

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

PRINTED: 07/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/03/2022
NAME OF PROVIDER OR SUPPLIER AZALEA HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412		
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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 05/31/22 through 06/03/22. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# Q85F11.	E 000			
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 05/31/22 through 06/03/22. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The following intakes were investigated: NC00188994, NC001183548, NC00183669, NC00189476, NC00189650, and NC00188592. 8 of the 15 complaint allegations were substantiated resulting in deficiencies.	F 000			
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's	F 550		6/29/22	

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

TITLE

(X6) DATE

Electronically Signed

06/28/2022

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 550	<p>Continued From page 1</p> <p>individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation and interviews with staff and residents, the facility failed to maintain the dignity of residents by serving meals in disposable containers for 2 of 2 meals observed.</p> <p>The findings included:</p> <p>Interview with the dietary manager (DM) on 5/31/22 at 11:28 AM revealed that she had been in the position for one month. DM stated that she</p>	F 550	<p>Preparation and submission of this POC is required by state and federal law. This poc does not constitute an admission for purpose of general liability, professional malpractice or any other court proceeding.</p> <p>1) Residents #14, 15, 4 and 5 have been given an apology for having disposable containers used for meals related to dietary staffing issues.</p>		

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F 550	<p>Continued From page 2</p> <p>served meals on disposable containers since she started due to staffing shortages and not having time to wash dishes.</p> <p>Interview on 5/31/22 at 12:30 PM with Resident #14, who was identified by staff as being alert and oriented, revealed that disposable containers were used all the time for meals. Resident #14 stated that she preferred to be served meals on regular plates and bowls, not disposable.</p> <p>Interview on 5/31/22 at 12:40 PM with Resident #15, who was identified by staff as being alert and oriented, revealed that meals were served in disposable containers all the time and she did not like it.</p> <p>Observation on 5/31/22 at 12:45 PM of the lunch meal revealed that the fruit cocktail dessert was served in disposable containers.</p> <p>Interview on 5/31/22 at 1:00 PM with Resident #3, who was identified by staff as being alert and oriented, revealed that the facility used disposable containers for most of the meals recently and she did not like it. Resident #3 stated that today was the first day lunch was served on a plate in a long time.</p> <p>Observation on 5/31/22 at 5:30 PM of the dinner meal revealed the residents were served a sandwich which was not on a plate and was wrapped in plastic wrap, soup was served in a plastic bowl and a dessert cookie bar was in a disposable bowl.</p> <p>Interview with NA #5 on 5/31/22 at 4:45 PM revealed that meals were served in disposable containers for most meals recently. NA #5 stated</p>	F 550	<p>2) All current residents have received an apology for the use of disposable containers used for meals related to dietary staffing issues. These apologies were completed by 6/29/22 by the Administrator or designee.</p> <p>3) To prevent this from recurring, the Administrator has reeducated the Dietary Manager on 6/28/22 that disposable containers cannot be used because of dietary staffing issues. If there are staffing issues that present themselves, the Administrator must be notified to ensure that support staff is brought in to allow for dishes to be used.</p> <p>4) To monitor and maintain ongoing compliance the Administrator will observe or have others observe that disposable containers were not used for meals related to staffing issues.</p> <p>This will be documented daily for 7 days a week, 5x a week for 3 weeks, then weekly for 8 weeks.</p> <p>This plan has been reviewed and recommendations have been made by an Ad hoc Quality Assurance Committee meeting on 6/28/22.</p> <p>The Administrator will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee.</p>		

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F 550	Continued From page 3 she did not know why disposable containers were used for meals. Interview with NA #6 on 5/31/22 at 4:50 PM revealed that most meals were served in disposable containers recently and sometimes it was difficult for the residents to eat out of them. Interview on 6/1/22 at 8:40 AM with Resident #5, who was identified by staff as alert and oriented, revealed that all the meals were served on disposable containers and often with plastic utensils. Resident #5 stated she did not like the disposable containers and the plastic utensils break and were difficult to use. Observation on 6/1/22 at 12:30 of lunch meal revealed that the dessert was served in plastic disposable containers. Interview on 6/2/22 at 9:32 AM with the Registered Dietician (RD) revealed that she was aware that meals were served in disposable containers due to staffing shortage in the kitchen. Interview on 6/2/22 at 11:55 AM with the administrator revealed that her expectation was that meals be served on regular plates and bowls with silverware. The administrator stated that the decision was made a few weeks ago to use disposable containers as needed due to staffing issues in the kitchen. The administrator stated she hoped to be fully staffed in the kitchen soon and that disposable containers would not be used to serve meals.	F 550			
F 602 SS=B	Free from Misappropriation/Exploitation CFR(s): 483.12	F 602		6/29/22	

