STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345411	A. BUILDING _____ B. WING _____	C 10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWOOD NURSING AND REHABILITATION CENTER	516 WALL STREET WAYNESVILLE, NC 28786

(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 000	INITIAL COMMENTS A complaint survey was conducted on 10/16/19 through 10/17/19. One of the four allegations was substantiated and cited. Event ID #J76F11.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 755		11/5/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/05/2019

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F 755	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, pharmacy and physician interview the facility failed to obtain intravenous antibiotics (IVABs) from an outside pharmacy provider for 1 of 3 Residents (Resident #1). Findings included: Resident #1 was admitted to the facility on 9/14/19 at 9:00pm with a diagnoses that included urinary tract infection (UTI), neuromuscular dysfunction of bladder, urinary retention and hypertension. Resident #1 was discharged from the facility on 9/15/19 and then readmitted to the facility on 9/18/19. The Minimum Data Set (MDS) assessment dated 9/18/19 revealed the Resident #1 was cognitively intact and required extensive assistance with activities of daily living (ADL's). Review of hospital discharge summary dated 9/14/19 revealed Resident #1 had a Urinary tract infection (UTI) with sepsis. Resident #1 was discharged with Zosyn 3.375 grams (antibiotic) intravenously every 8 hours for 14 days. Review of admission nurse's note dated 9/14/19 revealed Resident #1 was admitted to the facility via stretcher with a scheduled dose of Zosyn due at 10:00pm. The admission note further stated Zosyn was on hand but it was unable to be titrated for the dose prescribed. The Medication Variance report dated 9/14/19 written by the DON revealed Resident #1 was admitted to the facility after 5:00pm on Saturday	F 755	1) The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited: On 9/15/19 resident #1 was transferred to the hospital for an evaluation of AMS. On 9/16/19 a medication variance report was completed on resident #1 for the doses missed by the Director of Nursing. The nurses involved received 1:1 education on IV medication availability process by the Assistant Director of Nursing. On 9/20/19 and 9/24/19 medication doses were held per MD order for resident #1 until available from pharmacy. All licensed nurses will receive re-education on IV medication availability process by the Director of Nursing or the Assistant Director of Nursing. 2) The procedure for implementing the acceptable plan of correction for the deficiency cited: An audit was conducted on 10/16/19 by the Director of Nursing and the Assistant Director of Nursing on residents receiving IV medication to ensure no other residents were affected. No others residents were identified as having been affected. In-service education on IV medication availability to licensed nurses on or before November 5, 2019 conducted by the Director of Nursing and the Assistant Director of Nursing. Director of Nursing corresponded with pharmacy to have common dosage of IV Zosyn available in Omnicell, change completed 10/14/19. 3) The monitoring procedure to ensure	

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F 755	Continued From page 2 9/14/19 from the hospital with orders for Zosyn 3.375 grams. The scheduled dose at 10:00pm and 6:00am on 9/15/19 did not arrive from the pharmacy until after the 6:00 am dose on 9/15/19. The note continued that a decision was made to send Resident #1 to the emergency room due to a new onset of confusion. The note further stated there was no way to formulate the correct dose Zosyn from the available medication in the facility. Review of Grievance form dated 9/15/19 revealed Resident #1 missed two doses of IV antibiotics (Zosyn) upon return from the hospital. The investigation summary revealed medications were received from pharmacy and nurse education was completed regarding medication availability. Review of September 2019 medication administration record (MAR) revealed Resident #1's dose of Zosyn was held on 9/20/19 at 10pm. Nursing note dated 9/20/19 indicated Resident #1's Zosyn was held due to not having the medication on hand. Nursing note dated 9/20/2019 revealed an order was received from the physician to administer Resident #1's missed dose of Zosyn held on 9/20/19 concurrent with Resident #1's next dose of Zosyn on 9/21/19 at 6:00am. Review of September 2019 medication administration record (MAR) revealed Resident #1's dose of Zosyn was held 9/24/19 at 6:00am. Nursing note dated 9/24/19 revealed Resident #1's Zosyn was held until the new supply arrived from pharmacy.	F 755	the acceptable plan of correction is effective and that the specific deficiency cited remains corrected and /or in compliance with the regulatory compliance: The Director of Nursing and/or Assistant Director of Nursing will audit 5 times per week for 4 weeks then weekly for 8 weeks on availability of IV medication to ensure compliance is achieved and maintained. The Director of Nursing will review the weekly audits, and report findings of the audits monthly to the QAPI committee monthly x 3 months. 4) The title of the person responsible for implementing the acceptable plan of correction: The Director of Nursing will be responsible for the implementation of the acceptable plan of correction. 5) Date when corrective action will be completed: 11/5/ 2019.	

