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E 000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 3/20/23 through 3/23/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #NMTE11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 3/20/23 through 3/23/23. Event ID# NMTE11. The following intakes were investigated: NC00193902, NC00186946, NC00199343, NC00192929, NC00192910, NC00191753, NC00188099 and NC00187717. 18 of the 18 complaint allegations did not result in deficiency.	F 000		
F 756 SS=E	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical	F 756		4/10/23

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

Electronically Signed | 04/06/2023

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F 756	Continued From page 1 director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on staff and consultant pharmacist interviews and record reviews, the facility's consultant pharmacist failed to conduct a review of each resident's drug regimen at least once a month for 4 of 5 residents reviewed for unnecessary medications (Resident #16, #34, #11 and #10). The findings included: 1. Resident #16 was admitted to the facility on 11/17/21. Her cumulative diagnoses included adult failure to thrive, major depressive disorder and anxiety disorder. Resident #16's electronic medical record (EMR) included the reviews of the resident's drug regimen (known as Medication Regimen Reviews or MRRs) completed by the facility's consultant	F 756	1. Pharmacy Consultant reviewed resident #16 on 11/11/2022, #34 on 11/11/2022, #11 on 11/10/2022, and #10 on 11/21/2022 after missed consultant review with no new concerns. 2. Residents that reside in the facility have the potential to be affected by this deficient practice. 3. Administrator re-educated Pharmacy Consultant on 04/06/2023 regarding F-756 Drug Regimen Review to ensure the consultant pharmacist conducts a review of each resident's drug regimens at least once a month for unnecessary medications. Pharmacist recommendations reviewed on 04/06/2023 for the last three months by the Director of Nursing and/or designee to ensure that the consultant pharmacist	

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F 756	Continued From page 2 pharmacist from April 2022 through March 2023. Review of the resident's EMR revealed the pharmacist did not document an MRR was completed for Resident #16 during the month of October 2022. A telephone interview was conducted on 3/22/23 at 4:00 PM with the facility's consultant pharmacist. During the interview, an inquiry was made regarding the missing documentation for several residents' MRRs (including Resident #16's) from October of 2022. The pharmacist confirmed she failed to conduct October 2022 MRRs due to a "severe pharmacy staff shortage in [the pharmacy] department." The pharmacist stated the failure to conduct the monthly MRRs in October 2022 was reported to the facility's Administrator, Director of Nursing (DON), and Medical Director in a monthly Quality Assurance (QA) meeting held during the first week of November 2022. The consultant pharmacist reported she was only able to complete an initial MRR for newly admitted and re-admitted residents at the facility during the month of October 2022. An interview was conducted on 3/23/23 at 12:40 PM with the facility's Director of Nurses (DON). During the interview, concern regarding failure of the facility's consultant pharmacist to conduct an MRR during October 2022 for residents was discussed. The DON reported she had not been aware of the October 2022 MRRs not being completed for all residents. She stated she would have wanted to know ahead of time if completing the monthly MRRs were a problem so she could have requested assistance from the facility's contracted pharmacy to complete the missing MRRs.	F 756	conducted a review of each resident's drug regimens at least once a month for unnecessary medications. 4. An audit of Pharmacist recommendations of all residents that reside in the facility will be conducted by the Director of Nursing and/or Designee every month for 6 months to ensure that the consultant pharmacist conducted a review of each resident's drug regimens at least once a month for unnecessary medications. Results of audit will be brought to monthly Quality Assurance Performance Improvement (QAPI) meetings for review and revisions as necessary.	

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An interview was conducted on 3/23/23 at 1:05 PM with the facility's Administrator. During the interview, the Administrator reported the DON had shared the concern regarding the failure to conduct residents' MRRs during the month of October 2022. The Administrator reported their consultant pharmacist did not notify the facility there were difficulties with completing the medication reviews for October until November 2022. At that time, it was too late to remedy the situation. The Administrator reported if they had known completion of the MRRs was going to be a problem in October, they could have made alternative arrangements to get the reviews done by another pharmacist.

2. Resident #34 was admitted to the facility on 3/23/19. Her cumulative diagnoses included dementia with agitation, depression, hypothyroidism (an underactive thyroid gland) and hypertension (high blood pressure).