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F 602	<p>Continued From page 4</p> <p>§483.12</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to prevent the misappropriation of resident's medications (narcotics and benzodiazepines) for 8 of 9 residents reviewed for misappropriation of property (Residents #6, 7, 8, 9, 10, 11, 12, and 13).</p> <p>Findings included:</p> <p>Record review was completed for the following 8 residents whose medications were reported missing on 05/08/22:</p> <p>1) Resident #6 was admitted to the facility on 12/08/21 with diagnoses that included: Low back pain, gout, pain in right ankle and joints of the right foot, and intervertebral disc degeneration of the lumbar region. A quarterly Minimum Data Set (MDS) assessment dated 04/10/22 documented Resident #6 he had received "as needed" pain medications. He reported he had occasional pain rated as "4" on a scale of 0-10 with "0" being none and "10" being the greatest. He had received opioid medication on 7 of the days during the assessment look back period.</p> <p>Review of the May 2022 physician orders for Resident #6 read: Percocet tablet 7.5-325 MG (Milligrams) give one tablet by mouth every 6</p>	F 602	<p>1)The missing medications for residents #6,7,8,9,10,11,12 and 13 have all been replaced and paid for by the facility.</p> <p>2)An audit of controlled medications was compared to current orders for controlled medication and all medications were accounted for. The count of the medications was completed for all carts and there were no other missing doses found. This audit was completed by 5/11/22 by the Director of Nursing or designee.</p> <p>3) To prevent this from recurring, the licensed nursing staff have been reeducated concerning the expected process for controlled medication chain of custody and the documentation of all medication chain of custody and the documentation of all medications on the count sheet and the medication administration record at the time of administration.</p> <p>This education will be completed on 6/29/22 by the Director of Nursing or designee.</p>		

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F 602	<p>Continued From page 5 hours as needed for pain.</p> <p>Review of the Controlled Medication Utilization Record for Percocet 7.5-325 MG for Resident #6 documented there were 6 pills in the locked narcotic drawer at the beginning of the day shift on 05/08/22. A narcotic recount determined one Percocet 7.5-325 MG pill was missing when Medication Aide #3 assumed the assignment.</p> <p>A photocopy of the medication bubble pack dispensed by the pharmacy for Resident #6 showed at the time of the narcotic recount on 05/08/22 there were 5 Percocet 7.5-325 MG pills.</p> <p>The May 2022 Medication Administration Record (MAR) for Resident #6 documented he had not received any Percocet 7.5-325 MG on 05/08/22.</p> <p>2) Resident #7 was admitted to the facility on 01/13/22 with diagnoses that included: Cystitis with hematuria, calculus of the kidney. A quarterly MDS assessment dated 04/19/22 for Resident #7 documented he had received scheduled and "as needed" pain medications. At the time of the assessment, he denied the presence of pain. During the assessment look back period he had received opioid medication on 6 of the days.</p> <p>Review of the May 2022 physician orders for Resident #7 read: Oxycodone HCL tablet 5 MG give one tablet by mouth every 6 hours as needed for pain and take one tablet by mouth twice daily for pain.</p> <p>Review of the Controlled Medication Utilization Record for Oxycodone HCL 5 MG for Resident #7 documented there was 1 pill in one bubble pack</p>	F 602	<p>Any licensed nursing staff that cannot be reached by the initial reeducation time frame will not take an assignment until they've received this reeducation.</p> <p>Agency licensed nurses or nursing staff and newly hired licensed nurses or nursing staff will have this education during their orientation.</p> <p>4) To monitor and maintain ongoing compliance , the Director of Nursing or designee will do random follow up counts of controlled medications.</p> <p>This will be monitored for each cart daily for 7 days, each cart 3x week for 3 weeks and then each cart weekly for 8 weeks.</p> <p>This plan has been reviewed and recommendations have been made by an Ad hoc Quality Assurance Committee meeting on 6/29/22.</p> <p>The Director of Nursing will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee.</p>		

