

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/12/2019
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT WILMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVENUE WILMINGTON, NC 28401	
(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	F 000		
F 658 SS=D	<p>A complaint investigation was conducted on 12/10/19 through 12/12/19. Event ID # 1XVY11: 3 of 3 complaint allegations were unsubstantiated.</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to implement a physician ordered treatment for continuous positive airway pressure (CPAP) for 1 of 3 residents whose treatment orders were reviewed. (Resident #2)</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility on 11/1/19 with diagnoses to include; Congestive Heart Failure, Atrial Fibrillation, Chronic Respiratory Failure, Vascular Dementia, and Hypertension.</p> <p>The baseline care plan dated 11/1/19 was reviewed and documented; Resident #1 communicated with staff easily and required assistance with ADL function (activities of daily living).</p> <p>The Minimum Data Set (MDS) dated 11/3/19 documented Resident #2 was cognitively intact. She exhibited no rejection of care. She had no functional limitations in her bilateral upper and</p>	F 658	<p>F 658</p> <p>1) Address actions that were accomplished for those residents found to have been affected by the deficient practice: Resident #2 is no longer at this facility. Nurse #1 was immediately re-trained on 12/13/19 by the Director of Nursing Services</p> <p>2) Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>Current resident's medical records were audited by Administrator and Director of Nursing this was completed on 12/25/19, to identify any specialized equipment (C-pap, Bi-pap, wound vac, O2, etc.) ordered by attending physician. An Observation audit was completed by the Administrator on 12/26/19. To ensure that any residents identified with specified equipment has equipment in use by physician's order.</p>	1/9/20

