

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

PRINTED: 10/30/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/30/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>OLD FARM ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>409 OLD FARM ROAD</b> <b>RAEFORD, NC 28376</b>		
(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 000  {W 368}	<p><b>INITIAL COMMENTS</b></p> <p>A revisit was conducted on 10/30/25 for deficiencies cited on 8/4 - 8/5/25. Six deficiencies were corrected and one deficiency was recited. The facility remains out of compliance.</p> <p><b>DRUG ADMINISTRATION</b> 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. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 2 clients (#1) observed receiving medications. The finding is:</p> <p>During observations of medication administration in the home on 8/5/25 at 7:47am, client #1 ingested Inderal 120mg along with seven other medications. The client's blood pressure and pulse were not taken before or after he ingested his medications.</p> <p>Review on 8/5/25 of client #1's physician's orders dated 7/11/25 revealed an order for Inderal 120mg, take 1 capsule by mouth every morning at 8:00am. The order further noted, "Check blood pressure and pulse before giving call nursing and hold if blood pressure less than 90/60 or pulse less than 60."</p> <p>Interview on 8/5/25 with Nurse B confirmed client #1's physician's orders for Inderal should have been followed as written.</p>	W 000  {W 368}			

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 368}	<p>Continued From page 1</p> <p>During follow-up observations of medication administration in the home on 10/30/25 at 7:59am, client #1 ingested Inderal 120mg along with seven other medications. The client's blood pressure and pulse were not taken before the ingestion of his medications.</p> <p>Review on 10/30/25 of client #1's physician's orders dated 10/9/25 revealed an order for Inderal 120mg, take 1 capsule by mouth every morning at 8:00am. The order further noted, "Check blood pressure and pulse before giving call nursing and hold if blood pressure less than 90/60 or pulse less than 60."</p> <p>Interview on 10/30/25 with the Medication Technician (MT) confirmed client #1's blood pressure and pulse were not taken before he ingested the Inderal.</p> <p>Interview on 10/30/25 with the facility nurse confirmed client #1's physician's orders for Inderal should have been followed as written.</p>	{W 368}			