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F 602	<p>Continued From page 6</p> <p>and 30 tablets in a second bubble pack in the locked narcotic drawer at the beginning of the day shift on 05/08/22. A narcotic recount determined 2 Oxycodone HCL 5 MG tablets were missing (one from each bubble pack) when Medication Aide #3 assumed the assignment.</p> <p>A photocopy of the medication bubble packs dispensed by the pharmacy for Resident #7 showed at the time of the narcotic recount on 05/08/22 the first bubble pack had 0 pills and the second bubble pack had 29 pills remaining.</p> <p>The May 2022 MAR for Resident #7 documented he had not received Oxycodone HCL 5 MG on 05/08/22.</p> <p>3) Resident #8 was admitted to the facility on 12/04/20 with diagnoses that included: Anxiety disorder and Parkinsonism. A quarterly MDS assessment dated 05/19/22 documented Resident #8 had received antianxiety medication on 7 of the days during the assessment period.</p> <p>Review of the May 2022 physician orders for Resident #8 read: Ativan tablet 0.5 MG (Lorazepam) give 1 tablet by mouth two times a day for anxiety/agitation.</p> <p>Review of the Controlled Medication Utilization Record for Resident #8 for Ativan 0.5 MG documented there were 18 pills in the locked narcotic drawer at the beginning of the day shift on 05/08/22. A narcotic recount determined 1 Ativan 0.5 MG pill was missing when Medication Aide #3 assumed the assignment.</p> <p>A photocopy of the medication bubble pack dispensed by the pharmacy for Resident #8</p>	F 602			

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F 602	<p>Continued From page 7</p> <p>showed at the time of the narcotic recount on 05/08/22 there were 17 Ativan 0.5 MG pills.</p> <p>The May 2022 MAR for Resident #8 documented one Ativan 0.5 MG pill was administered to the resident on day shift on 05/08/22 by Medication Aide #3 after she assumed the assignment.</p> <p>4) Resident #9 was admitted to the facility on 07/30/21 with diagnoses that included: Unspecified injury of the left hip, generalized anxiety disorder, and pain in the left hip. A quarterly MDS assessment dated 04/07/22 for Resident #9 documented she had received scheduled pain medication and denied pain at the time of the assessment. During the assessment look back period she had received antianxiety and opioid medications on 7 of the days.</p> <p>Review of the May 2022 physician orders for Resident #9 read: 1) Ativan tablet 0.5 MG (Lorazepam) give 0.25 mg by mouth two times a day for agitation/anxiety, and 2) Oxycodone HCL tablet 5 MG give 0.5 tablet by mouth two times a day for chronic hip pain and take one tablet by mouth every 6 hours as needed for pain.</p> <p>Review of the Controlled Medication Utilization Record for Resident #9 documented there were 29 Ativan 0.25 MG pills and 20 Oxycodone 5 MG pills in the locked narcotic drawer at the beginning of the day shift on 05/08/22. A narcotic recount determined one Ativan 0.25 MG pill and 2 Oxycodone HCL 5 MG pills were missing when Medication Aide #3 assumed the assignment.</p> <p>A photocopy of the medication bubble packs dispensed by the pharmacy for Resident #9 showed at the time of the narcotic recount on</p>	F 602			

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F 602	<p>Continued From page 8</p> <p>05/08/22 there were 28 Ativan 0.5 MG pills and 18 Oxycodone 5 MG pills in the locked drawer.</p> <p>The May 2022 MAR for Resident #9 documented one Ativan 0.5 MG pill and one Oxycodone 5 MG pill were administered to the resident on 05/08/22 on day shift by Medication Aide #3 after she assumed the assignment.</p> <p>5) Resident #10 was admitted to the facility on 01/01/19 with diagnoses that included: Malignant neoplasm of the right female breast (cancer) and generalized anxiety. She died in the facility on 05/20/22. A quarterly MDS assessment dated 02/25/22 documented Resident #10 had received scheduled pain medication and denied pain at the time of the assessment. She had a prognosis of less than 6 months to live and received Hospice services. During the assessment look back period she had received antianxiety and opioid medications on 7 of the days.</p> <p>Review of the May 2022 physician orders for Resident #10 read: 1) Ativan tablet 0.5 MG (Lorazepam) give one by mouth two times a day for anxiety, and 2) Percocet tablet 5-325 MG give one tablet by mouth every 4 hours for pain.</p> <p>Review of the Controlled Medication Utilization Record for Resident #10 documented there were 20 Ativan 0.5 MG pills and 26 Percocet 5-325 MG pills in the locked narcotic drawer at the beginning of the day shift on 05/08/22. A narcotic recount determined one Ativan 0.5 MG pill and 3 Percocet 5-325 MG pills were missing when Medication Aide #3 assumed the assignment.</p> <p>A photocopy of the medication bubble packs dispensed by the pharmacy for Resident #10</p>	F 602			

