STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G136	A. BUILDING _____ B. WING _____	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE FOREST HOME	1209 PELLHAM DR LAURINBURG, NC 28352

(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 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to administer medications as ordered by physician for 1 of 4 audit clients (#1). The finding is: During medication administration on 10/9/24 at 7:05am, client #1 received a 75mg dose of Levothyroxin from Staff F. An additional observation on 10/9/24 at 7:23am, revealed client #1 ate scrambled eggs for breakfast. Record review on 10/9/24 of client #1's Physician's Orders from 6/5/24 revealed Levothyroxin should be taken 30 minutes before breakfast. Interview on 10/9/24 with Staff F revealed the clients ate breakfast early today instead of at 7:30am because they have to transport a client to the doctor. Interview on 10/9/24 with the Nurse acknowledged Levothyroxin needed to be given on an empty stomach and to wait 30 minutes before breakfast.	W 369		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire drills using varying times and conditions. The finding is:	W 441		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G136	A. BUILDING _____ B. WING _____	10/09/2024

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W 441	Continued From page 1 Record review on 10/9/24 revealed fire drills revealed the following: First Shift Drills 10/3/23 at 2:12pm 1/4/24 at 9:10am 4/3/24 at 2:08pm 7/2/24 at 9:25am 10/8/24 at 9:53am Interview on 10/9/24 with the Home Manager revealed she did not realize the drill times had to be varied when she reviewed the documents each month. Interview on 10/9/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed she reviewed the fire drills monthly.	W 441		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that food was not retained after contamination. This affected 1 of 4 audit clients (#6). The finding is: During observations in the home on 10/8/24 at 5:43pm, client #6 requested wafer cookies from Staff B. Client #6 was observed reaching in the box of wafers and grabbed a large handful. Staff B was heard telling client #6, "Do not get the whole box." Staff B then closed the box of waters	W 454		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G136	A. BUILDING _____ B. WING _____	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 454	Continued From page 2 and returned it to the pantry. Interview on 10/9/24 with the Behavior Specialist revealed if client #6 reached into an item that's shared food, it should be discarded once contaminated.	W 454		