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

TITLE

(X6) DATE

Electronically Signed

12/31/2019

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: 345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2019
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT WILMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVENUE WILMINGTON, NC 28401		
(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 658	<p>Continued From page 1</p> <p>lower extremities and required limited one-person assistance for bed mobility, and activities of daily living (ADL ' s).</p> <p>The hospital discharge summary with orders dated 11/1/19 included an order to continue CPAP and documented resident was on BiPap (bilateral positive airway pressure) at 12/6 cm/H2O (centimeters of water) at a rate of 12 at 10 liters of oxygen nightly- titrated as needed and 3 liters nasal cannula with humidified air at rest and exertion.</p> <p>A review of a physician ' s order dated 11/2/19 revealed an order for continuous positive airway pressure (CPAP) at 10 cm/H2O with additional instructions to use the patients BiPap at 10/5 cm/H2O and titrate as needed every shift.</p> <p>The Medication Administration Record (MAR) which included the Treatment Administration Record (TAR) for Resident #2 was reviewed on 12/11/19 and revealed no record of the hospital discharge order or the physicians order dated 11/2/19 for CPAP.</p> <p>In an interview on 12/12/19 at 10:30 AM with Nurse #1 the nurse on duty from 11:00 PM -7:00 AM on 11/1/19 she stated Resident #1 arrived at the facility on 11/1/19 and had a CPAP machine but there was no tubing and no face mask for use. She stated Resident #1 never asked her about using the CPAP during her shift and indicated Resident #1 had no complaints of shortness of breath during the shift.</p> <p>A nursing progress note dated 11/1/19 at 8:53 PM documented Resident #1 arrived at the facility at 6:25 PM on 11/1/19, she was alert and oriented</p>	F 658	<p>3) Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>For all new admission, the admission director will verify with the hospital discharge orders for specialized equipment, including but not limited to C-pap. This information will be forward to the Director of Nursing Services, who will ensure that equipment is obtained prior to admission and any training or special instructions will be shared with the Licensed Nurses.</p> <p>Licensed nurses are required to transcribe new physician orders in the Electronic Medical Record, this is done thru Point Click Care (under orders) system when a patient is admitted, returned to the facility, or a change in an order from the resident's attending physician. All orders need to be verified by another nurse for accuracy. If orders need clarification the licensed nurse taking the new order will notify physician via fax (obtain fax confirmation) via telephone (note date and time) or via writing.</p> <p>Current Licensed Nurses (full-time, part-time and as needed) have received re-training by the facility Staff Development Nurse on 12/13/19, on the intent of F658, including understanding the importance of transcribing of the orders in PCC and the clarification process. This process is in to include but not limited to medication treatments, therapy, C-pap, bi-pap, trach, Cath, equipment, etc. This training will be included with all Licensed Nurses hires</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2019
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT WILMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVENUE WILMINGTON, NC 28401		
(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 658	Continued From page 2 with no complaints of pain, anxiety, or shortness of breath. She was on nasal cannula O2 at 2.5 liters/minute. A nursing progress note dated 11/2/19 at 5:45 PM documented Resident #1 was able to make her needs known. Her vital signs were stable. She was on O2 at 3 liters/minute via nasal cannula and had complaints of shortness of breath on exertion. In an interview with Nurse aide #1 on 12/11/19 at 5:00 PM, she stated she worked 11:00 PM - 7:00 AM on 11/1/19 and 11/2/19 and made frequent checks on Resident #1 during the night of 11/2/19 and did not recall seeing a CPAP machine in the resident 's room. In an interview with the Director of Nursing on 12/12/19 at 1:00 PM she indicated that she was not aware of the CPAP order for Resident #1. She explained that the admitting nurse should have reviewed the hospital discharge orders and administered the CPAP as ordered by the physician.	F 658	during the facility orientation. 4) Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; Director of Nursing and Administrator Nurses will complete a chart review of all new admission, re-admission and current orders resident new physician orders during the Morning Clinical meeting, to ensure equipment has been obtained timely and is in use by the resident per the physician orders. This audit will be conducted by the Director of Nursing and/ or Administrative Nurses daily M-F, to confirm that post admission chart checks have been completed, daily for one month then weekly for 3 months and quarterly for 3 months. A summary of these audits will be presented by the Director of Nursing at the monthly QAPI meeting to ensure continued compliance. 5) Include dates when corrective action will be completed: January 9th is date compliance.		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761		1/9/20	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2019
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT WILMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVENUE WILMINGTON, NC 28401		
(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 761	<p>Continued From page 3</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to keep unattended medications stored in a locked medication cart for 1 of 4 medication carts observed.</p> <p>Findings included:</p> <p>In an observation on 12/11/19 at 4:35 PM the medication cart for the 200 hall was observed unlocked and unsupervised. The medication cart was located midway down the 200 hall and the lock was not engaged. There were no staff members or residents in the hallway at the time. A continuous observation was conducted when Nurse #3 the nurse assigned to the med cart was observed coming out of a resident ' s room which was located further down the hallway and out of sight of the medication cart.</p> <p>In an interview on 12/11/19 at 4:40 PM with the assigned nurse (Nurse#3) she confirmed that the medication cart was left unlocked and</p>	F 761	<p>F 761</p> <p>1) Address actions that were accomplished for those residents found to have been affected by the deficient practice: Medication cart was secured immediately by Nurse #3, the floor nurse, December 11th, 2019, the Staff Development nurse checked all the cart in the facility to ensure all other were locked on December 11th, 2019. Nurse #3 was retrained on December 11th, 2019 by the Staff Development Nurse, this included, security of medication cart, when unattended, dignity of patient information and medication pass. Nurse #3 was verbally instructed with return demonstration.</p> <p>2) Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2019
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT WILMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVENUE WILMINGTON, NC 28401		
(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 761	Continued From page 4 unattended. She stated she thought she had locked the cart before entering the resident 's room and that it was an error on her part. She stated she typically double checks to make sure the cart is locked before leaving it unattended. An interview was conducted with the Director of Nursing on 12/12/19 at 1:00 PM. She indicated that nurses are responsible for keeping the medication carts locked and secured. She agreed that Nurse #3 failed to secure the medication cart.	F 761	The Staff Development Nurse checked all other cart to ensure they were secured, this was completed on December 11th, 2019. 3) Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Current Licensed Nurses & Medication Aides received re-training by the Director Nursing & Staff Development Nurse December 11, 2019, this re-training was related to F761, including the importance of securing medication cart always during medication administration, when unattended. This training will become a part of the facility orientation for all new Licensed Nurses. 4) Indicate how the facility plans to monitor its performance to make sure that solutions are sustained Director of Nursing, Administrative Nurses and facility QAPI Team will compete daily random rounds to ensure that medication care is always secured. A QI tool has been developed to document the results of these rounds. The facility Administrator will review the results these rounds M-F during AM Team Meeting. A summary of audit results will be prepared by the Director of Nursing and presented to the facility monthly QAPI meeting to ensure continued compliance. 5) Include dates when corrective action will be completed January 9th for date of compliance.	