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F 602	<p>Continued From page 9</p> <p>showed at the time of the narcotic recount on 05/08/22 there were 19 Ativan 0.5 MG pills and 23 Percocet 5-325 MG pills in the locked drawer.</p> <p>The May 2022 MAR for Resident #10 documented two Percocet 5-325 MG pills and one Ativan 0.5 MG pill were administered to the resident on 05/08/22 on day shift after Medication Aide #3 after assumed the assignment.</p> <p>6) Resident #11 was admitted to the facility on 12/23/21 with diagnoses that included: Chronic kidney disease Stage 3, unspecified fracture of the left femur, and acute cystitis with hematuria. She died in the facility on 05/23/22. A significant change MDS assessment dated 05/02/22 for Resident #11 documented she had received scheduled and "as needed" pain medication during the assessment period. She denied pain. She had a prognosis of less than 6 months to live and received Hospice services. During the assessment period she received opioid medication on 7 of the days.</p> <p>Review of the May 2022 physician orders for Resident #11 read: Oxycodone HCL tablet 5 MG give one tablet by mouth three times a day for pain.</p> <p>Review of the Controlled Medication Utilization Record for Resident #11 documented there were 29 Oxycodone 5 MG tablets in the locked narcotic drawer at the beginning of the day shift on 05/08/22. A narcotic recount determined 3 Oxycodone 5 MG pills were missing when Medication Aide #3 assumed the assignment.</p> <p>The photocopy of the medication bubble pack dispensed by the pharmacy for Resident #11</p>	F 602			

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F 602	<p>Continued From page 10</p> <p>showed at the time of the narcotic recount on 05/08/22 there were 26 Oxycodone 5 MG pills in the locked drawer.</p> <p>The May 2022 MAR for Resident #11 documented two Oxycodone HCL tablet 5 MG pills were administered to the resident on 05/08/22 on day shift after Medication Aide #3 assumed the assignment.</p> <p>7) Resident #12 was admitted to the facility on 02/19/21 with diagnoses that included: Spinal stenosis in the lumbar region without neurogenic claudication and chronic pain. A quarterly MDS assessment dated 03/11/22 for Resident #12 documented had received "as needed" pain medication and denied pain. On 6 of the days during the assessment period she had received opioid medication.</p> <p>Review of the May 2022 physician orders for Resident #12 read: Oxycodone HCL tablet 5 MG give one tablet by mouth every 6 hours as needed for pain.</p> <p>Review of the Controlled Medication Utilization Record for Resident #12 documented there were 5 Oxycodone 5 MG pills in the locked narcotic drawer at the beginning of the day shift on 05/08/22. A narcotic recount determined 2 Oxycodone 5 MG pills were missing when Medication Aide #3 assumed the assignment.</p> <p>The photocopy of the medication bubble pack dispensed by the pharmacy for Resident #12 showed at the time of the narcotic recount on 05/08/22 there were 3 Oxycodone 5 MG pills in the locked drawer.</p>	F 602			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/03/2022
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F 602	<p>Continued From page 11</p> <p>The May 2022 MAR for Resident #12 documented one Oxycodone HCL tablet 5 MG pill was administered to the resident on 05/08/22 after Medication Aide #3 assumed the assignment.</p> <p>8) Resident #13 was admitted to the facility on 09/04/21 with diagnoses that included: Displaced intertrochanteric fracture of the right femur and an infection and inflammatory reaction due to internal right knee prosthesis. A quarterly MDS assessment dated 03/28/22 for Resident #13 documented she had received "as needed" pain medication. She reported she had occasional pain rated as "4" on a scale of 0-10 with "0" being no pain and "10" being the greatest pain. She had received opioid medication on 5 of the days during the assessment look back period.</p> <p>Review of the May 2022 physician orders for Resident #13 read: Oxycodone HCL tablet 5 MG give one tablet by mouth every 6 hours as needed for pain.</p> <p>Review of the Controlled Medication Utilization Record for Resident #13 documented there were 10 Oxycodone 5 MG pills in the locked narcotic drawer at the beginning of the day shift on 05/08/22. A narcotic recount determined 1 Oxycodone 5 MG pill was missing when Medication Aide #3 assumed the assignment.</p> <p>The photocopy of the medication bubble pack dispensed by the pharmacy for Resident #13 showed at the time of the narcotic recount on 05/08/22 there were 9 Oxycodone 5 MG tablets in the locked drawer.</p> <p>The May 2022 MAR for Resident #13 revealed no</p>	F 602			