Resident #34's electronic medical record (EMR) included the reviews of the resident's drug regimen (known as Medication Regimen Reviews or MRRs) completed by the facility's consultant pharmacist from April 2022 through March 2023. Review of the resident's EMR revealed the pharmacist did not document an MRR was completed for Resident #34 during the month of October 2022.

A telephone interview was conducted on 3/22/23 at 4:00 PM with the facility's consultant pharmacist. During the interview, an inquiry was made regarding the missing documentation for several residents' MRRs (including Resident #34's) from October of 2022. The pharmacist

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confirmed she failed to conduct October 2022 MRRs due to a "severe pharmacy staff shortage in [the pharmacy] department." The pharmacist stated the failure to conduct the monthly MRRs in October 2022 was reported to the facility's Administrator, Director of Nursing (DON), and Medical Director in a monthly Quality Assurance (QA) meeting held during the first week of November 2022. The consultant pharmacist reported she was only able to complete an initial MRR for newly admitted and re-admitted residents at the facility during the month of October 2022.

An interview was conducted on 3/23/23 at 12:40 PM with the facility's Director of Nurses (DON). During the interview, concern regarding failure of the facility's consultant pharmacist to conduct an MRR during October 2022 for residents was discussed. The DON reported she had not been aware of the October 2022 MRRs not being completed for all residents. She stated she would have wanted to know ahead of time if completing the monthly MRRs were a problem so she could have requested assistance from the facility's contracted pharmacy to complete the missing MRRs.

An interview was conducted on 3/23/23 at 1:05 PM with the facility's Administrator. During the interview, the Administrator reported the DON had shared the concern regarding the failure to conduct residents' MRRs during the month of October 2022. The Administrator reported their consultant pharmacist did not notify the facility there were difficulties with completing the medication reviews for October until November 2022. At that time, it was too late to remedy the situation. The Administrator reported if they had

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known completion of the MRRs was going to be a problem in October, they could have made alternative arrangements to get the reviews done by another pharmacist.

3.Resident #11 was admitted to the facility on 6/27/17. Her cumulative diagnoses included, bipolar depressive disorder and anxiety disorder.

Resident #11's electronic medical record (EMR) included the reviews of the resident's drug regimen (known as Medication Regimen Reviews or MRRs) completed by the facility's consultant pharmacist from April 2022 through March 2023. Review of the resident's EMR revealed the pharmacist did not document an MRR was completed for Resident #11 during the month of October 2022.

A telephone interview was conducted on 3/22/23 at 4:00 PM with the facility's consultant pharmacist. During the interview, an inquiry was made regarding the missing documentation for several residents' MRRs (including Resident #11's) from October of 2022. The pharmacist confirmed she failed to conduct October 2022 MRRs due to a "severe pharmacy staff shortage in [the pharmacy] department." The pharmacist stated the failure to conduct the monthly MRRs in October 2022 was reported to the facility's Administrator, Director of Nursing (DON), and Medical Director in a monthly Quality Assurance (QA) meeting held during the first week of November 2022. The consultant pharmacist reported she was only able to complete an initial MRR for newly admitted and re-admitted residents at the facility during the month of October 2022.

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An interview was conducted on 3/23/23 at 12:40 PM with the facility's Director of Nurses (DON). During the interview, concern regarding failure of the facility's consultant pharmacist to conduct an MRR during October 2022 for residents was discussed. The DON reported she had not been aware of the October 2022 MRRs not being completed for all residents. She stated she would have wanted to know ahead of time if completing the monthly MRRs were a problem so she could have requested assistance from the facility's contracted pharmacy to complete the missing MRRs.

An interview was conducted on 3/23/23 at 1:05 PM with the facility's Administrator. During the interview, the Administrator reported the DON had shared the concern regarding the failure to conduct residents' MRRs during the month of October 2022. The Administrator reported their consultant pharmacist did not notify the facility there were difficulties with completing the medication reviews for October until November 2022. At that time, it was too late to remedy the situation. The Administrator reported if they had known completion of the MRRs was going to be a problem in October, they could have made alternative arrangements to get the reviews done by another pharmacist.

