STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345371	A. BUILDING ______ B. WING ______	C 11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-TRENT	**836 HOSPITAL DRIVE NEW BERN, NC 28560**

(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 on 11/16/23. Event ID# TTY811. The following intake was investigated NC00209682. One of the 4 complaint allegations resulted in deficiency.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755		11/30/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 11/21/2023

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F 755	Continued From page 1 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on record review, staff and Nurse Practitioner, and Pharmacist interviews, the facility failed to obtain a pain medication from the pharmacy for 1 of 1 resident (Resident #1) reviewed for medications. Findings included: Resident #1 was admitted to the facility on 11/05/20 with diagnoses which included Diabetes Mellitus and dementia. Nurse Practitioner (NP) order dated 8/29/23 read Dilaudid (hydromorphone) (an opioid pain medication) 2 milligram (mg) tablet every 4 hours for terminal pain. The start date was 8/29/23. The order was discontinued 10/26/23 and the end date was 10/26/23. Review of the October 2023 Medication Administration Record (MAR) revealed the Dilaudid 2 mg tablet was documented as not administered as follows: - 10/19/23 2:00 AM - Not Administered: Drug/Item Unavailable - 10/19/23 6:00 AM - Not Administered: Drug/Item Unavailable - 10/25/23 6:00 AM - Not Administered: Drug/Item Unavailable Further review of the October 2023 MAR revealed no order for Dilaudid liquid until October 26, 2023.	F 755	Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. a. The Liquid medication Dilaudid was removed from the medication cart on 11/16/23 by the Charge Nurse to prevent this practice from re- occurring. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. a. On 11/16/2023 The Director of Health Services and Nurse Managers reviewed all medication carts to ensure any discontinued medication was removed and medications ordered have been received. Upon review 1 of 105 residents had discontinued medications removed on 11/16/2023. 3. Measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. a. All Licensed Nurses where assigned A Review of the Six Rights of Medication on Relias (external training site) on 11/21/23, this education will be completed by 11/29/23, any Licensed Nurse who has not completed the education by 11/29/23	

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F 755	Continued From page 2 The Controlled Drug Record date received 8/10/23 for Resident #1's Hydromorphone liquid 1 mg/milliliter (ml) revealed Nurse #1 signed out 3 ml on 10/19/23 at 2:00 AM and 10/19/23 at 6:00 AM. There was no dose signed for 10/25/23 at 6:00 AM. An interview on 11/1623 at 12:14 PM with Nurse #1 revealed the facility had run out of Resident #1's Dilaudid 2 mg tablets and she had given him Dilaudid liquid instead. She stated she had done this on 10/19/23 for both his 2:00 AM and 6:00 AM doses and again on 10/25/23 at 6:00 AM. She stated she put a paper notice in the NP's box to notify her about the medication form change. She was unable to explain why she gave Dilaudid 3 mg dose instead of the ordered 2 mg dose. She was unable to explain why she had not signed on the Controlled Drug Record for the 10/25/23 6:00 AM dose. An interview on 11/16/23 at 2:38 PM with the NP revealed she remembered being notified of the Dilaudid form change. She stated that Resident #1 had previously been on Dilaudid 3 mg dose in August 2023 and felt the resident had no adverse effects from the dose given. An interview on 11/16/23 at 3:01 PM with the Pharmacist revealed that a new prescription for Resident #1's Dilaudid 2 mg tablet had been requested on 10/19/23 and received at the pharmacy on 11/01/23.	F 755	will be removed from the schedule until the education has been completed. This education has been added to the general orientation for all newly hired Licensed Nurses. b. On 11/21/2023 the Director of Health Services and/or Nurse Mangers began educating the Licensed Nurses on removing all discontinued medication from the medication cart at the time of discontinuation. The medication is to be written up for destruction and placed in a sealed container that requires a key (from the pharmacist) to remove the medications. Narcotic medication is to be removed from the cart by the charge nurse and locked in a cabinet that only one nurse has the key. This education will be completed by 11/29/23, any Licensed Nurse who has not completed the education by 11/29/23 will be removed from the schedule until the education has been completed. This education has been added to the general orientation for all newly hired Licensed Nurses. c. The Director of Health Services and/ or Unit Managers began education on 11/21/2023 regarding contacting the physician / physician extender if a medication is not available for the resident. This education included validating the ordered medication was available and if medication was not received from the pharmacy to contact the pharmacy for estimated time of delivery and obtain medications from the back up pharmacy, if medication is unavailable	

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F 755	Continued From page 3	F 755	contact the physician for an alternative medication. This education will be completed by 11/29/23, any Licensed Nurse who has not completed the education by 11/29/23 will be removed from the schedule until the education has been completed. This education has been added to the general orientation for all newly hired Licensed Nurses. d. The Director of Health Services and/or Unit Managers will conduct a review of all discontinued medication orders and validate they have been removed from the cart and placed in appropriate destruction containers. This will occur daily for 5 days, then twice a week for four weeks then weekly thereafter until 3 months of sustained compliance is maintained, then quarterly. e. The Director of Health Services and/or Unit Managers/Charge nurse will review the medication administration record of 10 residents five times per week for four weeks then weekly for four weeks then monthly thereafter to validate the medications are available for the resident and/or the pharmacy was notified for medication delivery from the backup pharmacy and/or physician / physician extender was notified if medication were unavailable for alternative medications as needed. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.	

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F 755	Continued From page 4	F 755	a. The Director of Health Services will present the findings of the physician discontinuation orders with the validation that the medication has been removed from the medication cart to the Quality Assurance and Performance Committee monthly for review and revision as needed. b. The Director of Health Services will present the findings of the medication administration review indicating any medication unavailability with pharmacy notification and physician/physician extender notification, to the Quality Assurance and Performance Committee monthly for review and revision as needed. 5. Date of Compliance 11/30/23	