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F 755	Continued From page 3	F 755		

Interview with pharmacy representative on 10/16/19 at 4:02pm revealed the pharmacy received orders from the facility through fax and telephone and electronic means. She stated in the instance a resident required medication following cut off pharmacy hours of 5:00pm on Saturday the facility should contact the pharmacy. If the facility required a STAT order after hours, it would come from the back up pharmacy. The pharmacy representative further stated the backup pharmacy would not normally have an IV antibiotic medication available.

Interview with physician on 10/16/19 at 4:12pm reveled he recalled the incident involving Resident #1's antibiotic not being available upon admission. He indicated the issue was discussed during a facilities Quality Assurance (QA) meeting regarding medication not being available when residents are admitted when certain mediations may not be available for delivery after hours. The physician stated the medication were to be given as prescribed. He further revealed the nursing staff were to receive the medications and in the instance it was an unique medication request, the nurse should request the discharging hospital send the next does with the resident. The physician stated in the instance the hospital would not provide the medication the admission should have been postponed until the next day when the medication could be obtained.

A continued interview with the pharmacy representative on 10/17/19 at 10:17am revealed Pharmacy timeline instructions requested orders to be placed 3-5 days before running out. If orders were received after cutoff time the medication would be delivered the following day.

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F 755	Continued From page 4 Interview with Resident #1 on 10/17/19 at 11:15am revealed she recalled the facility not having her antibiotic the night she was admitted. She further stated she assumed the issue was resolved. Interview with the Director of Nursing (DON) on 10/17/19 at 12:00pm revealed she was aware of the antibiotic Zyson was not available for Resident #1 upon admission. Resident #1 was admitted after the cut of time for deliveries from the outside pharmacy. She stated Resident #1 did not receive 1 dose of the Antibiotic on 9/14/19 and 9/15/19. She further revealed Resident #1 was discharged to the Hospital the morning of 9/15/19 and received her Antibiotics while hospitalized. She stated the facility had discussed the concern in QA meeting with members of management and the facility physician in an attempt to ensure medications were available upon admission. Following a review of Resident #1s September MAR the DON stated Resident #1's medications were held on 10/20/19 and 10/24/19 due to the medications not being delivered at the time of Resident #1 next dose. The DON indicated residents should have medications on hand at the time they are scheduled to be administered.	F 755		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and	F 760	1) The plan of correcting the specific	11/5/19

