

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

PRINTED: 04/26/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/30/2022
NAME OF PROVIDER OR SUPPLIER TRINITY OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 820 KLUMAC ROAD SALISBURY, NC 28144		
(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	
E 000	Initial Comments A recertification and complaint investigation survey was conducted from 03/27/22 through 03/30/22. Event ID# 585K11. NC00185309, NC00178624 and NC00177663 12 of the 12 complaint allegations were not substantiated.	E 000			
F 000	INITIAL COMMENTS The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). A recertification and complaint investigation survey was conducted from 03/27/22 through 03/30/22. Event ID# 585K11. NC00185309, NC00178624 and NC00177663 12 of the 12 complaint allegations were not substantiated.	F 000			
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any	F 756		4/11/22	

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

TITLE

(X6) DATE

Electronically Signed

04/11/2022

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.

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F 756	<p>Continued From page 1</p> <p>drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.</p> <p>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, staff, and pharmacist interviews, the facility failed to act on recommendations made by the consultant pharmacist and retain documentation of the provider's review and response to the pharmacist's findings/recommendations in the resident's medical record for 1 of 2 residents reviewed for antibiotic use (Resident #90).</p> <p>The findings included:</p> <p>Resident #90 was admitted to the facility on 11/26/21. Her cumulative diagnoses included</p>	F 756	<p>Facility failed to appropriately review one resident's drug regimen due to staff error in sharing pharmacist recommendations with resident's attending physician for those recommendations to be acted upon. Consultant pharmacist's recommendations were acted upon by the resident's Attending Physician on 3/24/22 and on 4/11/22.</p> <p>Facility Director of Nursing (DON) completed an audit of all active residents' drug regimen reviews for previous 6</p>		

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F 756	<p>Continued From page 2</p> <p>chronic kidney disease, obstructive and reflux uropathy, encounter for fitting and adjustment of urinary device.</p> <p>Resident #10 had a physician's order dated 11/26/21 for 100 milligram (mg) Trimethoprim (an antibiotic) to be given orally each morning for prophylaxis. Further review revealed a physician's order dated 11/26/21 for mupirocin 2% ointment (a topical antibiotic) to be applied topically to back of both legs each morning for a diagnosis of skin ulcer.</p> <p>A review of a copy of Resident #90's Note To Attending Physician/Prescriber dated 1/6/22, which was provided by Pharmacist #1, revealed two recommendations. The first was, "In light of antibiotic stewardship efforts, please evaluate continued need for antibiotic prophylaxis with Trimethoprim 100 mg QD and comment for clinical record." The second was, "Does she need to continue long term use of antibiotic ointment, Mupirocin ointment, QAM (every morning) to the back of both legs or should a stop date be added?" The provided note was not signed off as having been reviewed by the resident's physician.</p> <p>Review of Resident #90's EMR revealed the pharmacist's January 2022 Note To Attending Physician/Prescriber was not included in the resident's medical record. Additionally, there was no documentation in Resident #10's medical record to indicate the consultant pharmacist's findings/recommendations were reviewed or a response was received from the provider with regards to the January pharmacist's Consultation Report.</p>	F 756	<p>months on 4/1/22. That audit found the facility had not failed to act upon any other pharmacist's recommendations.</p> <p>Facility consultant pharmacist will complete a drug regimen review for all active residents monthly. Facility consultant pharmacist's drug regimen review, including recommendations, will be sent to the Administrator and DON upon completion. Those reports will be distributed to the Nursing Unit Managers or Charge Nurses to be reviewed with and acted upon by the residents' Attending Physicians. Facility Consultant Pharmacist recommendations will be addressed by the resident's Attending Physician within 7 working days of receiving the Pharmacist's drug regimen review.</p> <p>Facility Unit Managers and Charge Nurses were educated on facility drug regimen review process, including ensuring pharmacist recommendations are acted upon by the resident's attending physician within 7 working days of receiving the consultant pharmacist's reports, by Staff Development Coordinator (SDC) on 4/1/22. Any Charge Nurse who was not present on 4/1/22 will receive education before assuming their next assigned shift. New Unit Managers and Charge Nurses will received education at orientation.</p> <p>Facility DON will audit all Consultant Pharmacist's drug regimen review monthly for 6 months to ensure that all Consultant Pharmacist's</p>		