4. Resident #10 was admitted to the facility on 7/6/22. His cumulative diagnoses included Parkinson's disease, seizure disorder, anxiety disorder, depression, bipolar, and schizophrenia.

Resident #10's electronic medical record (EMR) included the reviews of the resident's drug regimen (known as Medication Regimen Reviews or MRRs) completed by the facility's consultant

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pharmacist from July 2022 through March 2023. Review of the resident's EMR revealed the pharmacist did not document an MRR was completed for Resident #10 during the month of October 2022.

A telephone interview was conducted on 3/22/23 at 4:00 PM with the facility's consultant pharmacist. During the interview, an inquiry was made regarding the missing documentation for several residents' MRRs (including Resident #16's) from October of 2022. The pharmacist confirmed she failed to conduct October 2022 MRRs due to a "severe pharmacy staff shortage in [the pharmacy] department." The pharmacist stated the failure to conduct the monthly MRRs in October 2022 was reported to the facility's Administrator, Director of Nursing (DON), and Medical Director in a monthly Quality Assurance (QA) meeting held during the first week of November 2022. The consultant pharmacist reported she was only able to complete an initial MRR for newly admitted and re-admitted residents at the facility during the month of October 2022.

An interview was conducted on 3/23/23 at 12:40 PM with the facility's Director of Nurses (DON). During the interview, concern regarding failure of the facility's consultant pharmacist to conduct an MRR during October 2022 for residents was discussed. The DON reported she had not been aware of the October 2022 MRRs not being completed for all residents. She stated she would have wanted to know ahead of time if completing the monthly MRRs were a problem so she could have requested assistance from the facility's contracted pharmacy to complete the missing MRRs.

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F 756	Continued From page 8 An interview was conducted on 3/23/23 at 1:05 PM with the facility's Administrator. During the interview, the Administrator reported the DON had shared the concern regarding the failure to conduct residents' MRRs during the month of October 2022. The Administrator reported their consultant pharmacist did not notify the facility there were difficulties with completing the medication reviews for October until November 2022. At that time, it was too late to remedy the situation. The Administrator reported if they had known completion of the MRRs was going to be a problem in October, they could have made alternative arrangements to get the reviews done by another pharmacist.	F 756		
F 810 SS=D	Assistive Devices - Eating Equipment/Utensils CFR(s): 483.60(g) §483.60(g) Assistive devices The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to provide an adaptive eating utensil in accordance with the resident's care plan for 1 of 1 resident (Resident #9) requiring adaptive equipment at mealtime. The findings included: Resident #9 was admitted to the facility on 6/24/14. His cumulative diagnoses included dysphagia (difficulty swallowing) and left	F 810	1. Adaptive eating utensil provided to resident #9 immediately in accordance with resident's plan of care. 2. Residents that have physician's orders for adaptive eating utensils in the facility have the potential to be affected by this deficient practice. 3. Clinical Staff including licensed nurses and Certified Nursing Assistants re-educated 04/06/2023 by Clinical Educator regarding F810- Assistive	4/10/23

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F 810	Continued From page 9 hemiparesis (mild or partial weakness or loss of strength on one side of the body). The resident's current diet order indicated he was on a pureed diet with mildly thick liquids. Resident #9's most recent Minimum Data Set (MDS) was a quarterly assessment dated 3/2/23. The resident was reported as being sometimes understood and sometimes understanding others. He had moderately impaired cognition. The MDS indicated Resident #9 required supervision only for eating. A review of the resident's current care plan included an area of focus related to nutrition (initiated 8/30/16). The planned interventions included, in part: Built up handled spoon for all meals and a divided plate (updated on 3/6/23). Resident #9's care plan also included an area of focus related to his impaired Activities of Daily Living (ADLs) function due to his diagnoses (updated 3/6/23). The planned interventions included, in part: 2- handled cup with lid. An observation was conducted on 3/20/23 at 12:47 PM as Resident #9 was eating his noon meal. The resident's meal consisted of pureed foods served on a divided plate and a beverage in a 2-handled cup with lid. The only eating utensil observed on the meal tray was a plastic spoon. Resident #9 appeared to have some difficulty eating the pureed foods with the plastic spoon as evidenced by a significant amount of pureed food observed to have been spilled onto his clothing protector. A second observation was conducted on 3/21/23 at 12:30 PM of Resident #9 as he fed himself his	F 810	Devices to ensure the facility is providing adaptive eating utensils in accordance with resident's physician's orders and resident's plan of care. Audit conducted on 04/06/2023 by Director of Nursing and/or Designee on all residents in facility that have physician orders for adaptive eating utensils to ensure the facility is providing adaptive eating utensils in accordance with resident's care plan. 4. Director of Nursing and/or Designee to conduct an audit of all residents with physician's orders for adaptive eating utensils once a week for 8 weeks to ensure the adaptive eating utensils are provided on resident's meal trays for each meal in accordance with resident's physician's orders and resident's plan of care. Results of audit will be brought to monthly Quality Assurance Performance Improvement (QAPI) meetings for review and revisions as necessary.	

