STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 000	INITIAL COMMENTS A complaint investigation survey was conducted from 07/26/22 through 07/29/22. The following intakes were investigated: NC00189244, NC00189493, NC00189712, NC00190173, NC00190196, and NC00191295. 4 of the 15 complaint allegations were substantiated resulting in deficiencies. Immediate jeopardy was indentified at: CFR 483.45 at F760 at a scope and severity (K) The tag F760 constituted substandard quality of care Immediate jeopardy began on 05/27/22 and was removed on 07/07/22. . A partial extended survey was conducted.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of	F 580		8/16/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/15/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 580	Continued From page 1 treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and interviews with staff and Nurse Practitioner the facility failed to notify the physician when a medication was unable to be administered for 1of 1 resident (Resident #6) reviewed for notification.	F 580	Resident #6 is no longer in the facility and cannot be corrected. On 8/11/2022, to identify like residents	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 580	Continued From page 2 Findings included: Resident #6 was admitted to the facility on 5/13/22 with medical diagnoses which included in part: pneumonia, chronic obstructive pulmonary disease, atrial fibrillation, and hypertension. Review of the facility physician order for Resident #6 entered on 5/13/22 by the supervisor revealed sotalol 80 milligrams give 0.5 tablet twice per day, hold for systolic blood pressure if less than 110 or heart rate less than 60. Review of Resident #6's Medication Administration Record (MAR) for May 2022 revealed the medication sotalol was not documented as given on 5/13/22 at 9 PM, 5/14/22 at 9 AM and 9 PM, and 5/15/22 at 9AM. Blood pressure and pulse readings were not recorded on the MAR on 5/13/22 at 9 PM, 5/14/22 at 9 AM and 9 PM, and 5/15/22 at 9 AM. Review of Resident #6's medical record revealed a progress note dated 5/14/22 at 1:16 PM which indicated the drug sotalol was not available. There was no documentation in the medical record to indicate the physician was notified that the medication sotalol was not available or that the prescribed doses were not on administered on 5/13/22 through 5/15/22. An interview on 7/26/22 at 5:33 PM with Nurse #3 revealed she did not recall why she did not administer sotalol as ordered on 5/13/22 at 9PM and on 5/14/22 at 9PM when she was assigned to Resident #6 for the 7 PM to 7 AM shift. Nurse # 3 further stated when a medication was not available or not administered the physician was to	F 580	that have the potential to be affected, the Director of Nursing scheduled Omnicare pharmacy to audit current resident medication orders to ensure that current medications ordered were available. The MD was made aware of all missing medications and the medications were ordered from the pharmacy. To prevent this from happening again the Director of Nursing or designee will re-educate the medication aides and the licensed staff by 8/15/2022 on the process for ordering medications to include medications from pharmacy and house stock medications and notifying the MD if a medication cannot be obtained. To monitor and maintain ongoing compliance the Director of Nursing or designee will audit 10 random residents physician orders for medications weekly x4 weeks then monthly x2 months to ensure current residents have medications ordered and available. If medications are unavailable the MD will be notified. Audits will begin on 8/15/2022. The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 580	Continued From page 3	F 580		

be notified to obtain further orders. Nurse # 3 stated she did not notify the physician that Resident #6 did not receive the medication sotalol as ordered on 5/13/22 and 5/14/22 at 9 PM.

Multiple unsuccessful attempts were made to interview Nurse #9, the nurse that was assigned to Resident #6 on 5/13/22 and 5/14/22 for 7 AM-7 PM shift.

Multiple attempts were made to interview the Nursing Supervisor who worked on 5/13/22, 5/14/22 and 5/15/22 from 7 AM-7 PM.

An interview on 7/27/22 at 11:25 AM with Nurse # 2 revealed the medication sotalol for Resident #6 was not available in the facility on 5/15/22 from 7 AM-7 PM. Nurse #2 stated that when she arrived on duty on 5/15/22 at 7:00 AM Resident #6 complained of fluttering in her chest and that her heart was racing. Nurse #2 assessed Resident #6 and noted that her blood pressure and pulse rates were elevated. Nurse #2 stated she notified the physician of Resident #6's condition and that sotalol was not available. The physician instructed Nurse #2 to obtain the medication sotalol as soon as possible and disregard the allergy to Toprol. Nurse #2 did not know how long it would take to arrive, so she received an order to send Resident #6 to the hospital. Resident #6 was sent to the hospital via emergency medical services where she was admitted with a diagnosis of sepsis with no further cardiac complications.

