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

PRINTED: 10/31/2024 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER 34G343 B. WING STREET ADDRESS, CITY, STATE, 2IP CODE 328S PLAYMORE BEACH BO MORGANTON, NC 2865 PRECILLATORY OR LSC IDENTIFYING INCOMUNION) W 382 DRUG STORAGE AND RECORDKEEPING CFR(s): 483.4600((2)) 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 tocked except when being prepared for administration for 4 of 6 clients (#2, #3, #4, and #6). The finding is: Observations in the group home during the 10/29-30/24 survey revealed prescription medications to be accessible in toilety totes in the bedrooms of clients #2, #3, #4, and #6 for both days of survey. 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. W 463 FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4) 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 falled to provide a prescribed modified diet for 1 of 6 clients (#1) for 2 of 2 meals. The finding is: This standard will be monitored through direct observation in the home	NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (SACH DEPICIENCY NUMBER: PRESENCE PRESENCE) AND CORRECTION SPONDS PLAYMORE BEACH RD MORGANTON, U. 2865 W 382 DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(I)(2) 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: Observations in the group home during the 10/29-30/24 survey revealed prescription medications to be accessible in tolletry totes in the bedrooms of clients #2, #3, #4, and #6 for both days of survey. 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. W 463 FOCOD AND NUTRITION SERVICES (PR); 483.480(a)(4) The client's interdisciplinary team, including a qualified dietita and physician must prescribe all modified and special cliets. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to provide a prescribed modified diet to provide a prescribed modified diet to the provide and special cliets. The client's interdisciplinary team, including a qualified dietita and physician must prescribe all modified and special cliets. This STANDARD is not met as evidenced by: Based on observations, record review, and interview, the facility failed to provide a prescribed modified diet to the provide and predictive and substance and the prescribed modified diet to the provide and predictive and prescribed modified diet to the provide and predictive and prescribed modified diet to the provide and predictive and provided for each client and that staff is trained and follow diets consistently. The QP, program speci	STATEMENT	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		The same of the sa		OMB NO. 0938-	
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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

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(VOLUME TO S		OMB N	OMB NO. 0938-039	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G343	B. WING				
NAME OF PROVIDER OR SUPPLIER LOWER CREEK GROUP HOME			32	REET ADDRESS, CITY, STATE, ZIP CODE 56 PLAYMORE BEACH RD ORGANTON, NC 28655	10/30/2024		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOURDRE	(X5) COMPLETION DATE	
li (aid, and water. Conting staff to assist client #1 pour a cup of cherry conting of cherry c	with hand over hand to with hand over hand to ool aid and a cup of water. vealed client #1 to drink the and water. up home on 10/30/24 at breakfast meal to be wheat toast, skim milk, be, cherry cool aid, and ervation revealed staff to a glass of cherry cool aid servation revealed client #1 eat one hundred percent of ar the table and rinse and and another to a glass of cherry cool aid servation revealed client #1 eat one hundred percent of ar the table and rinse and another table and rinse and another table and received to a glass of cherry cool aid servation revealed client #1 eat one hundred percent of ar the table and rinse and another table and rinse and another table corrently on an 1800 and	W 463				