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noon meal. The resident had his meal served on a divided plate and beverage in a 2-handled cup with lid. However, the only eating utensil observed on the meal tray was a plastic spoon. An interview was attempted with the resident on 3/21/23 at 12:30 PM with only yes/no questions asked. When Resident #9 was asked if it was hard for him to eat with a plastic spoon, he nodded his head to indicate "yes." He was then asked if it was easier for him to use a spoon with a larger handle (a built-up handled spoon). The resident responded by nodding his head to indicate "yes."

An interview was conducted on 3/21/23 at 12:50 PM with Nurse #4. Nurse #4 was the hall nurse assigned to care for Resident #9 on 1st shift. During the interview, inquiry was made as to whether Resident #9 typically received a built-up handled spoon (an adaptive utensil) with his meals. The nurse stated she thought he did. Accompanied by the nurse, an observation was made of the resident's meal tray placed on his bedside tray table in front of him. Nurse #4 confirmed the only utensil on Resident #9's meal tray was a plastic spoon.

An interview was conducted on 3/21/23 at 12:55 PM with Nurse #1. Nurse #1 was identified as the Nurse Manager for Resident #9's hallway. During the interview, Nurse #1 was asked whether the resident typically received a built-up handled spoon instead of a plastic spoon with his meals. The nurse stated she would need to check on the built-up handled spoon for Resident #9.

An observation was conducted on 3/22/23 at 9:00 AM of the resident. The resident was observed to

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have finished eating breakfast with his intake estimated to be 75 - 100 percent (%) of the meal. A built up handled spoon was placed on his meal tray. The spoon had apparently been used during the meal as it was observed to have food particles remaining on it. At that time, Resident #9 was asked if the built-up handled spoon was easier for him to use. The resident nodded to indicate "yes."

An interview was conducted on 3/22/23 at 11:12 AM with the facility's Registered Dietitian (RD). During the interview, concerns regarding Resident #9's difficulty using a plastic spoon to eat his pureed food at mealtime was discussed. Upon review of his electronic medical records, the RD reported use of a built up handled spoon was initiated for Resident #9 on 4/23/21. The RD confirmed the resident's meal ticket (placed on his tray at mealtime) indicated a sectional plate and 2-handled cup with lid needed to be sent with his meals. However, there was no notation on the meal ticket to indicate the resident needed to have a built-up handled spoon. The RD reported she would add the built-up handled spoon to the resident's meal ticket to ensure it would be sent on each of his meal trays.

An interview was conducted on 3/23/23 at 12:40 PM with the facility's Director of Nursing (DON). During the interview, the DON reported she was aware of the concern identified when Resident #9 did not have his built-up handled spoon at mealtime. She confirmed the resident had used a built-up handled spoon for quite a long time and was unsure how long he had gone without it. The DON stated she understood this concern was brought to the staff's attention on 3/21/23 and that the built-up handled spoon was provided for

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNC ROCKINGHAM REHAB & NURSING CARE CENTER	**205 EAST KINGS HIGHWAY EDEN, NC 27288**

(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 810	Continued From page 12 Resident #9 to use at his next meal.	F 810		