An interview with Nurse Practitioner (NP) on 7/28/22 at 12:15 PM revealed that the expectation was that the nurse would notify the provider when a medication was not available or not given so

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 580	Continued From page 4 that a substitution could be made, or further orders given. NP stated she was not made aware that Resident #6 had not received prescribed sotalol on 5/13/22 and 5/14/22. An interview on 7/28/22 at 4:25 PM with the Regional Director of Clinical Services revealed that her expectation was that all medications ordered by the physician would be readily available and if it was not, the physician would be notified as soon as possible so a substitution could be made, or further orders given.	F 580		
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, Nurse Practitioner, and staff interviews, the facility failed to review the hospital discharge summary for a newly admitted resident (Resident #1) resulting in the failure to transcribe and administer two of the ordered medications to include a stool softener (Colace) and an antidepressant (Mirtazapine) listed on the discharge medication summary. These medications were not administered from 05/27/22 through 06/28/22 for 1 of 3 residents reviewed for medication administration.	F 684	Resident #1 no longer resides in the facility and cannot be corrected. On 8/12/2022 to identify like residents that have the potential to be affected the Director of Nursing or designee will review the last 7 days of new admissions and readmissions to ensure that all medications on the hospital discharge summary are reconciled and ordered upon admission. Any changes made by the physician or physician extender will be	8/16/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 684	Continued From page 5 The findings included: The Medicaid Long Term Care FL2 form (a form which includes the physicians ' recommended level of care as well as medical diagnoses, care needs and medications) did not include orders for Colace 100 milligrams (mg) twice per day or Mirtazapine 15 mg daily. The FL2 form was signed by the Physician from the discharging hospital on 05/23/22. There were no handwritten provider ' s initials or signatures from the facility noted on the FL2 form. A review of the hospital discharge summary, also received from the discharging hospital, dated 05/27/22 revealed, in part, the following orders: Colace 100 mg twice per day, and Mirtazapine 15 mg daily. There were no handwritten provider ' s initials or signatures from the facility noted on the discharge summary. Also, there were no diagnoses documented on the discharge summary form. Resident #1 was admitted to the facility on 05/27/22. Diagnoses included left hip fracture with surgical repair, high blood pressure and depression. A review of the physician orders in the electronic medical record (EMR) which were transcribed by Nurse #1 on 05/27/22 revealed there were no orders for Colace 100 mg twice per day or Mirtazapine 15 mg daily for Resident #1. These orders indicated another antidepressant, Sertraline, was ordered at 100 mg daily. The Minimum Data Set (MDS) 5-day assessment dated 06/02/22 revealed Resident #1 was cognitively intact and was assessed as having	F 684	noted on the discharge summary and any missing orders will be reported to the MD and corrected. To prevent this from happening again the Director of Nursing or designee will reeducate licensed nursing staff on the admission order entry process and the follow up validations involved in the completion of the admission process by 8/15/2022. To monitor and maintain ongoing compliance the Director of Nursing or designee will audit new admissions and readmissions 5 days a week x4 weeks the monthly x2 months to ensure that all medications on the hospital discharge summary are reconciled and ordered upon admission. Audits will begin on 8/15/2022. Any changes made by the physician or physician extender will be noted on the discharge summary. The admitting nurse will review the orders with the MD or NP upon admission. The admitting nurse will enter the orders and have a second nurse will sign off on the discharge summary that all admission orders were reviewed and entered into PCC correctly. The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 684	Continued From page 6	F 684		

recent surgery. The resident received an antidepressant on 6 of 7 days.

Review of the Medication Administration Records from 05/27/22 through 06/28/22 when Resident #1 was discharged revealed Resident #1 did not receive Colace or Mirtazapine during his stay.

