

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

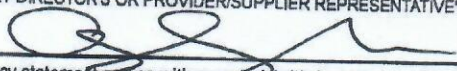
PRINTED: 10/31/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3256 PLAYMORE BEACH RD MORGANTON, NC 28655		
(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 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(I)(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 interview, the facility failed to ensure all drugs and biologicals were kept locked except when being prepared for administration for 4 of 6 clients (#2, #3, #4, and #6). The finding is:</p> <p>Observations in the group home during the 10/29-30/24 survey revealed prescription medications to be accessible in toiletry totes in the bedrooms of clients #2, #3, #4, and #6 for both days of survey.</p> <p>Interview with the licensed professional nurse (LPN) on 10/30/24 confirmed staff are responsible for ensuring all prescription medications are kept locked except when being prepared for administration.</p>	W 382	<p>The facility will ensure that all prescription drugs and biologicals are locked except when being prepared for administration. All staff will be trained to ensure this is occurring.</p> <p>This standard will be monitored through direct observation by the QP and/or designee at least weekly.</p>	12/30/24	
W 463	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4)</p> <p>The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to provide a prescribed modified diet for 1 of 6 clients (#1) for 2 of 2 meals. The finding is:</p> <p>Observations in the group home on 10/29/24 at 5:30 PM revealed the dinner meal to be barbeque chicken sandwich on a bun, broccoli, French fries, canned peaches, apple sauce, cherry cool</p>	W 463	<p>The facility will ensure that a prescribed modified diet is provided for each client and that staff is trained and follow diets consistently. The QP, program specialist, and house manager will in-service staff on client diets. The team will discuss client's diets with physician for recommendations.</p> <p>This standard will be monitored through direct observation in the home by the QP and/or designee at least weekly.</p>	12/30/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



BSQP

11-4-24

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 463	<p>Continued From page 1</p> <p>aid, and water. Continued observations revealed staff to assist client #1 with hand over hand to pour a cup of cherry cool aid and a cup of water. Further observation revealed client #1 to drink the cup of cherry cool aid and water.</p> <p>Observation in the group home on 10/30/24 at 7:17 AM revealed the breakfast meal to be oatmeal, 1 slice whole wheat toast, skim milk, orange juice, prune juice, cherry cool aid, and water. Continued observation revealed staff to assist client #1 to pour a glass of cherry cool aid and water. Further observation revealed client #1 to drink all beverages, eat one hundred percent of her breakfast meal, clear the table and rinse and load the dishwasher.</p> <p>Record reviews on 10/30/24 revealed a nutritional evaluation for client #1 dated 02/02/24 stating that the client is currently on an 1800 calorie ADA calorie diet: 16 oz skim milk every day.</p> <p>Interview with the licensed professional nurse (LPN) for the facility on 10/30/24 confirmed the nutritional assessment is current and the client should have had a sugar free beverage alternative with the dinner and breakfast meals as forementioned in her nutritional assessment</p>	W 463			