

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

PRINTED: 08/06/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/06/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE, INC LAKEVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 MIDWAY LANE ROANOKE RAPIDS, NC 27870</b>		
(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 383	<p><b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is:</p> <p>During observations in the home on 8/5/24 the surveyor entered the home at 3pm and was directed to the medication room to review paperwork; the surveyor was in the room for thirty minutes. Further observations revealed Staff A went into the medication room at 3:50pm and removed the keys to the medication cabinet from an unlocked drawer.</p> <p>During an interview on 8/5/24, Staff A revealed the keys to the medication cabinet are left in the unlocked drawer by a staff person from the previous shift. Staff A confirmed the keys to the medication cabinet were left unattended.</p> <p>During an interview on 8/6/24, the facility's nurse stated the keys to the medication cabinet should be on the person who is administering medications.</p> <p>During an interview on 8/6/24, the Qualified Intellectual Disabilities Professional (QIDP) revealed the keys to the medication cabinet should not have been left in the unlocked drawer. The QIDP stated the keys to the medication cabinet should be on the person who is doing the medication administration.</p>	W 383			

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.