An interview was conducted with Nurse #1 on 07/27/22 at 11:10 AM. Nurse #1 stated she transcribed the orders on 05/27/22 for Resident #1 from the Medicaid Long Term Care FL2 form, and she should have transcribed the orders from the hospital discharge summary. Nurse #1 confirmed the FL2 form did not include Colace or Mirtazapine. Nurse #1 stated she did not review the orders on the FL2 form with the Physician or Nurse Practitioner (NP) because there was a signature on FL2 form, and she assumed they were already reviewed and realized later the physician who signed the FL2 form was the physician from the discharging hospital. Nurse #1 stated she did not see the other hospital discharge summary when she was admitting Resident #1 and added there was "a lot of stuff in the packet." Nurse #1 stated she thought it was unusual Resident #1 came from the hospital with a FL2 form, but she did not question it. Nurse #1 stated the protocol was to review the discharge summary forms ' ordered medications with the NP or the Physician before the orders were put into the EMR which she should have done, and she should have looked further for the discharge summary orders instead of using the FL2 form. Nurse #1 stated once the orders were reviewed with the NP or the Physician, they would date, and hand write their initials or signature on the admission orders to verify they have been reviewed and the nurse could then enter the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 684	Continued From page 7	F 684		

orders into the EMR.

An interview was conducted with (NP) #3 via phone on 07/27/22 at 2:35 PM. NP #3 stated Resident #1 came from a hospital with a discharge summary. NP #3 stated she did not know what an FL2 form was and did not recall seeing this form. NP #3 stated when a resident was admitted to the facility from the hospital the admissions coordinator would give her the discharge summary, the history and physical, lab work, etc. in one packet. The NP stated once she received the packet she would go through the orders and revise the orders if needed or discontinue orders if she felt the resident was not going to require the medication and put a diagnoses next to each medication that was ordered. NP #3 stated she would sign the orders and give a copy to the nurse taking care of the resident. NP #3 stated when she had learned that Resident #1 had not received his ordered medications she tried looking back on her orders which would have been scanned in his medical record, but she could not find them. The NP was sure she had reviewed the orders and signed the discharge summary, but she was not aware the Colace and Mirtazapine were not transcribed or ordered for Resident #1. NP #3 stated her expectation of the nursing staff was to confirm the discharge summary orders with a Physician, or NP by checking to see if the orders were signed by the Physician or NP prior to putting the orders in the electronic medical record.

An interview was conducted with the Regional Director of Clinical Services (RDCS) on 07/27/22 at 4:10 PM. The RDCS stated once the orders were reviewed with the NP or the Physician, they sign and date the admission orders to verify they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 684	Continued From page 8 were reviewed, pass them on to the nurse taking care of the resident and the nurse would enter the orders into the EMR. The RDCS confirmed the Colace and Mirtazapine orders were not identified as not being transcribed or administered during Resident #1 ' s stay prior to 07/27/22. An interview was conducted with the Administrator on 07/27/22 at 3:25 PM. He stated, the facility missed identifying that the Colace and Mirtazapine were not transcribed or administered per the hospital discharge summary until 07/27/22.	F 684		
F 760 SS=K	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review, Nurse Practitioner, and staff interviews, the facility failed to review the hospital discharge medication summary for a newly admitted resident (Resident #1) resulting in the failure to transcribe and administer an anticoagulant (blood thinner) medication listed on the discharge medication summary. Eliquis (anticoagulant) was not administered from 05/27/22 through 06/14/22 (18 days). Resident #1 developed swelling to the left arm, was sent to the hospital, and was diagnosed with a blood clot. The facility also failed to transcribe and administer a blood pressure/heart rate (BP/HR) medication that was on the discharge medication summary (Resident #1) and to administer a medication used to treat hypertension (high blood pressure) and atrial fibrillation (irregular heart	F 760	Resident #1 no longer resides in the facility and cannot be corrected. On 8/12/2022 to identify like residents that have the potential to be affected the Director of Nursing or designee will review the last 7 days of new admissions and readmissions to ensure that all medications on the hospital discharge summary are reconciled and ordered upon admission. Any changes made by the physician or physician extender will be noted on the discharge summary and any missing orders will be reported to the MD and corrected. To prevent this from happening again the	8/16/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 9 rate) as ordered (Resident #6). This deficient practice occurred for 2 of 3 residents reviewed for significant medication errors. Immediate jeopardy began on 05/27/22 when the facility failed to transcribe and administer Eliquis (anticoagulant medication) for Resident #1. The immediate jeopardy was removed on 07/07/22 when the facility provided and implemented an acceptable credible allegation of immediate jeopardy removal. The facility remains out of compliance at a lower scope and severity of level E (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure education is completed and monitoring systems put into place are effective. The facility was also cited at scope and severity level E for examples #1b and #2. The findings included: 1a. The Medicaid Long Term Care FL2 form (a form which includes the physicians ' recommended level of care as well as medical diagnoses, care needs and medications) did not include orders for Eliquis. The FL2 form was signed by the Physician from the discharging hospital on 05/23/22. There were no handwritten provider ' s initials or signatures from the facility noted on the FL2 form. A review of the discharge medication summary, also received from the discharging hospital, dated 05/27/22 revealed, in part, the following order: Eliquis 5 milligrams (mg) one tablet 2 times daily. There were no handwritten provider ' s initials or signatures from the facility noted on the discharge summary.	F 760	Director of Nursing or designee will reeducate licensed nursing staff on the admission order entry process and the follow up validations involved in the completion of the admission process by 8/15/2022. To monitor and maintain ongoing compliance the Director of Nursing or designee will audit new admissions and readmissions 5 days a week x4 weeks the monthly x2 months to ensure that all medications on the hospital discharge summary are reconciled and ordered upon admission. Audits will begin on 8/15/2022. Any changes made by the physician or physician extender will be noted on the discharge summary. The admitting nurse will review the orders with the MD or NP upon admission. The admitting nurse will enter the orders and have a second nurse will sign off on the discharge summary that all admission orders were reviewed and entered into PCC correctly. The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 10	F 760		

