

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2017
NAME OF PROVIDER OR SUPPLIER DAVIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PORTERS NECK ROAD WILMINGTON, NC 28411		
(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	
F 333 SS=D	<p>483.45(f)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>483.45(f) Medication Errors.</p> <p>The facility must ensure that its-</p> <p>(f)(2) Residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, medical director interview, nurse practitioner interview, resident interview, staff interview, and record review 1 of 1 sampled residents (Resident #257) reviewed for ophthalmic (eye) medications missed the opportunity to receive nine doses of an ophthalmic gel necessary to promote healing of his cornea. Findings included:</p> <p>Record review revealed Resident #257 was admitted to the facility on 08/16/17. The resident's documented diagnoses included herpes viral disease of the eye (documented in the facility's electronic medical record diagnosis list after the resident's eye exam on 09/14/17), dry eye syndrome, anxiety, insomnia, and Alzheimer's dementia.</p> <p>A 08/17/17 progress note documented, "Right eye reddened. States is itchy. No drainage noted. Small amount yellowish crusty matter on upper and lower lid."</p> <p>A 08/17/17 Nurse Practitioner (NP) note documented, "Right eye tender red no drainage cobblestone appearance inner lid...acute conjunctivitis of right eye...Ciprodex (antibiotic) drops to begin today 2 drops right eye every 2 hours for 24 hours and every 4 hours x 7 days.</p>	F 333	<p>Resident #257 received the Zirgan gel as per MD orders, starting 9/17/17 at 11pm. He returned to the optometrist on 10/2/17 and new orders were received and processed to reduce the Zirgan gel to BID until next follow-up. Next appt scheduled for 10/9/17. Resident #257 discharged home with wife on 10/5/17 with notification of the follow-up appointment.</p> <p>All residents have the potential to effected for missed medication dosages. Audit completed by clinical coordinators, verified by Director of Nursing by 10/11/17, that all medications were available for all residents.</p> <p>Nurses in-serviced to call pharmacy after faxing orders to ensure that they received the new orders & to key them into the system timely. Nursing will notify Director of Nursing or Administrator of any medications that do not arrive from pharmacy within 24 hours.</p> <p>Clinical coordinators will audit all new and/or changed medication orders 5x/week to ensure that any medications ordered arrive from pharmacy timely for 4</p>	10/16/17	

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

TITLE

(X6) DATE

Electronically Signed

10/09/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2017
NAME OF PROVIDER OR SUPPLIER DAVIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PORTERS NECK ROAD WILMINGTON, NC 28411		
(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	
F 333	<p>Continued From page 1</p> <p>Warm compresses for comfort and monitor for resolution." Review of Resident #257's August 2017 medication administration record (MAR) and treatment administration record (TAR) revealed the NP recommendations were implemented as ordered.</p> <p>The NP wrote notes documenting progress ranging from "no improvement" to "right eye improved" on 08/18/17 and 08/22/17.</p> <p>Resident #257's 08/23/17 admission minimum data set (MDS) documented his cognition was moderately impaired, he exhibited no delirium/psychosis/behaviors, his vision was adequate with corrective lenses, he required extensive assistance from two staff members with bed mobility/transfers/dressing/hygiene, and he was dependent on staff with toileting and bathing.</p> <p>Between 08/24/17 and 09/05/17, review of physician orders and NP notes revealed Resident #257 was started on a second type of antibiotic drops, anti-inflammatory drops, antihistamine drops, and lubricating drops and gel.</p> <p>A 09/01/17 NP note documented, "Ongoing right eye pain going to do consult for ophthalmologist to evaluate..."</p> <p>A 09/14/17 (Thursday) eye consult documented an optometrist examined Resident #257 and documented, "Pt's (patient's) _____ (family member designation) states his OD (right eye) started becoming irritated on 08/16/17. Since then, the OD irritation has gotten worse. Pt says now the OD has ... blurry VA (vision), hurts when blinking, eye pain when moving the OD, and</p>	F 333	<p>weeks. Findings of audits will be taken to QA&A for monthly review and recommendations.</p> <p>Date of Compliance: October 16, 2017</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2017
NAME OF PROVIDER OR SUPPLIER DAVIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PORTERS NECK ROAD WILMINGTON, NC 28411		
(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	
F 333	<p>Continued From page 2</p> <p>tearing. Pt keeps his OD closed most of the time and wakes with the OD eyelid matted shut. Pt denies flashes, colored discharge, itchiness, and new floaters." Examination of the cornea revealed, "Significant edema with folds." The optometrist documented a diagnosis of herpesviral keratitis with suspected non-healing corneal defect. The optometrist provided prescriptions for Valacyclovir HCl (Valtrex anti-viral medication) 1,000 milligrams (mg) with one tablet by mouth every twelve hours for one week and Zirgan 0.15% gel with one drop five times each day to right eye.</p> <p>Bausch + Lomb (manufacturer of Zirgan) documented, "Herpetic keratitis is a recurrent viral infection of the eye that is caused by the herpes simplex virus (HSV). Herpetic keratitis can scar the cornea, making it difficult to see. Herpetic keratitis should not be ignored. If not treated, it may lead to blindness or other complications. Zirgan is indicated for the treatment of eye ulcers caused by a herpes virus."</p> <p>A 09/17/2017 (Sunday) 10:48 AM progress note documented, 'Resident has had order for Zirgan eye drops since Thursday. Pharmacy has not delivered. Writing RN (registered nurse) called pharmacy yesterday (Saturday) and was assured that the eye drops were in inventory and would be delivered last night. Drops did not come. Writing RN called backup pharmacy and they stated that the order was sent after cutoff time but that it was packaged to come today. Will await delivery. Will call ophthalmologist... to inform that there has been a delay in starting treatment and see if (follow up) appointment needs to be rescheduled."</p>	F 333			

