

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

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER WEBSTER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 103 LITTLE SAVANNAH RD WEBSTER, NC 28788		
(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 368	<p>DRUG ADMINISTRATION 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 client (Client #4) observed during medication administration. The finding is:</p> <p>Observations in the home on 2/26/25 revealed client #4 to enter the medication administration area at 8:02 AM and staff to dispense the following medications: Lamotrigine 25 mg - 2 tablets, Olanzapine 10 mg - 1 tablet, Clonazepam 1 mg - 1 tablet, Topiramate 100 mg - 1.5 tablets. Continued observation revealed client #4 to swallow all medications with water and to receive no further medications for the duration of the observation.</p> <p>Review on 2/26/25 of client #4's physician's orders revealed an order dated 11/25/24 to add Pepcid, 1 tablet 2 times per day for 180 days to client #4's standing prescription order.</p> <p>Interview on 2/26/25 with the Director of Nursing (DON) for the home confirmed the physician's order was current and that Client #4 should have received the prescribed dose of Pepcid during medication administration. The DON further verified that the order for Pepcid had never been placed with the pharmacy, so client #4 has not received any doses of this medication to date.</p>	W 368			
W 440	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p>	W 440			

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 440	<p>Continued From page 1</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure evacuation drills were held at least quarterly for each shift of personnel. The finding is:</p> <p>A review of the facility fire drill reports on 2/25/25 revealed that between 3/30/24 and 2/25/25, the facility conducted 9 fire drills, and that of those, five occurred on first shift, two on second shift and two on third shift. Continued review revealed that there were no second or third shift fire drills for the third or fourth quarters of the review year.</p> <p>Interview with the facility administrator on 2/26/25 confirmed fire drills should have been conducted quarterly for each shift of personnel.</p>	W 440			