

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER SCI-TRIANGLE HOUSE II			STREET ADDRESS, CITY, STATE, ZIP CODE 1523 TYONEK DRIVE DURHAM, NC 27703		
(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 391	<p>DRUG LABELING CFR(s): 483.460(m)(2)(ii)</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs were packaged and labeled with the name of the person prescribed the medication, with instructions on how to administer the medication and instructions as to how often to administer the medication for 1 of 3 audit clients (#5). The finding is:</p> <p>During morning medication administration observations in the home on 9/24/24 at 7:36am, client #5's Cibadol CBD Oil was not labeled.</p> <p>During an interview on 9/24/24, Staff A confirmed client #5's Cibadol CBD Oil was not labeled. Further interview revealed there were other boxes of the oil in the medication cabinet and they did not have labels either. Staff A stated that the medication is something client #5's guardian has requested she receive. Additional interview revealed the medication is prescribed by client #5's neurologist.</p> <p>Review on 9/24/24 of client #5's physician orders dated 7/31/24 stated, "CBD/CANNO BID Oil 60 ml twice daily (CBD oil as an integrative complementary therapy per [neurologist name] instructions)".</p> <p>During an interview on 9/24/24, the facility's nurse confirmed client #5's Cibadol CBD Oil should have a label on it.</p> <p>During an interview on 9/24/24, the Qualified Intellectual Disabilities Professional (QIDP)</p>	W 391			

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.

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

PRINTED: 09/24/2024
FORM APPROVED
OMB NO. 0938-0391

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W 391	Continued From page 1 understood that client #5's Cibadol CBD Oil needs to be labeled.	W 391			