

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

PRINTED: 08/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/29/2024
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL SERVICES, INC. RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6310 MOUNT HERMAN CHURCH ROAD DURHAM, NC 27705		
(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	W 000			
{W 382}	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>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:</p> <p>During medication administration observations in the home on 6/17/24 at 4:09pm. Staff A exited the medication room with a client. Further observations revealed both medication carts had keys in the locks and the carts were not locked.</p> <p>During an immediate interview, Staff A revealed she had been trained not to leave the medications unattended, because someone might get the medications.</p> <p>During an interview on 6/18/24, program manager stated medications should never be left unattended.</p> <p>A follow up visit was conducted on 8/29/24:</p> <p>During morning observations in the home on 8/29/24 at 7am, the medication room door was wide open. Further observations revealed one</p>	{W 382}			

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 382}	Continued From page 1 medication cart had the keys in the lock and the other medication cart lock was unlocked. Additional observations revealed there were no staff in the medication room. During an interview on 8/29/24, Medication Technician A stated the medication cart key should not be left in the lock and the medication cart should be locked when not in use. During an interview on 8/29/24, the Program Manager confirmed the door to the medication room should be closed. Further interview revealed both medication carts should be locked and no keys should be left in the locks.	{W 382}		