Resident #1 was admitted to the facility on 05/27/22. Diagnoses included left hip fracture with surgical repair and coronary artery disease.

A review of the physician orders in the electronic medical record (EMR) which were transcribed by Nurse #1 on 05/27/22 revealed there were no orders for Eliquis 5 mg to be administered two times daily for Resident #1.

The Minimum Data Set (MDS) 5-day assessment dated 06/02/22 revealed Resident #1 was cognitively intact and was assessed as having recent surgery. The MDS indicated Resident #1 did not receive any anticoagulants during this assessment.

Review of Nurse Practitioner #3 ' s progress note on 06/02/22 assessment and plan revealed, in part, intertrochanteric fracture of right femur, anticoagulation with Apixaban (Eliquis).

A nursing note written by Nurse #1 on 06/14/22 at 8:38 AM regarding Resident #1 revealed "extreme swelling to left upper extremity. Denies pain/discomfort. No redness or warmth noted. Resident states, ' I just woke up and my arm was like this. ' Physician notified and was in to assess resident. New order for STAT [immediate] Ultrasound [U/S] and STAT dose of Lovenox and Eliquis [blood thinners]. Medications given and U/S called in. Inquired about estimated time of arrival and was informed the U/S would be done today but could not give writer an exact time. Updated Nurse Practitioner [NP] on the fact that radiology was uncertain of time at this point, but it will be done today. Family and resident requested to be sent to the emergency room [ER] and did not want to wait for U/S. Resident sent to the ER

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 11	F 760		

on 06/14/22."

A review of the ER record dated 06/14/22 revealed Resident #1 was sent back to the facility on 06/15/22 with an order to start Xarelto (blood thinning medication) 15 mg twice per day for 21 days. The ER record provided instructions regarding diagnoses of "acute DVT to upper extremity, venous doppler of upper arm, start taking Xarelto."

A nursing note written on 06/15/22 revealed "resident returned to facility at 12:25 AM via Emergency Medical Services from the hospital. Resident was diagnosed with positive left upper extremity [LUE] deep vein thrombosis [blood clot]. LUE continued to be swollen, and resident denied pain. New order for Xarelto noted."

Review of the physician ' s orders revealed Xarelto 15 mg twice per day for 21 days was written on 06/15/22.

An interview was conducted with Nurse #1 on 07/27/22 at 11:10 AM. Nurse #1 stated she transcribed the orders on 5/27/22 for Resident #1 from the Medicaid Long Term Care FL2 form, and she should have transcribed the orders from the hospital discharge summary. Nurse #1 confirmed the FL2 form did not include Eliquis. Nurse #1 stated she did not review the orders on the FL2 form with the Physician or Nurse Practitioner because there was a signature on FL2 form, and she assumed they were already reviewed and realized later the physician who signed the FL2 form was the physician from the discharging hospital. Nurse #1 stated she did not see the other hospital discharge summary (dated 5/27/22) when she was admitting Resident #1 and added

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 12	F 760		

there was "a lot of stuff in the packet." Nurse #1 stated she thought it was unusual Resident #1 came from the hospital with a FL2 form, but she did not question it. Nurse #1 stated the protocol was to review the discharge summary forms ' listed medications with the NP or the Physician before the orders were put into the EMR, which she should have done, and she should have looked further for discharge summary orders instead of using the FL2 form. Nurse #1 stated once the orders were reviewed with the NP or the Physician, they would date, and hand write their initials or signature on the admission orders to verify they have been reviewed and the nurse could then enter the orders into the EMR.