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

PRINTED: 07/12/2022
FORM APPROVED
OMB NO. 0938-0391

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F 602	<p>Continued From page 12</p> <p>Oxycodone 5 MG medication was administered to the resident on 05/08/22.</p> <p>In an interview with the DON on 06/01/22 at 9:30 AM she stated she had instructed Nurse #4 and Medication Aide #3 on the morning of 05/08/22 to count the pills in the narcotic drawer on the 100 hall medication cart and for Medication Aide #3 to assume the assignment. She recalled staff had called her back and notified her the count was off after reconciling the medications in the narcotic drawer. She stated on Monday morning it was discussed whether the medications were missing or if there was a matter of documentation omission.</p> <p>In an interview with Medication Aide #3 on 06/02/22 at 11:15 AM she stated she had worked day shift on 05/08/22. She explained she was instructed by the DON to count the narcotics on the 100 hall with Nurse #4 and assume the assignment. She stated she had called the DON back and reported pills were missing from the narcotic drawer. She reported she was instructed by the DON to make copies of the narcotic sheets and put them in her mailbox so she could look at them the next day. She stated this happened early in the shift and no medications had been passed to residents. She noted she asked all residents on the assignment who were alert if they had received medication that morning and all said they had not. No medications had been documented as administered for day shift on the electronic Medication Administration Records (eMAR's). She could not remember what time she assumed the assignment on the 100 hall but stated it was early in the shift.</p> <p>In an interview with Nurse #4 on 06/02/22 at</p>	F 602			

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

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F 602	Continued From page 13 11:45 AM she stated she had worked day shift on 05/08/22. She explained the DON had called her and asked her to go to the 100 hall and count the narcotics with Medication Aide #3 so that Medication Aide #3 could assume the assignment. She stated pills were missing from the locked narcotic drawer and she had made a list of the discrepancies in the narcotic count for the DON to review. In an interview with the Administrator on 06/02/22 at 12:30 PM she stated on 05/08/22 the DON had called her and reported a recount of the narcotics for the 100 hall medication cart showed pills were missing. The next day after the morning clinical meeting she recalled she had asked the DON if everything was "good." She stated the DON told her she was going to check the medication carts, narcotic sheets and documentation to determine what had happened. She concluded she found out pills were missing from the 100 hall medication cart on 05/10/22 after an investigation. She explained narcotics were counted at the beginning and end of every shift. She stated nurses were trained not to accept an assignment if the narcotic count was off and to notify administration. Then the nurse who had the cart and anyone else who had access to the medication cart would be drug screened.	F 602			
F 802 SS=E	Sufficient Dietary Support Personnel CFR(s): 483.60(a)(3)(b) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity	F 802			6/28/22

