

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/17/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514
--	--

(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 On 6-15-20 through 6-17-20 an unannounced complaint survey was conducted. Event #W9D711	F 000		
F 658 SS=D	<p>1 of 1 allegation was substantiated with a citation. F 658</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:</p> <p>Based on record review, and resident, staff, attending physician, consultant pharmacist and corporate representative interviews the facility failed to document a scheduled dose of an intravenous antibiotic (cefazolin) had been administered to Resident #2, which resulted in an extra dose of the medication being administered to her. This was evident for 1 of 3 residents reviewed for medication errors.</p> <p>Findings included: Resident #2 was admitted to the facility on 03/02/2020 with cumulative diagnoses which included intraspinal abscess and left hip septic arthritis. Review of the admission Minimum Data Set (MDS) dated 3/9/20 revealed a Brief Interview for Mental Status score of 15 which indicated Resident #2 was alert and oriented. Record review revealed on admission physician orders for cefazolin (an antibiotic) reconstituted solution 2 (two) grams intravenous via PICC line</p>	F 658	<p>1. Medication error report completed on 03/08/2020 for Resident #2. MD notified and new order was given to hold medication for Resident #2 until the next day. Resident #2 was monitored for 72 hours and there were no adverse reactions.</p> <p>2. All residents had the potential to be affected. MAR audits completed on current resident population to validate medications administered as outlined by the comprehensive care plan. MAR audits will be completed daily in the Clinical Whiteboard meeting. MAR audits to be completed on newly admitted residents.</p> <p>3. Education on administering medications as outlined by the comprehensive care plan was provided by</p>	6/26/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/26/2020
--	-------	-----------------------------

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: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/17/2020
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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>(Peripherally Inserted Central Catheter) every 8 hours with special instructions to continue this drug until further notice from the infectious disease physician. The scheduled times for administration were 6:00 AM, 2:00 PM and 10:00 PM. Review of the nurses' progress dated 03/27/2020 at 9:02 PM and authored by Nurse #2 indicated Resident #2 was administered cefazolin 2 grams at 6:30pm instead of 10pm. "(Dose to soon)." The attending physician was contacted and instructed to hold the 10:00 PM dose on 3/27/20 and resume the normal administration schedule in the morning.</p> <p>Record review of the Medication Error Report (MER) dated 3/27/20 revealed the description of the error began on 3/27/20 when Nurse #2 administered cefazolin via the PICC line at 6:30 PM. Nurse #3 (oncoming nurse) was notified to hold the 10:00 PM dose then resume the normal schedule in the morning. The MER also indicated Resident #2 told the nurse she had received her earlier dose (referring to the 2 PM scheduled dose) after cefazolin administered at 6:30 PM had infused.</p> <p>Interview on 6/15/20 at 1:57 PM with Resident #2 stated the nurse (could not remember name) gave me more antibiotic in my PICC line than the doctor ordered. Resident #2 stated she told the nurse she was administered her 2 PM dose already, but the nurse still administered the cefazolin.</p> <p>Interview on 6/15/20 at 2:15 PM with Nurse #2 stated the medication error incident occurred when she was checking the Medication Administration Record (MAR) to see whether Nurse #1 (who was in orientation) had administered all the scheduled medications. Nurse #2 noticed that the MAR was not signed/initialed that indicated cefazolin had been</p>	F 658	<p>the Staff Development Coordinator for all licensed nurses to include recording medication administration on the MAR immediately after medication administration by 07/03/2020. This training will also be included in new hire orientation for licensed nurses. There are no medication aides being used in the facility at this time.</p> <p>4. Ongoing audits will be completed by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator and/or Unit Manager for medication administration observations and review to ensure medications are administered as outlined by the comprehensive care plan via MAR audits and validate that medications administered are documented on the MAR immediately after medication administration. These audits will be conducted 5 days per week for two weeks, then weekly for two weeks, then monthly for three months. All data will be summarized and presented to the facility Quality Assurance and Performance Improvement meeting monthly by the DON or ADON. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, ADON, SDC, MDS Coordinator, Admissions Coordinator, Rehabilitation Manager, Medical Director, and Director of Social Services. Other members may be assigned as the need should arise.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/17/2020
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 administered and took for granted Resident #2 had not received the antibiotic, so I administered cefazolin via the PICC line. Continued interview with Nurse #2 stated she never should have taken for granted that because the MAR was not signed Resident #2 had not been administered the 2 PM dose of cefazolin. Nurse #2 stated she had not attempted to communicate with Nurse #1 to verify whether the 2:00 PM cefazolin had been administered and just not documented as administered. Nurse #2 indicated she reported the error to the Director of Nurses (DON), took Resident #2's vital signs then notified the physician, who stated to hold the 10 PM dose. Interview on 6/15/20 at 2:30 PM with the DON stated because of the medication error incident, 1:1 training was done with Nurse #2 to validate whether medications had been administered. Interview via phone on 6/16/20 at 10:30 AM with Nurse #1 stated she administered the PICC line antibiotic but did not document as administered. During the interview Nurse #1 did not state why she failed to document the medication administration. Interview via the phone on 6/16/20 at 12:24 PM with the attending physician expressed no concerns about the cefazolin given as an additional dose. Interview via phone on 6/17/20 at 11:15 AM with the consultant pharmacist stated the ½ life of cefazolin was 2 hours and by 6:30 PM most of the medication had cleared out of the resident's system. Half-life refers to how long it takes for half of the dose of medication to be metabolized and eliminated from the bloodstream. Interview via phone on 6/17/20 at 12:10 PM with the Administrator, DON and Corporate Representative (CR) was conducted. The DON stated it was a human error that occurred when	F 658	5. The administrator and Director of Nursing is responsible for implementing and maintaining the acceptable plan of correction. Corrective action to be completed by 7/14/2020.		

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

PRINTED: 07/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/17/2020
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 3 the cefazolin dose (2 PM) was not documented on the MAR as administered and a second dose was administered. CR stated Nurse #1 should have documented that the cefazolin was administered, and Nurse #2 should have validated whether the 2 PM dose had been administered.	F 658		