An interview was conducted with the Administrator on 07/27/22 at 3:25 PM. He stated he became aware of Resident #1 not receiving the ordered Eliquis from Resident #1 ' s spouse on 06/14/22 after the resident was sent to the hospital. He stated on 06/14/22 the facility investigated why the Eliquis was not ordered. He stated the facility found a discharge summary from the hospital and realized the nurse did not use this summary to transcribe the medications but instead had used the FL2 form. The Administrator stated it was noticed at this time the Eliquis was on the hospital discharge summary to be ordered. The Administrator added, the investigation into the Eliquis error was completed on 07/06/22. The Administrator confirmed that the hospital discharge summary that was found was not signed or initialed by the facility provider to indicate they had reviewed the orders.

An interview was conducted with Nurse Practitioner (NP) #3 via phone on 07/27/22 at 2:35 PM. NP #3 stated Resident #1 came from a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 13	F 760		

hospital with a discharge summary. NP #3 stated she did not know what an FL2 form was and did not recall seeing this form. NP #3 stated when a resident was admitted to the facility from the hospital the admissions coordinator would give her the discharge summary, the history and physical, lab work, etc. in one packet. The NP stated once she received the packet she would go through the orders and revise the orders if needed or discontinue orders if she felt the resident was not going to require the medication and put a diagnosis next to each medication that was ordered. NP #3 said she would sign the orders and give a copy to the nurse taking care of the resident. NP #3 stated when she had learned of Resident #1 having a deep vein thrombosis (DVT) and he had not received his ordered Eliquis she tried looking back on her orders which would have been scanned in his medical record, but she could not find them. The NP was sure she had reviewed the orders and signed the discharge summary, and she knew Resident #1 was on Eliquis because she had that information in her history and physical. NP #3 stated the DVT likely occurred because Resident #1 did not get his blood thinning medication for 18 days. NP #3 stated her expectation of the nursing staff was to confirm discharge summary orders with a Physician, or Nurse Practitioner by checking to see if the orders were signed by the Physician or NP prior to putting the orders in the electronic medical record.

An interview was conducted with the Regional Director of Clinical Services (RDCS) on 07/27/22 at 4:10 PM. The RDCS stated the protocol was the Physician or Nurse Practitioner reviewed the orders, signed the orders, and then passed the orders to the nurse on duty who was responsible

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 14	F 760		

for that resident. The RDSC stated the nurse would then enter the orders in the electronic medical record.
The Physician was not available for interview during the survey.

The Administrator and Regional Director of Clinical Services were notified of the immediate jeopardy on 07/27/22 at 6:15 PM.

· Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance;

Resident #1 was without medications related to the error in transcription that resulted in significant medication errors. He suffered hospitalization related to a venous clot.

This occurred on 5/27/22 when the admitting nurse did not consult the physician, nurse practitioner (NP) or physician assistant (PA) to review the orders for the admitting resident. The medications on the document that was used by this nurse was not the Discharge Summary document. The significant medication that was not transcribed was Eliquis-a blood thinning medication.

The physician extender did include Eliquis in her list of medications that were being given during the first visit on 5/27/22 with the resident. She was unaware that the transcription of the Discharge Summary medications was incomplete.

Resident #1 developed a change of condition on 6/14/22 with new swelling to left upper extremity and was sent to the hospital. This was the date

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 15	F 760		

that the Eliquis was identified as having been missed in the initial admission process. He was diagnosed with a blood clot in his left arm that would have been prevented if the Eliquis had been given according to the Discharge Summary.

Residents who are admitting to the facility are at risk for this deficient practice.

On 6/16/2022, the Regional Director of Clinical Services completed a 30-day medical record review on all residents admitted or readmitted using the Discharge Summary and compared it to the transcribed orders. All identified issues have been corrected.

· Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete.

Current nursing staff were educated by the end of the day on 7/06/22 concerning the admission order entry process and the follow up validations involved in the completion of the admission process.

