

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

PRINTED: 03/12/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G246		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/11/2025	
NAME OF PROVIDER OR SUPPLIER KENWOOD DRIVE HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 5004 KENWOOD DRIVE DURHAM, NC 27712			
(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 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in locking of a rollator. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>During morning observations in the home on 3/11/25 from 7:02am until 7:22am, client #1 sat on the seat bench of his rollator at the dining room table while he ate breakfast. Client #1's rollator remained unlocked the entire time. At no time did staff ensure client #1's rollator was locked in place while he sat on it.</p> <p>During an interview on 3/11/25, the HM stated client #1 can lock his own rollator.</p> <p>During an interview on 3/11/25, the management confirmed client #1's rollator should be locked when he is sitting on it.</p>			W 189			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in medication administration for 2 of 4 audit clients</p>			W 340			

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 340	Continued From page 1 (#2 and #4). The findings are: A. During morning medication administration in the home on 3/11/25 at 6:12am, the Home Manager (HM) poured fiber powder into a cup of water and then stirred the mixture in the cup of water. At no time was client #4 given the opportunity to pour in the fiber mixture and then to stir the mixture. During an interview on 3/11/25, the HM stated client #4 can pour and stir. Further interview revealed she was not sure why she did not let client #4 participate in his own medication administration. During an interview on 3/11/25, the management staff stated client #4 should have been given the opportunity to participate in his own medication administration. B. During medication administration observations in the home on 3/11/25, client #2's eye drops were not labeled. Further observations revealed there was no name or instructions on the bottle. During an interview on 3/11/25, the Home Manager (HM) confirmed client #2's eye drops were not labeled. During an interview on 3/11/25, management staff confirmed client #2's eye drops should be labeled with her name and instructions on how to administer the eye drops.	W 340			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the	W 383			

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W 383	<p>Continued From page 2</p> <p>keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is:</p> <p>During observations in the home on 3/10/25 from 4:40pm until 5:07pm, the box where the keys to the medication closet are kept, was left open and the keys were visible to the surveyor. Further observations revealed Staff A closed the box at 5:07pm.</p> <p>During observations on 3/11/25, the surveyor was able to turn a knob on the medication box and open it and the keys to the medication closet were visible.</p> <p>During an interview on 3/10/25, Staff A confirmed the keys to the medication closet where in the open box.</p> <p>During an interview on 3/11/25, the Home Manager confirmed the keys to the medication closet need to be locked when not in use.</p> <p>During an interview on 3/11/25, the management staff confirmed the box where the keys to the medication closet should be locked.</p>	W 383			
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the</p>	W 436			

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W 436	Continued From page 3 interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure recommended equipment specifically eyeglasses were furnished for 1 of 4 audit clients (#1). The finding is: During observations during the survey on 3/10 - 11/25, client #1 was not observed to be wearing his eyeglasses. At no time was client #1 provided with his eyeglasses. Review on 3/10/25 of client #1's Individual Program Plan (IPP) dated 6/27/24 revealed he wears eyeglasses. During an interview on 3/11/25, the management staff were uncertain where client #1's eyeglasses were.	W 436			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet including modified specially prescribed diet as prescribed. This affected 2 of 4 audit clients (#2 and #3). The findings are: A. During breakfast observations in the home on 3/11/25 at 7am, client #2 was given a whole	W 460			

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W 460	Continued From page 4 muffin to eat. At no time was her muffin modified. During an interview on 3/10/25, Staff A revealed client #2's food is chopped. Review on 3/10/25, client #2's Individual Program Plan (IPP) dated 1/23/25 revealed her diet is chopped. B. During breakfast observations in the home on 3/11/25 at 7am, client #3 was given a whole muffin to eat. At no time was his muffin modified. Review on 3/10/25, client #3's IPP dated 2/3/25 stated, "...cut into small pieces". During an interview on 3/11/25, the Home Manager (HM) confirmed both of clients #2 and #3 muffins should have been chopped. During an interview on 3/11/25, the management staff revealed the muffins for clients #2 and #3 should have been chopped.	W 460			
W 481	MENUS CFR(s): 483.480(c)(2) Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food substitutions were documented. The finding is: During observations in the home on 3/10/25 Staff A was observed cooking turkey, rice, gravy and mixed vegetables for dinner. Further observations revealed no other food items where offered to the clients for dinner.	W 481			

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W 481	<p>Continued From page 5</p> <p>Review on 3/10/25 of the facility's menu book for 3/10/25, revealed turkey/spinach/artichoke casserole for dinner.</p> <p>During an interview on 3/10/25, Staff A stated there was no spinach or artichokes in the home. Further interview revealed the Home Manager (HM) does the grocery shopping for the home. Staff A revealed staff are to fill out the substitution book when a food item is replaced with another food item.</p> <p>During an interview on 3/10/25, the HM first stated she does not know what an artichoke looks like and then she secondarily said the clients do not like them anyway. When asked how did she know the clients would not like them, she could not give an answer.</p> <p>Review on 3/11/25 of the menu substitution book revealed there was no substitution for the spinach and the artichokes.</p> <p>During an interview on 3/11/25, the management revealed the meal substitution form should have been filled out for the dinner meal, which occurred on 3/10/25.</p>			W 481			