

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

PRINTED: 03/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G306		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/26/2025	
NAME OF PROVIDER OR SUPPLIER SYDNOR STREET GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 134 SYDNOR STREET MOUNT AIRY, NC 27030			
(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 interview, the facility failed to assure all drugs were administered without error for 1 of 2 clients (#1) observed during medication administration. The finding is:</p> <p>Observation in the group home on 3/26/25 at 7:17 AM revealed staff A to prompt client #1 to obtain her jelly container for medication administration. Continued observations revealed staff A to name medications and purpose and to verify the medication administration record. Continued observation revealed staff A punched all morning medications into a medicine cup and client #1 was observed to take all medications whole with grape jelly. The client refused a cup of water.</p> <p>Review of records for client #1 on 3/26/25 revealed physician orders dated /20/23. Review of the 2/27/25 physician orders revealed medications to administer at 8:00 AM to be Folivane-PLS, Loratadine 10MG, Ibuprofen 400MG, Lamotrigine 150MG, Pantoprazole 40MG, Quetiapine 100MG, Quetiapine 50MG. During survey medication administration observation of staff, staff A was observed to administer all morning medications for client #1 and additionally the staff was observed to administer Carbamazepin 400MG ER and Vitamin D3 25MCG 1000IU. Continued review of the records for client #1 revealed no physician orders for client #1 for staff to administer Carbamazepin 400MG ER and Vitamin D3</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 25MCG 1000IU at 8:00 AM.	W 369			
W 474	<p>Interview with the facility nurse on 3/26/25 confirmed the 2/27/25 physician orders for client #1 to be current. Continued interview with the facility nurse revealed that staff should administer medications as prescribed. Further interview with the facility nursing revealed that the facility will ensure the medication administration record and physician orders match.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to serve food in a form consistent with the developmental level of 1 of 4 sampled clients in the facility (#3). The finding is:</p> <p>Observations in the group home on 3/25/25 at 5:50 PM revealed the dinner meal consisted of ham, pintos, fruit cocktail, milk, lemonade and grape flavored drink. Continued observations at 5:58 PM revealed client #3 to consume his dinner meal in whole consistency. At no time during the dinner meal was staff observed to assist the client to provide his ham in a chopped consistency.</p> <p>Observations in the group home on 3/26/25 at 8:00 AM revealed the breakfast meal consisted of turkey bacon, cheese grits, pears, juice, water, milk, and coffee. Continued observations at 8:08 AM revealed client #3 to consume his breakfast meal in whole consistency. At no time during the breakfast meal was staff observed to assist the</p>	W 474			

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W 474	<p>Continued From page 2</p> <p>client to provide his bacon in a chopped consistency.</p> <p>Review of client #3's record on 3/26/25 revealed an individual service plan (ISP) dated 3/20/24. Review of the ISP revealed a nutritional evaluation dated 3/4/24 for client #3 to be prescribed a regular diet with chopped meats. Continued review of the ISP revealed physician's orders dated 2/27/25 for client #3 to be prescribed regular diet and chopped meats.</p> <p>Interview with the facility nurse on 3/26/25 confirmed client #3's prescribed diet. Further interview with the facility nurse confirmed specially modified diets should be followed as prescribed.</p>	W 474			