

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

PRINTED: 06/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER BLANCHE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 6208 BLANCHE DRIVE RALEIGH, NC 27607		
(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 322	<p>PHYSICIAN SERVICES CFR(s): 483.460(a)(3)</p> <p>The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure client #2 was referred to a physician as recommended for laboratory tests. This affected 1 of 3 clients. The findings is:</p> <p>Review on 6/2/25 of client #2 record revealed a referral for a mammogram on 11/20/24. Client #2 is 52 years of age.</p> <p>Additional review on 6/2/25 of client #2's medical notes revealed she had a referral for a mammogram in October of 2024. Core team notes revealed client refused mammogram on notes 12/2024 through current.</p> <p>Interview on 6/3/25 with the facility Nurse revealed client #2 had refused mammogram for years and had not been screened. Nurse revealed client #2 was referred to imaging services for a mammogram annually but had refused every year. Further interview confirmed that the mammogram had not been completed as of 6/3/25.</p> <p>Interview on 6/3/25 the qualified intellectual disabilities professional (QIDP) revealed client #2 refusals had been discussed however not documented. The QIDP confirmed client #2 needed to have a mammogram.</p>	W 322			

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.