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

PRINTED: 11/08/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2017
NAME OF PROVIDER OR SUPPLIER DAVIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PORTERS NECK ROAD WILMINGTON, NC 28411		
(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	
F 333	Continued From page 3 Review of Resident #257's September 2017 MAR revealed he received his first dose of Zirgan at 11:00 PM on 09/17/17 (Sunday). A 09/18/17 11:07 AM progress note documented, "...resident eye continues to be red and swollen. Zirgan drops arrived from pharmacy last night and started. Ophthalmology appointment changed to next Monday, September 25, 2017 at 10:45." On 09/27/17 at 3:28 PM in an interview with Clinical Coordinator #1 she stated Resident #257 got back from his eye consult on 09/14/17 (Thursday) after 5:00 PM, and the facility faxed orders generated by the consult to the pharmacy. She explained that for same day delivery the cut off for order receipt at the pharmacy was 5:00 PM so that deadline was missed. She reported the facility received the anti-viral tablets on 09/15/17 (Friday) first delivery, but after the Zirgan gel was not received in the 09/15/17 second pharmacy delivery of the day a nurse called the pharmacy for information and clarification, and was told the pharmacy did not receive the facility's fax (the facility and later the pharmacy both provided fax receipts showing successful transmission on 09/14/17 at 5:07 PM) so the fax was sent again by the facility. According to Clinical Coordinator #1, the morning of 09/16/17 (Saturday) once again there were no Zirgan eye drops in the first pharmacy delivery of the day. She stated a nurse called the pharmacy Saturday morning and asked the pharmacy to make sure they had the gel in inventory. She reported the nurse was assured the gel drops would be included in the facility's Saturday night delivery, but they were not. According to the Clinical Coordinator, this nurse	F 333			

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

PRINTED: 11/08/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2017
NAME OF PROVIDER OR SUPPLIER DAVIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PORTERS NECK ROAD WILMINGTON, NC 28411		
(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	
F 333	<p>Continued From page 4</p> <p>was informed by the pharmacy that the eye gel order was entered incorrectly into the e-pharmacy system, and the delay in delivery was the facility's fault. On Sunday morning (09/17/17) the gel drops were not in the first pharmacy delivery so the nurse called the pharmacy which told her the order was re-entered into the e-pharmacy system after hours so the drops would not arrive until the second pharmacy delivery on Sunday night. (Record review revealed the order for the Zirgan gel was keyed into the e-MAR system, available for pharmacy review, on Friday 09/15/17 at 2:04 AM and again on Saturday 09/16/17 at 7:04 PM).</p> <p>On 09/27/17 at 3:41 PM the Director of Nursing (DON) stated specialty eye drop were not kept in the facility's pyxis so they were dependent on the facility's contracted pharmacy for their provision. She explained the facility was actively seeking an alternate pharmacy which would hopefully be moving onto campus effective 12/01/17. She reported her expectation was for the current contracted pharmacy to go to local pharmacies for help if there were problems obtaining medications which the facility needed. She commented the facility was continually assured Resident #257's Zirgan would be in the next delivery so the facility did not seek alternate action. According to the DON, she expected medication to be started as soon as possible, but the facility was dependent on the pharmacy for prompt delivery. The DON stated a herpetic eye condition was chronic and there was always the risk of acute flare-ups. She reported Resident #257 received his anti-viral medication on time, and the additional Zirgan gel drops were for comfort.</p> <p>On 9/27/17 at 3:41 PM, during an interview with</p>	F 333			