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

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OMB NO. 0938-0391

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F 802	<p>Continued From page 14 and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>§483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b) (2)(ii). This REQUIREMENT is not met as evidenced by: Based on observation, record review and interviews with staff and residents, the facility failed to employ sufficient dietary support staff to carry out the functions of the food and nutrition service for 68 of 74 residents.</p> <p>The findings included:</p> <p>Review of the dietary department schedules for May 1, 2022-June 3, 2022 revealed the following days had shifts designated as short or with open positions: 5/1/22, 5/6/22, 5/8/22, 5/10/22, 5/14/22, 5/15/22, 5/16/22, 5/19/22, 5/20/22, 5/22/22, 5/23/22, 5/24/22, 5/25/22, 5/26/22, 5/28/22, 5/29/22, 5/30/22, 5/31/22, 6/1/22, 6/2/22, 6/3/22.</p> <p>Interview with NA #1 on 5/31/22 at 4:45 PM revealed that she had not been asked to work in the dietary department but was aware that there was a list to volunteer for open shifts. NA further stated that residents were served meals in disposable Styrofoam containers daily but not for every meal in the past month.</p>	F 802	<p>1) The dietary staff is now sufficient for the resident population and their needs. No specific resident was identified for this area.</p> <p>2) The lack of staff for the dietary department has the potential to negatively affect all residents.</p> <p>3) To prevent this from recurring, the Administrator has instructed the Dieatry Manager to assess the amount of staff needed to allow for cooking to follow menus, cleanup of dirty dishes, and to ensure completion of any other kitchen needs. The instruction included that the Dietary Manager create a schedule related to the assessment of needs.</p> <p>The staffing requirement will be to ensure there is sufficient staff to ensure the schedule is followed.</p> <p>4) To monitor and maintain ongoing</p>		

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

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F 802	<p>Continued From page 15</p> <p>Interview with NA #2 on 5/31/22 at 4:50 PM revealed that she had not worked in the dietary department. NA #2 stated that meals had been served a lot recently in disposable Styrofoam containers, but she was not aware of the reason for this.</p> <p>Interview with Cook #1 on 6/2/22 at 9:15 AM revealed that she worked 13 days in a row due to the staffing shortage. Cook #1 further stated they served meals in disposable Styrofoam containers for every meal for the past two weeks due to being shorthanded.</p> <p>Interview with Registered Dietician (RD) on 6/2/22 at 9:32 AM revealed that the DM informed her she served meals on disposable Styrofoam containers for the past two weeks due to staffing shortage. RD had not noted changes in meal intakes since the use of disposable containers was initiated.</p> <p>Interview on 6/2/22 at 10:45 AM with Housekeeper #1 revealed was asked to work in the dietary department after her housekeeping shifts, but she had not done so.</p> <p>Interview on 6/2/22 at 10:50 AM with Housekeeper #2 revealed she volunteered to help several time in the dietary department recently after her housekeeping shifts ended.</p> <p>Interview with the Dietary Manager (DM) on 5/31/22 at 11:28 AM revealed she had been in the position for one month and during that time had lost seven staff members and had nine open positions in the department. DM stated she served meals, mainly in the evening, in disposable containers since she started due to</p>	F 802	<p>compliance, the Administrator will review the schedule created by the Dietary Management. This review will include assessing that all staff needed to complete the schedule were present.</p> <p>This will be documented daily for 7 days, 5 days a week for 3 weeks and weekly for 8 weeks.</p> <p>This plan has been reviewed and recommendations have been made by the Ad hoc Quality Assurance committee on 6/28/22.</p> <p>The Administrator will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee</p>		

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

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F 802	Continued From page 16 staffing shortages and not having the time to wash dishes. DM further stated that nursing assistants and housekeepers as well as herself, administrative staff and her Area Dietary Director had been working to cover open shifts. DM stated she worked sixteen days without a day off. DM further stated she was not able to post menus due to staffing issues although she knew she was supposed to. Interview with the administrator on 5/31/22 at 12:20 PM revealed that staffing had been an issue in the dietary department and as a result the decision was made to use disposable products as needed for the past month. Staff are actively being hired. Staff were cross trained from other departments. Bonuses were offered to current staff to work extra shifts and wages were increased to assist with recruitment	F 802			
F 803 SS=F	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;	F 803		6/28/22	

