medications: Glycophylol (1), Abilify 3 mg. (1), Clozapine 1mg. (1), Cogentin 0.5mg (1), Clonazepam 2 mg. (1), Propranolol 120 mg. (1), Vitamin D3 (1) and Miralax 17 grams. Review on 6/27/23 of client #2's physician orders dated 4/11/23 revealed the following: Glycophylol (1), Abilify 3 mg. (1), Clozapine 1mg. (1), Cogentin 0.5mg (1), Clonazepam 2 mg. (1), Propranolol 120 mg. (1), Vitamin D3 (1) and Lactulose 10mg. (15 ml.). Interview on 6/27/23 with staff E confirmed she administered Miralax 17 grams to client #2, instead of Lactulose 15 ml. as prescribed by the physician. Interview on 6/27/23 with the qualified intellectual disabilities professional (QIDP) revealed client #2 should have received Lactulose 15 ml. instead of Miralax 17grams as documented on client #2's physician orders dated 4/11/23.	W 369	DHSR - Mental Health JUL 14 2023 Lic. & Cert. Section	
W 435	SPACE AND EQUIPMENT CFR(s): 483.470(g)(1) The facility must provide sufficient space and	W 435		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shakitta McLeod | TITLE: BS, QP | (X6) DATE: 7-10-23

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.

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W 435	Continued From page 1 equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure an adequate supply of recreational/leisure materials were available for informal active treatment programs to be implemented. This affected 1 of 3 audit clients (#4). The finding is: Throughout evening observations at the facility on 6/26/23 from 3:20pm-5:10pm, staff B and staff C offered client #4 leisure items such as plastic screws and bolts to put into a zip lock bag, pegs to put into a pegboard and connect 4 chips to put into a zip lock bag. Client #4, who is blind, struggled to reach for the screws and had difficulty putting all of the screws, nuts, bolts and connect 4 chips into the zip lock bag. Throughout morning observations at the facility on 6/27/23 from 6:00am-6:50am staff D offered client #4 leisure items such as plastic screws and bolts to put into a zip lock bag, pegs to put into a pegboard and connect 4 chips to put into a zip lock bag. Client #4 lost interest in this activity several times and would sit for minutes at a time not engaging in this activity. Staff D told him to continue packaging these items. Review on 6/26/23 of client #4's individual	W 435		

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W 435	Continued From page 2 program plan (IPP) dated 1/3/23 revealed he has a diagnosis of Retinitis Pigmentosa and is visually impaired. Review on 6/26/23 of client #4's nursing evaluation dated 12/19/22 indicated client #4 has severe intellectual disabilities secondary to Down's Syndrome, Dysphagia and Blindness due to Retinitis Pigmentosa. Interview on 6/27/23 with the qualified intellectual disabilities professional (QIDP) and the regional quality assurance (QA) specialist revealed client #4 prefers to repeat repetitive tasks, however they will investigate purchasing more appropriate leisure activities for client #4 that is more specific to his skills and abilities.	W 435		

OLD FARM

W369 DRUG ADMINISTRATION

The facility will ensure all medications are administered without error.

The LPN will rein-service staff on client #2 physician orders.

The LPN will conduct medication assessments for three times per month for two consecutive months to ensure medication are being administered properly.

W465 SPACE AND EQUIPMENT

The facility will ensure adequate supply of recreational/ leisure materials were available for informal active treatment programs.

The Hab. Spec will purchase new recreational activities to include materials for visually impaired individuals.

The Hab. Spec will conduct interaction assessments three times per month for two consecutive months.

August 26, 2023