

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

PRINTED: 01/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G260		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/07/2025	
NAME OF PROVIDER OR SUPPLIER MCKEEL LOOP ROAD HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 5910 FARMWOOD LOOP ROAD WILSON, NC 27893			
(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	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>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 ensure all medications were administered without error. This affected 2 of 3 audit clients (#4 and #5) observed receiving medications. The findings are:</p> <p>A. During observations of medication administration in the home on 1/6/25 at 4:05pm staff A administered the following medication to client #4: Metformin 500mg, Oxcarbazepin 600mg, Budesonide 0.5mg and Miralax 8gm that was mixed with approximately 4 ounces of water.</p> <p>Review on 1/7/25 of client #4's physician's orders dated 11/1/24 revealed an order for Miralax 17gm to be mixed in 8 ounces of liquid daily at 5pm.</p> <p>B. During observations of the medication administration pass in the home on 1/7/25 at 6:37am staff B administered the following medication to client #5: Depakote 500mg, Fish Oil 1000mg, Fluoxetine 20mg, Folic Acid 1mg, Vitamin D3 2000IU, Azathioprine 50mg, Ayr and Neomycin to left eye.</p> <p>Review on 1/7/25 of client #5's physician's orders dated 12/12/24 revealed an order to stop Neomycin.</p> <p>Interview on 1/7/25 with the facility nurse confirmed client #4 should have received 17gm of Miralax in 8 ounces of liquid. The nurse also confirmed client #5 should not have received</p>			W 369			

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 369	Continued From page 1			W 369			
W 440	Neomycin in her left eye. EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: The facility failed to ensure fire drills were conducted quarterly for each shift of personnel as evidenced by interview and record verification. The finding is: Review on 1/6/25 of the facility's fire drills revealed no drills had been conducted on 3rd shift between April 2024 and June 2024 or between October 2024 and December 2024. Interview with the program manager revealed the habilitation manager is responsible for the fire drill schedule. The program manager confirmed fire drills should be conducted on all shifts quarterly.			W 440			
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 review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times/conditions. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is: Review on 1/6/25 of the fire drill reports dated March 2024 - December 2024 revealed fire drills were conducted on first shift (6:00am - 2:00pm) at 7:25am, 7:30am, 10:40am, 7:50am and 7:50am. Fire drills were conducted on second shift (2:00pm - 10:00pm) at 2:08pm, 2:44pm,			W 441			

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W 441	Continued From page 2 2:30pm and 5:12pm. Interview on 1/7/25 with the program manager confirmed fire drills should be varied throughout each shift.			W 441			