

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

PRINTED: 11/20/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER STARNES GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2823 STARNES ROAD CHARLOTTE, NC 28214		
(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 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure all medications and biologicals remained locked except when being prepared for administration. The finding is:</p> <p>Morning observations in the home on 11/18/25 at 6:55 AM revealed the door to the medication room to be open and a plastic box containing medications to be sitting on the corner of a desk. Continued observations revealed there were no staff present in the room where the medications were left out.</p> <p>Interview on 11/18/25 with the facility's nurse revealed that all medications should be locked in the medication room until staff prepare them for administration and that staff have been trained to not leave medications unlocked outside of that time.</p>	W 382	<p>The facility will ensure all drugs and biologicals are secured, when being prepared for administration.</p> <p>To prevent further occurrence:</p> <p>A. Nurse will educate all staff on the importance of securing medications, procedure regarding medication keys and not leaving medications unattended in the open unlocked medication room.</p> <p>B. To prevent further occurrence: QIDP and Site Supervisor will complete medication observation in the home weekly and document on medication observation form.</p> <p>Person(s) Responsible: Nurse, QIDP and Site Supervisor</p> <p>To be completed by: 01/16/2025</p>	1/16/2026	

RECEIVED

DEC 01 2025

DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

S. Neal

Program Manager 11.25.25

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.