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F 803	<p>Continued From page 17</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews of staff and residents, the facility failed to follow the prepared menu for 3 of 3 meals observed. It was observed that food items were substituted or omitted but not noted or updated on the menu.</p> <p>The menu provided revealed that for lunch on 5/31/22 Salisbury steak, mashed potatoes, whole kernel corn, and blackberry cobbler was to be served. Observation of the lunch meal on 5/31/22 at 12:30 PM revealed fruit cocktail was served instead of blackberry cobbler.</p> <p>The menu provided revealed that for dinner on 5/31/22 soup of the day, saltine crackers, deli sandwich, marinated tomato and cucumber salad and cookie was to be served. Observation of the dinner meal on 5/31/22 at 5:30 PM revealed soup, pimento cheese sandwich and a cookie bar were served.</p> <p>The menu provided revealed that for lunch on 6/1/22 pulled pork, corn tortilla, Pico de Gallo, tossed salad, refried beans and caramel mousse was to be served. Observation of the lunch meal on 6/1/22 at 12:45 PM revealed that a pork chop,</p>	F 803	<p>1) Resident #14, 15 and 5 were given an apology for the lack of variety of food, not having an accurate menu, and not being offered an alternative.</p> <p>2) Current residents will be contacted to apologize for the lack of variety of food, not having an accurate menu available, and not being offered an alternative.</p> <p>This will be completed by the Dietary Manager by 6/29/22.</p> <p>3) To prevent this from recurring, the Dietary Manager will be reeducated that menus must be followed unless an approved substitution has occurred. Also, that the posted menu is accurate along with the alternatives for that day.</p> <p>4) To monitor and maintain ongoing compliance, the Administrator or designee will review the menus posted and validate that is what is served and that the alternative is accurately posted and available.</p>		

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F 803	<p>Continued From page 18</p> <p>peas and carrots, a biscuit, potato salad and pudding were served.</p> <p>Interview on 5/31/22 at 11:28 AM with the Dietary Manager (DM) revealed that she had been in the position since May 1, 2022. DM stated she had deviated from the prepared menu to use items on hand in the freezer since she started.</p> <p>Interview on 5/31/22 at 12:35 PM with Resident #14 who was described by staff as alert and oriented revealed that the meals lacked variety and an accurate menu with substitutions was not provided.</p> <p>Interview on 5/31/22 at 12:40 PM with Resident #15 who was described by staff as alert and oriented revealed that there were problems recently including received the same meals frequently, had not received an accurate menu and was not offered an alternate.</p> <p>Interview on 6/1/22 at 8:40 AM with Resident #5 who was described by staff as alert and oriented revealed that the meals were frequently the same, lacked variety, and did not include requested items. Resident #5's printed tray ticket with her preferences listed for breakfast 2 slices bacon, ¾ cup raisin bran and cranberry juice daily. Observation of breakfast served on 6/1/22 at 9:00 AM revealed 1 sausage patty, grits, and a biscuit. Cranberry juice was not observed. Resident #5 stated she rarely received cranberry juice.</p> <p>Interview on 6/1/22 at 1:02 PM with the Dietary Manager (DM) revealed that they did not prepare the blackberry cobbler on 5/31/22 for lunch and served fruit cocktail instead. DM stated she was the cook on 5/31/22 for dinner and she forgot to</p>	F 803	<p>This will be documented daily for 7 days, 5 days a week for 3 weeks and weekly for 8 weeks.</p> <p>This plan has been reviewed and recommendations have been made by an Ad hoc Quality Assurance committee meeting on 6/28/22.</p> <p>The Administrator will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 803	Continued From page 19 serve the marinated tomato and cucumber salad. DM stated for lunch on 6/1/22 items were substituted because she did not think the residents would like what was listed on the prepared menu. DM commented that the prepared menu should reflect what is served but she had not had time to post or update the menus since she started in the position on May 1, 2022. Interview on 6/2/22 at 9:15 AM with Cook #1 revealed that there is a prepared menu, but changes were made recently due to using food on hand in the freezer. Interview on 6/2/22 at 9:30 AM with the Registered Dietician (RD) revealed that she was not involved with the preparation of the menu. RD commented that it was hard to follow the prepared menu at times due to shortages from the supplier. RD stated that the DM requested she approve a menu change for lunch on 6/2/22 from the listed item chicken stew to baked chicken due to lack of supplies to prepare the listed item. Interview with the Administrator on 6/2/22 at 11:55 AM revealed that she was aware that the DM made substitutions to the menu. The Administrator further stated that her expectation was that the menu was correct and that the residents were informed timely of changes or substitutions to the menu.	F 803			
F 908 SS=F	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating	F 908		6/29/22	