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F 756	<p>Continued From page 3</p> <p>Review of Resident #90's March Medication Administration Record (MAR) for the period of 3/1/22 through 3/29/22 revealed Trimethoprim 100 mg and to have been signed off as administered each of the 29 days reviewed. Further review revealed Mupirocin 2% ointment was administered from 3/1/22 through 3/23/22. The medication was documented as discontinued on 3/24/22.</p> <p>Resident #90's most recent Minimum Data Set (MDS) was a quarterly assessment dated 3/2/21. The medication section of her assessment indicated Resident #90 received an antidepressant and an antibiotic each day of the 7-day look back period. The resident was not coded as having had a Urinary Tract Infection (UTI) in the past 30 days.</p> <p>The Resident #90's electronic medical record (EMR) revealed a Note To Attending Physician/Prescriber dated 3/4/22 had three recommendations. The first was, "In light of antibiotic stewardship efforts, please evaluate continued need for antibiotic prophylaxis with Trimethoprim 100 mg QD and comment for clinical record." The resident's physician/prescriber's response was the resident's urologist had put the resident on the medication and to not make any changes because the medication was for urinary tract infection (UTI) prophylaxis. The second was, "Does she need to continue long term use of antibiotic ointment, Mupirocin ointment, QAM (every morning) to the back of both legs or should a stop date be added?" The resident's physician/prescriber's response was to discontinue the medication. The third recommendation was, please consider checking</p>	F 756	<p>recommendations are acted upon by the resident's Attending Physician within 7 working days of receiving the Consultant Pharmacist's medication regimen review. Any pharmacist report recommendations that were not acted upon will be corrected at that time by the resident's Attending Physician. Audit results will be monitored by the Interdisciplinary Team (IDT) at monthly Quality Assurance and Performance Improvement (QAPI) meetings. Any trends in errors will be addressed by the IDT at that time.</p>		

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F 756	<p>Continued From page 4</p> <p>her CBC (Complete Blood Count) to monitor Trimethoprim. Last CBC was from September 2021. The physician/prescriber had circled CBC. The physician/prescriber's response was to check the CBC and to discontinue the Mupirocin ointment. The physician/prescriber signed the note with a date of 3/17/22.</p> <p>During a phone interview conducted on 3/30/22 at 9:42 AM with the pharmacist she stated she had made recommendations regarding Trimethoprim and Mupirocin in January for Resident #90, but she did not receive a response about her recommendations. She further stated she made recommendations regarding the same two medications in March because she had not received a response and when she reviewed the resident's medical record, she saw both of the medications remained on the residents medical record with no changes to their use or dosage. She stated because of the lack of response, and there having been no changes to the medications, she repeated the recommendations in a March recommendation, or Note To Attending Physician/Prescriber. She said she sends all of the recommendations, after her monthly consultation visit to the facility, to the Director of Nursing (DON) and the Administrator. She said the DON then would distribute the recommendations to unit managers, who would provide them to the residents' physician. She explained she expected for the recommendations to be delivered and reviewed by the residents' physician and then for the recommendation to be placed into the resident's medical record.</p> <p>An interview was conducted with the DON on 3/30/22 at 2:10 PM. The DON stated she received the pharmacist's recommendations and</p>	F 756			

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F 756	Continued From page 5 then distributes them to the Unit Managers. She explained the Unit Managers would then address the recommendations with the residents' physicians, the physician would write on the form what they wish, the physician would initial the form, and the form would be returned to the UM. The UM would then address the physician's recommendation(s), the form would be scanned, and the scanned form would become part of the resident's medical record. She said she was not aware of any concerns regarding pharmacy recommendation forms having not been followed up on. She further stated the physicians have 10 days to complete the recommendation forms, and if they did not receive a response regarding the recommendations on the forms, she would follow up on the forms. The DON stated she was unable to find the pharmacist's recommendations regarding Resident #90 from January 2022. The Administrator stated during an interview conducted on 3/30/22 at 3:07 PM he did not have the January pharmacist recommendations for Resident #90. He further stated it was important for the pharmacist's recommendations to be delivered and reviewed by the residents' physicians and it was his expectation for that process to be conducted for each of the pharmacist's recommendations.	F 756			
F 761 SS=E	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	F 761		4/11/22	