This education was provided by the Director of Nursing or licensed nurse designee. The nurses educated included full time, part time, and agency staff who are currently employed by the facility.

The process will be that the MD, NP, or PA will be given the orders for review if in the facility or orders will be reviewed by phone with a nurse. This review will be documented on the Discharge Summary. The nurse assigned to transcribe the orders from the Discharge Summary will be the person who will review the documents with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 16	F 760		

MD, NP, or PA.

The reviewed and signed Discharge summary will be given to the nurse admitting the resident into the facility. The orders will be transcribed into the Electronic Medical record.

A second review will be completed by a second nurse who is working in the facility at the time of the admission. This review will be documented on the same Discharge Summary that was approved by the physician or extender to ensure the initial transcription was complete and correct.

This education will be completed on 7/06/22 and the process of transcription will be in place with the next resident who is admitted/readmitted to the facility.

The facility alleges the removal of immediate jeopardy on 7/07/22.

On 7/29/22 the Credible Allegation was validated by onsite verification. Record review indicated the 6/16/22 medical record review was completed by the RDCS. Review of inservice sign in sheets verified education was provided on the admission order entry process and the follow up validations involved in the completion of the admission process. Nursing staff interviews confirmed they received education and were aware of the admission order entry process. The facility ' s removal date of 7/07/22 was validated.

1b. The Medicaid Long Term Care FL2 form (a form which includes the physicians ' recommended level of care as well as medical diagnoses, care needs and medications) did not include orders for Metoprolol Succinate. The FL2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 17	F 760		

form was signed by the Physician from the discharging hospital on 05/23/22. There were no handwritten provider ' s initials or signatures from the facility noted on the FL2 form.

A review of the discharge medication summary, also received from the discharging hospital, dated 05/27/22 revealed, in part, the following order: Metoprolol Succinate 25 mg, give 1/2 tablet twice daily. There were no handwritten provider ' s initials or signatures from the facility noted on the discharge summary.

Resident #1 was admitted to the facility on 05/27/22. Diagnoses included congestive heart failure, coronary artery disease, and high blood pressure.

A review of the physician orders in the electronic medical record (EMR) which were transcribed by Nurse #1 on 05/27/22 revealed there were no orders for Metoprolol Succinate 25 mg (1/2 tablet) to be administered two times daily for Resident #1.

The Minimum Data Set (MDS) 5-day assessment dated 06/02/22 revealed Resident #1 was cognitively intact and was assessed as having recent surgery.

Review of a nursing note written on 06/28/22 revealed Resident #1 was discharged home on 06/28/22.

The physician ' s orders through 06/28/22 (discharge date) revealed Resident #1 had no order for metoprolol succinate at any time during his stay at the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 18	F 760		

The Medication Administration Records (MARs) from 05/27/22 through 06/28/22 revealed metoprolol succinate was not administered to Resident #1 at any time during his stay at the facility.

An interview was conducted with Nurse #1 on 07/27/22 at 11:10 AM. Nurse #1 stated she transcribed the orders on 5/27/22 for Resident #1 from the Medicaid Long Term Care FL2 form, and she should have transcribed the orders from the hospital discharge summary. Nurse #1 confirmed the FL2 form did not include Metoprolol Succinate. Nurse #1 stated she did not review the orders on the FL2 form with the Physician or Nurse Practitioner because there was a signature on FL2 form, and she assumed they were already reviewed and realized later the physician who signed the FL2 form was the physician from the discharging hospital. Nurse #1 stated she did not see the other hospital discharge summary (dated 5/27/22) when she was admitting Resident #1 and added there was "a lot of stuff in the packet." Nurse #1 stated she thought it was unusual Resident #1 came from the hospital with a FL2 form, but she did not question it. Nurse #1 stated the protocol was to review the discharge summary forms ' listed medications with the NP or the Physician before the orders were put into the EMR, which she should have done, and she should have looked further for discharge summary orders instead of using the FL2 form. Nurse #1 stated once the orders were reviewed with the NP or the Physician, they would date, and hand write their initials or signature on the admission orders to verify they have been reviewed and the nurse could then enter the orders into the EMR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 19	F 760		

An interview was conducted with the Administrator on 07/27/22 at 3:25 PM. He stated the facility found a discharge summary from the hospital and realized the nurse did not use this summary to transcribe the medications but instead had used the FL2 form. The Administrator explained that on 6/14/22 the facility identified a medication error for this resident related to an anticoagulant medication, but they had not realized until 7/27/22 when identified by the surveyor that the Metoprolol Succinate had also not been transcribed and administered. The Administrator confirmed that the hospital discharge summary that was found was not signed or initialed by the facility provider to indicate they had reviewed the orders.