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F 908	<p>Continued From page 20 condition.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interviews and record review, the facility failed to make repairs to the walk-in freezer which caused a build up of ice along the entrance doorway for 1 of 1 walk in freezers for greater than one month.</p> <p>Findings included:</p> <p>Review of a document dated 5/11/22 from the service company revealed a service call was completed for the walk-in freezer not working properly. The document listed the following repairs were needed: replace the door heater, the door gasket, threshold, and the covers for the heater. A proposal dated 5/17/22 for the repairs was provided.</p> <p>Review of the temperature logs for the walk-in freezer for May 2022 revealed temperatures were recorded as above zero every day in the month. Instructions on the log stated if freezer is above zero to notify the manager immediately.</p> <p>During initial tour of the kitchen and food storage areas on 5/31/22 at 11:28 AM ice build up was found on the floor at the entrance doorway of the walk-in freezer. The ice build-up caused the door to not close properly. Dietary Manager (DM), who was present during tour, removed the ice using a crowbar to close the door. The temperature reading of the walk-in freezer was observed at 58 degrees Fahrenheit. Items in the freezer including cookie dough, rolls and chicken were observed as frozen solid.</p> <p>Interview with DM on 5/31/22 at 11:30 AM</p>	F 908	<p>1) No specific resident was identified.</p> <p>2) All residents could be impacted by this issue.</p> <p>3) To prevent this from recurring, the dietary staff have been educated to maintain the temperature log for the freezer and will notify the CDM or the Administrator if the internal freezer thermometer is above zero degrees fahrenheit. The CDM or NHA or designee will investigate the cause of the risen temperature and determine appropriate response.</p> <p>The Administrator has been reeducated by the Regional Vice President of Operations to notify him if there is equipment that is in need of repair and there is any obstacle creating delays to get the equipment repaired.</p> <p>4) To monitor and maintain ongoing compliance, the Administrator will report the progress of the freezer repair to the RVPO to allow for corporate intervention if necessary. The vendor is scheduled to arrive 7/1/22 with parts to repair the freezer.</p> <p>The communication of this notification will be kept until the freezer is repaired.</p> <p>This plan has been reviewed and recommendations have been made by an</p>		

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NAME OF PROVIDER OR SUPPLIER AZALEA HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412		
(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 908	<p>Continued From page 21</p> <p>revealed she was in the position since May1, 2022 and ice build-up had been present in the doorway of the freezer since she started. DM stated a work order was completed and she had no idea when it would be fixed. DM stated that the food remained frozen in the freezer and the temperature went back down once the ice was removed and the door was closed.</p> <p>Interview with the Administrator on 5/31/22 at 12:20 PM revealed the freezer issue was going on for a while. She further stated that the estimate for repairs was awaiting approval from the corporate office.</p> <p>During an interview with the Area Dietary Director on 6/1/22 at 3:00 PM she stated that ice built up around the doorway of the freezer was present for several month, but it did not affect the items in the freezer.</p> <p>Follow up interview with the DM on 6/1/22 at 3:15 PM regarding temperatures recorded on the log revealed that the temperatures were inaccurate as she suspected staff recorded them after the door remained open for several minutes as they were removing items. DM further stated that no dietary staff had experienced accidents or incidents related to the ice buildup in the walk-in freezer.</p> <p>Interview on 6/2/22 at 8:15 AM with the Maintenance Director (MD) revealed the freezer had not been working properly for a long time and he received a work order about a month ago. MD further stated the estimate for the required repairs was sent to corporate office and was awaiting approval.</p> <p>Interview on 6/2/22 at 9:15 AM with Cook #1</p>	F 908	<p>Ad hoc Quality Assurance committee on 6/28/22.</p> <p>The Administrator will report the results of the monitoring to the QAPI committee ofr review and recommendatiuons for the time frame of the monitoring period or as it is amended by the committee.</p>		

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

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FORM APPROVED
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F 908	Continued From page 22 revealed that the freezer was broken for a long time and that it did not close properly due to ice buildup around the door. According to Cook #1, dietary staff had to break up the ice daily for the door to close properly, but she had not observed items in the walk-in freezer to be soft or thawed out. Interview on 6/2/22 at 9:20 AM with Dietary Aide #2 revealed the ice buildup in the walk-in freezer was an ongoing issue.	F 908			