STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G222	A. BUILDING _____ B. WING _____	R-C 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JADE TREE	6501 JADE TREE LANE RALEIGH, NC 27615

(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 was conducted on July 11, 2024 for all previous deficiencies cited on May 2, 2024. Some deficiencies were recited. However, no new non compliance was found.	{W 000}		
{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 record reviews and interviews the facility failed to ensure the staff were sufficiently trained to implement appropriate health and hygiene methods and were competent in medication administration procedures. This affected 2 of 4 audit clients (#2 and #3). The findings are: A. Review on 5/2/24 of client #2's physician orders dated 2/29/24 revealed blood sugars taken weekly every Sunday of the month. Further review of client #2's medication administration record revealed blood sugars were not documented on April 24th, 22nd or the 28th. The month of March was unavailable to be reviewed. The month of February were not taken on the 22th and 25th for 2024. B. Review on 5/2/24 of client #3's physician orders dated 4/20/24 revealed blood sugars taken three times a day and insulin given on the sliding scale. The month of February 23-29, 2024 blood sugars were not taken one time a day and no	{W 340}		

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.

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{W 340}	Continued From page 1 insulin given per the sliding scale. The month of March was unavailable to be reviewed. Interview on 5/2/24 with the nurse revealed she visits the home twice a month and reviews the medication administration records when in the home. The nurse revealed she had trained the new staff in the home earlier this week. However, unable to provide training documentation. The nurse confirmed that client #2's blood sugar should be taken weekly and recorded. The nurse confirmed that client #3's blood sugars were taken incorrectly in the month of February. Review on 7/11/24 of the facility's Plan of Correction (POC) dated 7/1/24 revealed RN will monitor clients blood sugar documentation by the DSP's on a monthly basis and document such monitoring to assure that the blood sugars accurately or not documented correctly. Written monitoring by the RN should be sent to the Clinical Director/QP to become a part of client's Treatment Team file. An interview on 7/11/24 with the Clinical Director/Qualified Intellectual Disabilities Professinal (QIDP) revealed that the facility had not completed the POC. Therefore, the facility remains out of compliance.	{W 340}		
{W 368}	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 interviews, the	{W 368}		

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{W 368}	Continued From page 2 facility failed to ensure physician's orders were being followed. This affect 2 of 4 audit clients (#2 and #3). The findings are: A.Review on 5/2/24 of client #2's physician orders dated 2/29/24 revealed blood sugars taken weekly every Sunday of the month. Further review of client #2's medication administration record revealed blood sugars were not documented on April 14th, 21st or the 28th. The month of March was unavailable to be reviewed. The month of February were not taken 11th and 25th for 2024. B. Reviw on 5/2/24 of client #3's physician orders dateed 4/10/24 revealed blood sugars taken three times a day and insulin given on the sliding scale. The month of February 23-29, 2024 blood sugars were not taken one time a day and no insulin given per the sliding scale. The month of March was unavailable to be reviewed. The month of April 2024, when blood sugars are less than 100 no insulin should be given 14 times blood sugars were below 100 and 5 units of insulin was given. Interview on 5/2/24 with the nurse revealed she visits the home twice a month and reviews the medication administration records when in the home. The nurse confirmed that client #2's blood sugar should be taken weekly and recorded. The nurse confirmed that client #3's blood sugars were taken incorrectly in the month of February. Review on 7/11/24 of the facility's Plan of Correction (POC) dated 7/1/24 revealed the RN will retrain all staff and assure that she has written documentation of such training. The RN will monitor client's blood sugar documentation by the DSP's on a monthly basis and document such	{W 368}		

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{W 368}	Continued From page 3 monitoring to assure that the blood sugars of all clients are taken and documented correctly. In that month of montoring the documentation. Written monitoring by the RN should be sent to the Clinical Director/Qualified Intellectual Disabilities Professional (QIDP) to become a part of thhe of client's Treatment Team file. An interview on 7/11/24 with the Clinical Director/Qualified Intellectual Disabilities Professional (QIDP) revealed that the facility had not completed the POC. Therefore, the facility remains out of compliance.	{W 368}		
{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 observations, record review, and interviews, the facility failed to ensure all medications were administered without error. This affected 2 of 4 audit clients (#2). The finding is: Review on 5/2/24 of client #2's physician orders dated 2/29/24 revealed Dorzolamide Hcl/Timolol 2-0-.5% Instill 2 drop in both eyes twice daily. Interview on 5/2/24 with staff A revealed she did not give client #2 eye drops this morning because she forgot. Staff A confirmed client #2 should have gotten eye drops this morning. Interview on 5/2/24 with the nurse confirmed client #2 should have received eye drops this morning. The nurse also confirmed she was	{W 369}		

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{W 369}	Continued From page 4 unaware of client #2 not receiving his eye drops. Review on 7/11/24 of the facility's Plan of Correction (POC) dated 7/1/24 revealed the RN will monitor all medication records for medication errors at least twice a month. The RN will monitor all medication records for medication errors at least twice a month. An interview on 7/11/24 with the clinical Director/Qualified Intellectual Disabilities Professional revealed that the facility had not completed the POC. Therefore, the faciliy remains out of compliance.	{W 369}		