

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

PRINTED: 07/25/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2023
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS ROAD-DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 614 SEVEN OAKS ROAD DURHAM, NC 27704	
(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 observations, record review and interviews, the facility failed to ensure privacy for 1 of 3 audit clients (#1) residing in the home. The finding is:</p> <p>During morning observations in the home on 7/25/23 at 6:12am, client #1 was observed laying on her bed with her pants pulled down around her ankles. Further observations revealed client #1's disposable brief was visible. Additional observations revealed another client came out of their bedroom, stopped in the doorway of client #1's bedroom, spoke with Staff A and Staff A spoke with the client. Further observations revealed client #1's bedroom door remained open during this time.</p> <p>During an interview on 7/25/23, Staff A stated client #1 should have been allowed privacy while in her bedroom.</p> <p>During an interview on 7/25/23, management staff revealed client #1 should have been given privacy while she was in her bedroom.</p> <p>During an interview on 7/25/23, the Qualified Intellectual Disabilities Professional (QIDP) client #1's door should have been closed for privacy.</p>	W 130	<p>All staff will be inserviced on maintaining privacy for all individuals living in the home. clinical team will monitor privacy for all individuals through weekly observations in the home for 30 days. In the future, the clinical team will ensure the privacy of all individuals in the home through monthly observations.</p>	9/23/2023
W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the</p>	W 189		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Sherry Chappell, BA/QP, Program Manager *SKH 2023*

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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NAME OF PROVIDER OR SUPPLIER SEVEN OAKS ROAD-DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 814 SEVEN OAKS ROAD DURHAM, NC 27704		
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W 189	<p>Continued From page 1</p> <p>employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the disposal of medications and ensuring medication is applied correctly. The findings are:</p> <p>A. During morning medication administration in the home on 7/25/23 at 8:29am, a single pill for a client dropped on the floor. The medication technician picked up the pill and threw it away in the trash can. At no time was any paperwork filled out or a phone call made.</p> <p>During an interview on 7/25/23, management staff stated staff should have documented the pill falling on the floor. Further interview revealed the pharmacy would be notified and they would send out a replacement pill.</p> <p>During an interview on 7/25/23, the Qualified Intellectual Disabilities Professional (QIDP) stated staff have been trained in the disposing of medications. The QIDP also revealed staff should have called triage and the triage would have given the staff instructions on what to do.</p> <p>B. During morning medication administration on 7/25/23 in the home at 6:32am, the medication technician squeezed out cream from two different tubes into small medication cups. Further observations revealed both of the creams were white in color. The medication technician told the client that one of the creams was for her knee and the other one was for the bottom of her feet. Further observations revealed the medication technician told the client "I hope you don't get this mixed up." The medication technician then</p>	W 189			

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W 189	Continued From page 2 handed both the medications cups to the client and instructed her to go to her bedroom and apply them. At no time did the medication technician go with the client to her bedroom to ensure the creams were applied to the correct area. During an interview on 7/25/23, management staff revealed the medication technician revealed should have went with the client to ensure the medications should have been applied to the correct body parts. During an interview on 7/25/23, the Qualified Intellectual Disabilities Professional (QIDP) stated the medications technician should have observed the client apply the creams to the correct area on her body.	W 189	All staff in the home will be inserviced on how to properly handle dropped medications and the protocol to follow. All staff will be inserviced on monitoring all individuals during medication administration. The clinical team will monitor proper medication protocol through weekly observations in the home for 30 days. In the future, the clinical team will monitor proper medication protocol through monthly observations.	9/23/2023	
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) 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 ensure medications remained locked except when being prepared for administration. The finding is: During medications observations in the home during the survey on 7/24 - 25/23, a small black refrigerator, located in the medication room held two breathing treatment medications for a client. Further observations revealed the refrigerator did not have any type of lock. Additional observations revealed the door remained open during the survey and clients were able to walk in	W 382			

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W 382	<p>Continued From page 3 and out without supervision.</p> <p>During an interview on 7/25/23, management staff revealed all medications are suppose to be locked, when not in use.</p> <p>During an interview on 7/25/23, the Qualified Intellectual Disabilities Professional (QIDP) stated medications are to be locked at all times when not in use.</p>	W 382	<p>A lock has been placed on the small refridgerator. All staff will be inserviced on keeping all medications locked when medication administration is not in process. The clinical team will monitor proper storage of medications through weekly observations for 30 days. In the future, the clinical team will monitor proper medication storage through monthly observations.</p>	9/23/2023	