

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

PRINTED: 10/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER SANDRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 199 CINNAMON DRIVE HUBERT, NC 28539		
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 4 audit clients (#5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of medication administration. The findings are:</p> <p>Observation of morning medication administration in the home on 10/2/24 at 8:00am, staff A punched pills into the medication cup, poured the water in a cup for client #5. At no time was client #5 afforded the opportunity to punch pills into a medication cup or pour water into a drinking cup.</p> <p>Review on 10/2/24 if client #5's medication guidelines dated 2/7/23 revealed client #5 should participate in punching bubble pack, pour her drink. Staff should encourage client #5 to punch out her pills.</p> <p>Interview on 10/2/24, the Nurse stated staff should be following the medication administration guidelines for each client.</p>	W 249			
W 368	DRUG ADMINISTRATION	W 368			

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 368	<p>Continued From page 1 CFR(s): 483.460(k)(1)</p> <p>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 observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>Morning observations, in the home on 10/2/24 at 6:25am, the medication technician was observed administering sucralfate to client #1. Further review at 6:35am staff B was observed with client #1 in the kitchen preparing pudding to eat. Client #1 set her place setting and ate a serving and pudding with staff B sitting beside her.</p> <p>Record review on 10/2/24 of client #1's physician's orders dated 9/26/24 revealed an order for "Sucralfate. Take 1 tablet by mouth four times a day take on an empty stomach dissolve in water and give 30 minutes before meals and bedtimes."</p> <p>Interview on 10/2/24 with staff B stated client #1 wanted something a snack before breakfast it should be ok.</p> <p>Interview on 10/2/24 with the nurse confirmed the staff should be following what is on the physician's orders. Meals should be given 30 minutes after the medication was given.</p>	W 368			