

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

PRINTED: 01/29/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/29/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MY PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1050 HOGAN STREET FAYETTEVILLE, NC 28301</b>
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(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
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W 000  {W 340}	<p><b>INITIAL COMMENTS</b></p> <p>A revisit was conducted on 1/29/24 for all previous deficiencies cited on 11/28/23. All deficiencies were not corrected. The facility is not in compliance with all regulations surveyed.</p> <p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, nursing services failed to ensure that staff were sufficiently trained in the signing of the Medication Administration Record (MAR). The findings are:</p> <p>During medication administration on 11/28/23 at 8:42am, client #3 was observed consuming five pills. Further review revealed none of those pills were Hydroxyz.</p> <p>Review on 11/28/23 of the MAR, the medication Hydroxyz for client #3 was signed off on 11/28/23 for 8am.</p> <p>Review on 11/28/23 of the facility's medication policy (revised 6/19/22) stated, "Checking the medication label against the MAR three times is done before each medication is administered to a resident. This is added protection for you and the resident. This applies to all situations whether the staff, resident, or medication is new".</p> <p>During an interview on 11/28/23, the Qualified</p>	W 000  {W 340}	<p style="text-align: center;"><b>RECEIVED</b> <b>FEB 1 2 2024</b> <b>DHSR-MH Licensure Sect</b></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Brad Secrest</i>	TITLE <i>BSQP</i>	(X6) DATE <i>27.24</i>
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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.

1.29.2024 Survey Follow-up POC

W340

Inter-Disciplinary Team (IDT) will request that client #3's GP to prescribe any medications formerly prescribed by the client's psychiatrist temporarily until client #3 can be enrolled into a psychiatric clinic. IDT will ensure medications once prescribed by client 3's psychiatrist are filled and available to client #3. IDT will complete paperwork to enroll client #3 with a psychiatric clinic as quickly as possible. The QP/Home Manager will review ALL medications for all clients twice a week. QP will conduct a medication review with all staff. This correction to be completed by 2.28.2024.