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F 760	Continued From page 5 physician interview the facility failed to administer 6 doses of an intravenous antibiotics (IVABs) as ordered for 1 of 3 Residents (Resident #1). Findings included: Resident #1 was admitted to the facility on 9/14/19 at 9:00pm with a diagnosis that included urinary tract infection (UTI), neuromuscular dysfunction of bladder, urinary retention and hypertension. Resident #1 was discharged from the facility on 9/15/19 and then readmitted to the facility on 9/18/19. The Minimum Data Set (MDS) assessment dated 9/18/19 revealed the Resident #1 was cognitively intact and required extensive assistance with activities of daily living (ADL's). Review of hospital discharge summary dated 9/14/19 revealed Resident #1 had a Urinary tract infection (UTI) with sepsis. Resident #1 was discharged with Zosyn 3.375 grams (antibiotic) intravenously every 8 hours for 14 days. Review of admission nurse dated 9/14/19 revealed Resident #1 was admitted to the facility via stretcher with a scheduled dose of Zosyn due at 10:00pm. The admission note further stated Zosyn was on hand at the facility but it was unable to be titrated for the dose prescribed. Review of Grievance form dated 9/15/19 revealed Resident #1 missed two doses of IV antibiotics (Zoysn) upon return from the hospital. The investigation summary revealed medications were received from pharmacy and nurse education was completed regarding medication availability.	F 760	deficiency. The plan should address the processes that lead to the deficiency cited: On 9/15/19 resident #1 was transferred to the hospital for an evaluation of AMS. On 9/16/19 a medication variance report was completed on resident #1 for the doses missed by Director of Nursing. The nurses involved received 1:1 education on IV medication availability process. On 9/20/19 and 9/24/19 medication doses were held per MD order for resident #1 until available from pharmacy. All licensed nurses will receive re-education on IV medication availability process by the Director of Nursing or Assistant Director of Nursing. 2) The procedure for implementing the acceptable plan of correction for the deficiency cited: An audit was conducted on 10/16/19 by the Director of Nursing and the Assistant Director of Nursing on residents receiving IV medication to ensure no other residents were affected. No others residents were identified as having been affected. In-service education on IV medication availability to licensed nurses on or before November 5, 2019 conducted by the Director of Nursing and the Assistant Director of Nursing. Director of Nursing corresponded with pharmacy to have common dosage of IV Zosyn available in Omnicell, change completed 10/14/19. 3) The monitoring procedure to ensure the acceptable plan of correction is effective and that the specific deficiency cited remains corrected and /or in compliance with the regulatory compliance: The Director of Nursing	

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F 760	Continued From page 6 Review of September 2019 medication administration record (MAR) revealed Resident #1's Zosyn was held on 9/20/19 at 10pm. Nursing note dated 9/20/19 indicated Resident #1's Zosyn was held due to not having the medication on hand. Nursing note dated 9/20/2019 revealed an order was received from the physician to administer Resident #1's missed dose of Zosyn held on 9/20/19 concurrent with Resident #1's next dose of Zosyn on 9/21/19 at 6:00am. Review of September 2019 medication administration record (MAR) revealed Resident #1's dose of Zosyn was held 9/24/19 at 6:00am. Nursing note dated 9/24/19 revealed Resident #1's Zosyn was held until the new supply arrived from pharmacy. Interview with physician on 10/16/19 at 4:12pm reveled he recalled the incident involving Resident #1's antibiotic not being available upon admission. He indicated the issue was discussed during a facilities Quality Assurance (QA) meeting regarding medication not being available when residents are admitted when certain mediations may not be available for delivery after hours. The physician stated medication were to be given as prescribed. Interview with Resident #1 on 10/17/19 at 11:15am revealed she recalled the facility not having her antibiotic the night she was admitted. She further stated she assumed the issue was resolved.	F 760	and/or Assistant Director of Nursing will audit 5 times per week for 4 weeks then weekly for 8 weeks on availability of IV medication to ensure there is medication available for the residents to ensure compliance is achieved and maintained. The Director of Nursing will review the weekly audits, and report findings of the audits monthly to the QAPI committee monthly x 3 months. 4) The title of the person responsible for implementing the acceptable plan of correction: The Director of Nursing will be responsible for the implementation of the acceptable plan of correction. 5) Dates when corrective action will be completed: 11/5/2019.	

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F 760	Continued From page 7 Interview with the Director of Nursing (DON) on 10/17/19 at 12:00pm revealed she was aware of the antibiotic Zyson was not available for Resident #1 upon admission. Resident #1 was admitted after the cut of time for deliveries from the outside pharmacy. She stated Resident #1 did not receive 1 dose of the Antibiotic on 9/14/19 and 9/15/19. She further revealed Resident #1 was discharged to the Hospital the morning of 9/15/19 and received her Antibiotics while hospitalized. She stated the facility had discussed the concern in QA meeting with members of management and the facility physician in an attempt to ensure medications were available upon admission. Following a review of Resident #1s September MAR the DON stated Resident #1's medications were held on 10/20/19 and 10/24/19 due to the medications not being delivered at the time of Resident #1 next dose. The DON indicated residents should have medications on hand at the time they were scheduled to be administered.	F 760		