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

PRINTED: 02/24/2025 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G197			(X2) MULTIPLE CONSTRUCTION A BUILDING B WING			(X3) DATE SURVEY COMPLETED 02/19/2025	
		34G197					
	PROVIDER OR SUPPLIER F. JOHN'S CHURCH RO	AD GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2220 ST. JOHN'S CHURCH ROAD CHARLOTTE, NC 28215	02	2 19/2025	
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)			BE COMPLETION	
	CFR(s): 483.460(k) The system for drug that all drugs, include self-administered, a This STANDARD is Based on observation interview, the facility drugs, including those were administered with the facility drugs, including those were administered with the finding is: Observation in the graph of the graph of the graph of the graph of the finding is: Observation in the graph of	administration must assure ling those that are re administered without error, not met as evidenced by: ons, record review and failed to ensure that all se that are self-administered, vithout error for 1 of 6 clients roup home on 2/19/25 at 6:47 4 to enter the medication administration with Staff A. on revealed client #4 to topical medications: plied to left hand), in 2% (applied to face/neck), in 0.1% combined with in 2% (applied to torso). record on 2/19/25 revealed the 6/24/24. Review of the dicated the application of 2% and Triamcinolone etoconazole Cream 2% one Cream 0.1% apply once toes. Schedule: WED AT I review of the physician's a prescription for client #4 to a cream 2% combined with in 0.1% to be applied to his		The facility will ensure clients had their medications administered a ordered by the prescribing Physical A. Nursing will in-service staff of medication administration process. B. Staff will attend medication administration class as required. Will pass the class with a minimus score of 85 and above. Staff will observed at three medication pass before staff can officially start administering medication. C. To prevent further occurrence: Supervisor will complete medicat observation in the home weekly a document on medication observation. RECEIVED ARR 17 2025 DESPUMB Licensure Section 11 and 12 and 13 and 14 and 15	s cian. n ss. Staff m be ses Area ion nd ion 4	\$/2/2025	

Andrew Taylor

Program Manger

3/12/2025

Any deficiency statement ending with an asterick (*) 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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AND PLAN OF CORRECTION IE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE C	(X3) DA	(X3) DATE SURVEY COMPLETED	
		34G197	34G197 B. WING		00//01/01	
	PROVIDER OR SUPPLIER	DAD GROUP HOME	STR 2220 CH/		02/19/2025	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 369	have received Keto combined with Trial applied to his feet. If facility nurse confirm for the two creams to client #4's torso. Ad	ge 1 conazole Cream 2% mcinolone Cream 0.1% Further interview with the med there is no current order to be combined and applied to ditional interview confirmed orders should be followed as	W 369	DEFICIENCY		