

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

PRINTED: 02/20/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER YADKIN I			STREET ADDRESS, CITY, STATE, ZIP CODE 3716 WESTWOOD DRIVE HAMPTONVILLE, NC 27020		
(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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 2 audit clients (#6) observed receiving medications. The finding is:</p> <p>During observations of medication administration in the home on 2/19/25 at 7:13 AM, Staff A was observed to administer client #6's medications. Staff A was observed to administer Lactulose-10GM/15ML-SOLN 946ML to client #6.</p> <p>Review on 2/19/25 of client #6's physician's orders dated 1/20/25 revealed an order for Lactulose-10MG/15ML-SOLN-946ML. "Take 30 ML by mouth every night at bedtime for constipation."</p> <p>Interview on 2/19/25 with the facility nurse revealed the physician's orders are current. The facility nurse confirmed the Lactulose -10GM/15ML-SOLN 946ML should have been given to client #6 at bedtime as indicated on the physician's orders.</p>	W 368	<p>The nurse will in-service all staff on proper medication passes and following the MAR and Physician's orders. The clinical team will monitor through medication pass assessments 2x a week for a period of 30 days and then on a routine basis to ensure medications are passed properly. In the future, the nurse will ensure all staff are trained on passing medications per policy.</p>	4/20/25	

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

TITLE

(X6) DATE

IDD Regional Administrator 2/21/25

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.