An interview was conducted with Nurse Practitioner (NP) #3 via phone on 07/27/22 at 2:35 PM. NP #3 stated Resident #1 came from a hospital with a discharge summary. NP #3 stated she did not know what an FL2 form was and did not recall seeing this form. NP #3 stated when a resident was admitted to the facility from the hospital the admissions coordinator would give her the discharge summary, the history and physical, lab work, etc. in one packet. The NP stated once she received the packet she would go through the orders and revise the orders if needed or discontinue orders if she felt the resident was not going to require the medication and put a diagnosis next to each medication that was ordered. NP #3 said she would sign the orders and give a copy to the nurse taking care of the resident. The NP stated she was sure she had reviewed the orders and signed the discharge summary, but she added she was not aware of the Metoprolol Succinate being ordered.
NP #1 stated Resident #1 ' s blood pressure and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 20	F 760		

heart rate remained stable during his stay despite not getting the ordered Metoprolol Succinate, but added it was a necessary medication and should have been ordered. NP #3 stated her expectation of the nursing staff was to confirm discharge summary orders with a Physician, or Nurse Practitioner by checking to see if the orders were signed by the Physician or NP prior to putting the orders in the electronic medical record.

An interview was conducted with the Regional Director of Clinical Services (RDCS) on 07/27/22 at 4:10 PM. The RDCS reported the facility completed a plan of correction on 7/6/22 for a separate medication (anticoagulant medication) that was not transcribed from the discharge summary for Resident #1, but they had not identified the ordered Metoprolol Succinate on the discharge summary form was also not transcribed to the electronic medical record for Resident #1. The RDCS stated she would have expected the facility to capture that in their investigation. The RDCS stated the protocol was the Physician or Nurse Practitioner reviewed the orders, signed the orders, and then passed the orders to the nurse on duty who was responsible for that resident. The RDSC stated the nurse would then enter the orders in the electronic medical record.

The Physician was not available for interview during the survey.

2. Resident #6 was admitted to the facility on 5/13/22 and discharged on 5/15/22. Resident #6's medical diagnoses included in part: pneumonia, chronic obstructive pulmonary disease, atrial fibrillation, and hypertension.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 21	F 760		

Review of the hospital Discharge Medication Profile Report dated 5/13/22 for Resident #6 indicated she was to continue taking sotalol 40 milligrams twice per day, hold for systolic blood pressure if less than 110 or heart rate less than 60. An allergy was listed to Toprol, a medication used to treat hypertension.

Review of the facility physician orders for Resident #6 revealed an order dated 5/13/22 for sotalol 80 milligrams give 0.5 tablet twice per day, hold for systolic blood pressure if less than 110 or heart rate less than 60 was entered by the Nursing Supervisor.

Review of Resident #6's Medication Administration Record (MAR) for May 2022 revealed the medication sotalol was not given on 5/13/22 at 9 PM, 5/14/22 at 9 AM and 9 PM, and 5/15/22 at 9AM.

Review of Resident #6's medical record revealed a progress note dated 5/14/22 at 1:16 PM which indicated the drug sotalol was not available.

Review of Resident #6's medical record revealed the hospital Emergency Department Encounter dated 5/15/22 indicated resident presented with complaint of fluttering in her chest and her heart racing. Resident #6 was noted to have elevated heart rate and sepsis (widespread, life-threatening infection) protocol was initiated. Resident #6 was diagnosed with sepsis due to pneumonia.

An interview on 7/26/22 at 5:33 PM with Nurse #3 revealed she did not recall why she did not administer sotalol as ordered on 5/13/22 at 9PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 22	F 760		

and on 5/14/22 at 9PM when she was assigned to Resident #6. Nurse #3 could not recall if she checked the emergency medication kit (E kit) for the medication. She indicated that the facility had an E kit in May which contained some common medications that could be used for residents until the medications were received from the pharmacy. Nurse #3 indicated that the pharmacy made deliveries between midnight and 3:00 AM. If the medications were not received on that delivery the nurse was to call the pharmacy to determine why they were not received. Nurse #3 stated she did not do this and did not pass the information on to Nurse #9 who worked on 5/14/22 7 AM-7 PM shift assigned to Resident #6. Nurse # 3 further stated when a medication was not available or not administered the physician was to be notified to obtain further orders. Nurse #3 stated she did not notify the physician that Resident #6 did not receive medication sotalol as ordered on 5/13/22 and 5/14/22 at 9 PM.