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

PRINTED: 11/08/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2017
NAME OF PROVIDER OR SUPPLIER DAVIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PORTERS NECK ROAD WILMINGTON, NC 28411		
(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	
F 333	<p>Continued From page 5</p> <p>the NP who was following Resident #257, she stated when she first assessed the resident she suspected conjunctivitis of the right eye, suspecting possible MRSA (methicillin-resistant Staphylococcus aureus) infection which would require treatment with antibiotics. She reported she felt there had been some progress in improving the resident's eye condition, but not to the extent that she desired so she went with a more aggressive approach and recommended an ophthalmology consult. She commented before this eye consult she had tried the resident on antibiotic, anti-inflammatory, and moisture drops. The NP stated viral eye infections were usually caused by direct or indirect contact with a virus, and would require chronic suppression and monitoring. She reported there could be loss of vision and possible blindness if the viral infection was not kept under control.</p> <p>On 9/27/17 at 4:17 PM, during a telephone interview with the facility's pharmacy General Manager, she stated Zirgan gel was a specialty item that would not be carried in stock at most pharmacies. She reported the cut off time for same delivery with the pharmacy for which she worked was 5:00 PM during the week and 3:00 PM on the weekends. She stated the most reliable method for sending medication orders after hours was to call the pharmacy and then fax over the orders. She commented the facility could use a traditional fax or an e-MAR system for communicating the orders. According to the General Manager, the combination of a fax or e-MAR communication and phone call allowed the pharmacy to go ahead and start processing the orders. She reported the first record of the Zirgan gel order, which was attached to Resident #257's profile, was an electronic e-MAR order</p>	F 333			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2017
NAME OF PROVIDER OR SUPPLIER DAVIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PORTERS NECK ROAD WILMINGTON, NC 28411		
(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	
F 333	<p>Continued From page 6</p> <p>placed on 09/16/17 at 7:04 PM. She commented her records showed the Zirgan was obtained from a wholesaler and delivered to the facility on Sunday evening (09/17/17). She explained the pharmacy for whom she worked was contracted to handle all medication procurement for the facility.</p> <p>On 09/28/17 at 10:12 AM, during telephone interview with the optometrist who examined Resident #257 on 09/14/17, she stated no adverse effects were caused by a delay in gel administration other than a couple of days lost in promoting healing of the cornea and lost in lessening the discomfort caused by the eye condition. She remarked the oral anti-viral medication was administered timely so it began to provide relief from the systemic viral condition. However, she reported the Zirgan gel was required for healing the resident's "very sick" cornea. According to the optometrist, this same herpetic condition could re-occur, but if left untreated the condition could lead to permanent damage to the cornea and possibly even blindness. She stated she diagnosed the viral condition because a multitude of medications had been tried in the facility without healing so through a matter of exclusion the only condition left untreated was viral in nature. According to the optometrist the only medication that Resident #257 was receiving prior to his visit that could have made his condition worse was the Pred Forte (anti-inflammatory) steroid medication which had the potential of making a viral infection worse. She commented the sooner the Zirgan gel was administered the sooner the resident received relief from the discomfort and pain caused by the irritated cornea.</p>	F 333			

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

PRINTED: 11/08/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2017
NAME OF PROVIDER OR SUPPLIER DAVIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PORTERS NECK ROAD WILMINGTON, NC 28411		
(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	
F 333	<p>Continued From page 7</p> <p>On 09/28/17 at 1:58 PM , during an observation and interview, Resident #257's entire eye was a very dark pink, but there was no visible drainage. He stated before he went to the eye doctor he experienced mild pain and discomfort in his right eye, especially when he blinked or used the eye when reading or watching television. He commented he felt like there was something scratching his eye. He explained it felt like there was a rough cloth or patch covering part of his eye that he wanted to be able to remove because it was aggravating. He stated since returning from the eye doctor his eye felt a little better, but was not healed.</p> <p>On 09/28/17 at 2:12 PM, in an interview with the facility's administrator, she stated the facility could override the system and get a medication from a back-up pharmacy themselves, but in Resident #257's case the facility's contracted pharmacy kept promising the eye gel would be there the next day . She reported she would expect a nurse who faxed orders after regular pharmacy hours to also call the pharmacy. However, she commented with so many other responsibilities on the hall, the nurse might not be able to place the call simultaneously with the fax.</p> <p>On 09/28/17 at 2:46 PM Nurse #1 stated she sent the initial fax to the facility when Resident #257 returned from the eye doctor on 09/14/17 after 5:00 PM. She reported the protocol for new medication orders received after regular pharmacy hours was to review the orders to make sure there were no allergy concerns and then fax them to the pharmacy. She commented the traditional fax was followed up with an entry of the order into the e-MAR system. According to Nurse #1, she faxed both prescriptions for the</p>	F 333			

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

PRINTED: 11/08/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2017
NAME OF PROVIDER OR SUPPLIER DAVIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PORTERS NECK ROAD WILMINGTON, NC 28411		
(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	
F 333	<p>Continued From page 8</p> <p>Valtrex and Zirgan at the same time. She reported she could not figure out how to enter the Zirgan order into the e-MAR because the order was for five times a day, and there was only a place to enter four medication administration times. She commented the night nurse stated she would enter the Zirgan order for her. She explained she did not see this nurse actually make the e-MAR entry, but she knew it was done because she saw the order posted on the e-MAR for 09/15/17 at 2:04 AM. However, she commented she understood later that the pharmacy informed the facility that the Zirgan order was still "keyed in wrong."</p> <p>On 09/28/17 at 3:10 PM, during a telephone conversation with the facility's medical director, she stated the facility could not even be sure that Resident #257 had a herpes infection in his right eye because the optometrist diagnosed based on exclusion. She explained the optometrist looked at the resident's current ophthalmic medications in the facility, and realized the only thing not tried yet was an anti-viral. She reported Zirgan was difficult to obtain, and some of the wait to get the medication filled for Resident #257 was over the weekend which made the challenge even more difficult.</p>	F 333			