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F 761	<p>Continued From page 6 applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</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 observations, staff interviews and record review, the facility failed to discard expired medications for 3 of 3 medication carts (B hall, A hall, and C hall) and 1 of 3 medication storage rooms (C/D Medication room).</p> <p>Findings included:</p> <p>1a. An observation on 3/29/22 at 11:58am of the medication cart on the B hall revealed one jar of nystatin cream prescribed to Resident # 20 with an expiration date of 2/27/22. Further observation revealed Cetirizine HCL 10 mg (milligram) (antihistamine) prescribed to Resident # 15 with an expiration date of 7/21/21 and Valacyclovir HCL (antiviral) one-gram tablets with an expiration date of 7/20/21. A continued observation revealed Ondansetron HCL</p>	F 761	<p>Facility failed to properly label and store medications on 3 medication carts and 1 medication storage room due to error in medication expiration date monitoring procedures. 8 expired medications were removed and disposed of on 3/29/22.</p> <p>Facility Director of Nursing (DON) and Nurse Unit Managers completed an audit of all medication carts and medication storage rooms on 3/29/22. That audit found that the facility had failed to identify and dispose of expired medications in 2 additional medication carts. All expired medications in those medication carts were disposed of by facility DON and Unit Managers at that time. No expired medications were identified in medication</p>		

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F 761	<p>Continued From page 7</p> <p>(antiemetic) 4mg prescribed to Resident # 70 with an expiration date of 1/23/22. Further observation revealed Ondansetron HCL (antiemetic) 4mg prescribed to Resident # 41 with an expiration date of 1/22/22.</p> <p>An interview with the Medication Tech #1 on 3/29/22 at 12:05pm revealed that the nurses check the medication cart for expired medications. She further revealed that she usually checked the daytime medications. She stated that it was each nurse's responsibility to check the medication carts and discard expired medications. She further revealed that the antiemetic medication was only given prn (as needed) and was not used often.</p> <p>1b. An observation on 3/29/22 at 12:39pm of the medication cart on the A hall revealed Ondansetron HCL (antiemetic) 4mg prescribed to Resident # 94 with an expiration date of 2/16/22.</p> <p>An interview with the Nurse #1 on 3/29/22 at 12:39pm revealed the expired medication should have been taken from the medication cart and sent back to the pharmacy. She further revealed she would remove the expired medication at this time. Nurse # 1 stated the antiemetic was prn and the nurses should have removed it from the medication cart.</p> <p>1c. An observation on 3/29/22 at 1:52pm of the medication cart on C hall revealed Cipro (antibiotic) 250 mg prescribed to Resident # 13 with an expiration date of 2/7/22.</p> <p>An interview with the Medication Tech #2 on 3/29/22 at 1:52pm revealed every nurse assigned to the hall was responsible for checking the</p>	F 761	<p>storage rooms.</p> <p>Facility third shift nurses will audit all medication carts 2 times each week, disposing of medications that will expire in the next 14 days.</p> <p>Facility Unit Managers will audit each medication storage room 2 times each week disposing of medications that will expire in the next 14 days.</p> <p>All facility nursing staff were educated on the medication storage procedures, including the process for monitoring expiration dates, by Staff Development Coordinator (SDC) on 3/30/22. All nurses not present on 3/30/22 will complete the education before assuming their next assigned shift. New nurses will receive training on facility medication storage procedures, including the process for monitoring expiration dates, in orientation from the SDC.</p> <p>DON will audit 1 medication storage area each week for 3 months to ensure proper medication storage, including disposal of expired medications. Any expired medication will be disposed of at that time by the DON. Audit results will be monitored by the Interdisciplinary Team (IDT) at monthly Quality Assurance Performance Improvement (QAPI) meetings. Any trends in medication storage errors will be addressed by the IDT at that time.</p>		

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F 761	<p>Continued From page 8</p> <p>medication cart for expired medications. She further revealed the expired medications should have been sent back to the pharmacy.</p> <p>1d. An observation on 3/29/22 at 2:12pm of the C/D medication storage room refrigerator revealed one vial of Cathflo Activase (referred to as a "clot busting" drug) in the refrigerator as a stock medication with an expiration date of 12/21.</p> <p>An interview with Nurse #2 revealed the expired medication should have been taken out of the refrigerator and sent back to the pharmacy. She further revealed nurses should have checked the refrigerator and pulled it out to be send back to the pharmacy.</p> <p>An interview with the Administrator on 3/30/22 at 3:36pm revealed that the night shift nurses were responsible for checking the medication carts and storage rooms for expired medications. He further revealed that the pharmacy also checked the medication carts monthly.</p> <p>An interview with the Director of Nursing (DON) on 3/29/22 at 3:42pm revealed that expired medications should be remove from the cart and sent back to the pharmacy. She further revealed the cart should be audited at least one time weekly for expired medications by the night shift nurse. She stated the night shift nurses should have pulled the expired medications off and sent them back to the pharmacy.</p>	F 761			