An interview was conducted on 7/27/22 at 11:25 AM with Nurse #2 who was assigned to Resident #6 on 5/15/22 7AM-7 PM shift. Nurse #2 revealed the medication sotalol for Resident #6 was not available in the facility. Nurse #2 stated that when she arrived on duty on 5/15/22 at 7:00 AM Resident #6 complained of fluttering in her chest and that her heart was racing. Nurse #2 assessed Resident #6 and noted that her blood pressure and pulse rates were elevated. Nurse #2 stated she notified the physician of Resident #6's condition and that sotalol was not available. The physician instructed Nurse #2 to obtain the medication sotalol as soon as possible and disregard the allergy to Toprol. Nurse #2 did not know how long it would take to arrive, so she received an order to send Resident #6 to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 23	F 760		

hospital. Resident #6 was sent to the hospital via emergency medical services where she was admitted with a diagnosis of sepsis.

An interview with Nurse #1 on 7/27/22 at 11:40 AM indicated that when a new resident was admitted the orders were transcribed into the computer. Nurse #1 indicated that a telephone call should be made to the pharmacy to inform them that the medications were needed that day. Nurse #1 indicated that the E kit was to be checked to see which medications were available. Nurse #1 also indicated that there was a local pharmacy that could provide medications quickly if needed. She revealed that the physician was to be notified of any medications that were not available or not given.

An interview was conducted with the Pharmacy Manager on 7/27/22 at 3:48 PM. The Pharmacy Manager stated that the pharmacy's protocol was to inform the facility via phone call or fax of an allergy or discrepancy in an order which required clarification from the physician. The Pharmacy Manager revealed that on 5/13/22 at 3:48 PM the pharmacy noted Resident #6's allergy to Toprol and sent a fax regarding potential sensitivity to sotalol. On 5/13/22 at 3:52 PM and again at 6:17 PM the pharmacy called the facility to request clarification of the order for sotalol due to Toprol allergy. The facility did not answer the phone calls from the pharmacy. Sotalol was placed on hold by the pharmacy due to unsuccessful attempts via fax and two phone calls to clarify with the facility the sensitivity.

Multiple unsuccessful attempts were made to interview Nurse # 9, the nurse that was assigned to Resident #6 on 5/13/22 and 5/14/22 for 7 AM-7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	5725 CAROLINA BEACH ROAD 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 760	Continued From page 24	F 760		

PM shift. Nurse #9 no longer worked at the facility. Phone and text messages were left which Nurse #9 did not return.

Multiple attempts were made to interview the Nursing Supervisor, who worked on 5/13/22 and 5/14/22 from 7 AM-7PM. The Nursing Supervisor no longer worked at the facility Phone and text messages were left which the Nursing Supervisor did not return.

An interview with Nurse Practitioner (NP) #2 on 7/28/22 at 12:15 PM indicated that it was unlikely that Resident #6 would be sensitive to sotalol if allergic to Toprol and was surprised that the pharmacy would not deliver the medication. NP #2 further indicated that Resident #6 had received sotalol while in the hospital without adverse effect. NP #2 revealed that the expectation was that the nurse would notify the provider when a medication was not available or not given so that a substitution could be made, or further orders given. NP #2 stated that not receiving sotalol could cause a worsening of atrial fibrillation, however an elevated heart rate could also be indicative of a sepsis reaction.

An interview on 7/28/22 at 4:25 PM with the Regional Director of Clinical Services revealed that her expectation was that there would be communication between the pharmacy and the facility. The Regional Director of Clinical Services further stated that she expected that the nursing staff are to be notified of all calls from the pharmacy. She also indicated that her expectation was that all medications ordered by the physician would be readily available and if not, the physician would be notified as soon as possible.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345507	A. BUILDING _____ B. WING _____	C 07/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MYRTLE GROVE	**5725 CAROLINA BEACH ROAD 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