STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345225	A. BUILDING _____ B. WING _____	C 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF CHAPEL HILL	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 An unanounced complaint investigation was completed 3/1/22 through 3/3/22. 6 of the 24 allegations were substantiated. F576 and F658 were cited. See 2567. Event ID RWZR11.	F 000		
F 576 SS=B	Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail. §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: (i) Privacy of such communications consistent with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense. §483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of	F 576		3/22/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/17/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345225	A. BUILDING _____ B. WING _____	C 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF CHAPEL HILL	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 576	Continued From page 1 electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, the facility failed to honor a resident ' s rights by delivering mail that was opened by staff for 1 of 1 resident (Resident #4) reviewed for privacy. The findings included: Resident #4 was admitted to the facility on 10/04/2019 with psoriatic arthropathy. An annual Minimum Data Set assessment dated 12/08/2021 revealed Resident #4 was cognitively intact. On 03/01/2022 at 10:30 AM, Resident #4 was interviewed. She stated in February, she ordered Benadryl (an anti-histamine) online and it was delivered to the facility. She stated Nurse #2 was instructed to open the package by the Director of Nursing (DON). On 03/01/2022 at 3:30 PM, the Activity Director was interviewed. She stated she worked Monday - Friday and collects the mail from the front desk and delivers it to the residents. She stated she never opens the residents mail and added if she had a concern about something that was delivered, she would take it to the nurse.	F 576	1. Resident #4 has received all mail unopened. 2. All residents had the potential to be affected. Resident interviews were completed on interviewable residents to determine if each resident is receiving unopened mail. Interviews were completed by 03/17/2022. Resident interviews will be completed within 72 hours of admission on all residents to validate understanding of the right to receive unopened mail. 3. Education on the Resident Mail policy as it relates to privacy will be provided to all staff. This education will be complete by 03/18/2022. This training will also be provided to all staff upon hire during orientation. 4. Ongoing audits will be completed by the Quality-of-Life Director to include interviews and observations to validate the facility has honored the resident's privacy and the resident mail has not been opened by anyone other than the resident unless requested by the resident or family. These audits will be conducted 5 x a week for 1 week, weekly for two weeks, and monthly for three months. All data will be summarized and presented to the facility	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345225	A. BUILDING _____ B. WING _____	C 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF CHAPEL HILL	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 576	Continued From page 2 On 03/01/2022 at 3:20 PM, the DON was interviewed. She stated she did recall the Central Supply Director bringing her a package that was delivered to the facility for Resident #4. She stated they thought there was medication in the package, so she instructed Central Supply #1 to take the package to the nurse. She stated she knew medication wasn ' t supposed to be opened but they thought it was medication. On 03/01/2022 at 3:30 PM, an interview was conducted with Central Supply #1. She stated Resident #4 had a package delivered on 02/18/2022 that came to the back of the facility where supplies are delivered. She stated she suspected there was medication in the package and took the package to the DON who instructed her to take the package to the nurse to open it. She stated she did not open the package and did not know what happened after that. On 03/01/2022 at 4:22 PM, Nurse #2 was interviewed. She stated she was working the day shift on 02/18/2022 when Central Supply brought her a package for Resident #4. She stated she opened the package because she knew there was medication inside because of how it sounded. She stated she opened it and there was Benadryl inside. Nurse #2 added she took the medication to Resident #4 and told her she would have to get an order from the physician for her to have it. She stated she did not know the rules about opening the residents ' packages because she worked in several different facilities and the rules are different. She added she was just doing what the DON instructed her to do.	F 576	Quality Assurance and Performance Improvement meeting monthly by the Administrator. 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, Staff Development Coordinator, MDS coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services. Other members may be assigned as the need should arise. 5. The Administrator and Quality of Life Director is responsible for implementing and maintaining the acceptable plan of correction. Corrective action to be completed by March 22.2022.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)	F 658		3/22/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345225	A. BUILDING _____ B. WING _____	C 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF CHAPEL HILL	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 §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and resident and staff interviews, the facility failed to 1) prevent a medication error when a nurse had two residents medications prepared in the medication cart and gave Resident #12 ' s Namenda to Resident #4 and, 2) failed to sign out narcotics on the Controlled Drug Record and Medication Administration Record for medications administered to Resident #4 for 1 of 2 residents (Resident #4 and Resident #12) reviewed for medication errors. The findings included: 1. Resident #4 was admitted to the facility on 10/04/2019 with diagnoses to include chronic pain. An annual Minimum Data Set assessment dated 12/08/2021 revealed Resident #4 had intact cognition and no behaviors. Resident #4 received scheduled pain medication and as needed pain medication. Resident #4 ' s December 2021 physician ' s orders revealed an order for Oxycodone 10 milligrams every 4 hours as needed, dated 03/17/2021. Resident #12 was admitted to the facility on 07/21/20 with diagnoses of Alzheimer ' s	F 658	1. Narcotics have been signed out on the Controlled Drug Record and Medication Administration Record for medications administered to Resident #4 and Resident #12. 2. All residents had the potential to be affected. Audit will be completed by the DON, ADON and Unit Managers on resident population to validate narcotics have been signed out on the Controlled Drug Record and Medication Administration Record for medications administered by 03/17/2022. Additional audit will be completed on Licensed Nurses and Certified Medication Aides to ensure medications are not being pulled on more than one resident during medication administration. Controlled Drug Record and Medication Administration Records will be audited within 72 hours of admission of newly admitted residents to validate narcotics have been signed out. 3. Education on the Medication Administration and Controlled Medication/Diversion policy as it relates to signing out medications on the Controlled Drug Record and Medication Administration Record for medications administered. This education will be conducted by the SDC and the DON and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345225	A. BUILDING _____ B. WING _____	C 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF CHAPEL HILL	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 4 Dementia. A quarterly Minimum Data Set assessment dated 12/14/2021 revealed Resident #12 had severely impaired cognition. A review of Resident #12 ' s December 2021 physician ' s orders revealed an active order for Namenda 10 milligrams twice a day, dated 07/21/2020. On 03/01/2022 at 10:30 AM, Resident #4 was interviewed. She stated in December 2021, Nurse #1 administered her nightly medications and did not include her as needed Oxycodone 10 milligrams, so she went back and got it. Resident #4 stated 4 hours later, when it was time for her to have the as needed Oxycodone 10 milligrams again, Nurse #1 brought the medication to her and she just took it. As soon as it was in her mouth, she stated it tasted funny and not like her Oxycodone usually tasted so she spit it out. Resident #4 stated she told Nurse #1 she must have mixed up her medication with someone else ' s. Resident #4 stated she reported the incident to the Administrator and the Director of Nursing (DON) the following day. On 03/01/2022 at 3:10 PM, the DON was interviewed. She stated on 12/14/2022, Resident #4 reported she received the wrong medication on the night of 12/13/2022. The DON stated she spoke with Nurse #1, and she stated she pulled 2 residents ' medications on 12/13/2021 and gave Resident #4 medication that was prescribed to Resident #12. The DON stated she investigated the incident and Nurse #1 was educated on the	F 658	will be completed by 03/18/2022. This training will also be provided to all staff upon hire during orientation. 4. Ongoing audits will be completed by the Director of Nursing, Assistant Director of Nursing and/or Unit Manager to include observations to ensure narcotics have been signed out on the Controlled Drug Record and Medication Administration record for medications administered. Additional audits will be completed to ensure medications are not pulled for more than one resident during medication administration. These audits will be conducted 5 x a week for 1 week, weekly for two weeks, and monthly for three months. All data will be summarized and presented to the facility Quality Assurance and Performance Improvement meeting monthly by the Administrator. 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, Staff Development Coordinator, MDS coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services. Other members may be assigned as the need should arise. 5. The Administrator and Director of Nursing is responsible for implementing and maintaining the acceptable plan of correction. Corrective action to be completed by March 22.2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345225	A. BUILDING _____ B. WING _____	C 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF CHAPEL HILL	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 5	F 658		

medication policy and the expectation that policy is followed to prevent medication errors.

On 03/01/2022 at 3:39 PM, Nurse #1 was interviewed. She stated she worked the night shift on 12/13/2021 and was assigned to Resident #4. Nurse #1 stated she prepared Resident #12 ' s medications and when she went to his room, he wasn ' t there so she placed his medications that were in a clear, plastic medication cup back in the medication cart. She stated when Resident #4 requested her as needed Oxycodone, she prepared the medication and placed it into a different clear, plastic medication cup. She stated she then took the medication cart down the hall to Resident #4 ' s room and brought her Resident #12 ' s medication cup by accident. She stated she didn ' t recall Resident #4 taking the medication and spitting it back into the cup. She stated Resident #4 told her it was the wrong medication, and she went and got the correct cup.

On 03/02/2022 at 12:35 PM, an interview was conducted with the DON and Administrator via telephone. The Administrator stated Nurse #1 was educated as well as other licensed staff on the expectations of Medication Administration.

2. A review of Resident #4 ' s Controlled Drug Record for Oxycodone 10 milligrams revealed 2 doses administered on 12/13/2021 at 7:00 PM and 12/14/2021 at 3:00 AM were not signed for by Nurse #1.

A review of Resident #4 ' s Medication Administration Record for December 2021 revealed Resident #4 received Oxycodone 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345225	A. BUILDING _____ B. WING _____	C 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF CHAPEL HILL	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 6	F 658		

milligrams on 12/13/21 at 6:16 AM, 10:37 AM and 3:14 PM. No other doses of as needed Oxycodone 10 milligrams were signed for.

A Coaching & Counseling Session form dated 12/20/2021 indicated on 12/13/2021, Nurse #1 worked the 7:00 PM to 7:00 AM shift and did not sign out of the Declining Inventory Sheet and Medication Administration Record for narcotics administered on 12/13/2021 and 12/14/2021 for Resident #4.

On 03/01/2022 at 3:10 PM, the DON was interviewed. She stated on 12/14/2021, Resident #4 reported she received the wrong medication on the night of 12/13/2021. The DON stated she investigated the report and found Nurse #1 did not sign out for 2 doses of Oxycodone 10 milligrams that were administered on 12/13/2021 and 12/14/2021. The DON stated she spoke with Nurse #1, and she told her she forgot to sign out for the 2 doses of Oxycodone 10 milligrams that were administered to Resident #4. The DON added Nurse #1 was educated on the Medication Administration policy.

On 03/01/2022 at 3:39 PM, Nurse #1 was interviewed. She stated she knew she was supposed to document on the MAR when as needed medications were administered, and narcotic pain medications should be documented on the Controlled Drug Record when administered. She stated she didn ' t know why she didn ' t sign out for the Oxycodone 10 milligrams that was administered to Resident #4 on 12/13/21 and 12/14/21.