

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

PRINTED: 07/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 An onsite complaint investigation survey was conducted 6/5/24 through 6/6/24. Additional information was obtained offsite on 6/7/24. Therefore, the exit date was changed to 6/7/24. Event ID# QFU11. The following intakes were investigated: NC00210358, NC000210739, NC000211458, and NC000217603. Two of the eight complaint allegations resulted in deficiencies.	F 000			
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on record review and interviews with residents, staff, and physician, the facility failed to protect residents' rights to be free from misappropriation of controlled medications for 1 of 1 resident (Resident #4) reviewed for misappropriation of residents' property. The findings included: The facility's Abuse, Neglect, or Misappropriation of Resident property policy, last revised in February 2024, revealed in part the facility would ensure all residents to remain free from abuse or misappropriation of their property.	F 602	Past noncompliance: no plan of correction required.		

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

TITLE

(X6) DATE

Electronically Signed

06/24/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 07/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	<p>Continued From page 1</p> <p>A review of the physician's order dated 11/22/23 revealed Resident #4 had an order to receive 1 tablet of oxycodone (a semi-synthetic narcotic analgesic for pain) 5 milligrams (mg) by mouth once daily in the morning for knee pain.</p> <p>A review of the medication administration records (MARs) revealed Resident #4 had received 1 tablet of oxycodone 5 mg once daily as ordered throughout the month of November 2023.</p> <p>The initial allegation report dated 11/27/23 revealed the facility became aware of the misappropriation of residents' property on 11/27/23 at 7:00 PM when Resident #4's oxycodone and its controlled medication count sheet could not be found in the medication cart. All medication carts were audited to locate the missing card of oxycodone. All residents were assessed for pain and alert and oriented residents were interviewed for concerns with pain medication administration.</p> <p>A review of the 5-day investigation report dated 12/04/23 revealed on 11/27/23, a blister card contained 24 tablets of oxycodone 5 mg and the controlled medication count sheet for Resident #4 were allegedly removed by Nurse #2. All nursing staff worked with the medication cart in the past 24 hours except Nurse #2 were interviewed and indicated that they did not remove any controlled medication sheet from the medication cart in that time frame. Nurse #2 who worked with the medication cart on the day the prescription numbers were written as being removed from the shift count controlled medication sheet did not return the calls. Several attempts to call Nurse #2 went unanswered. Further investigation by reviewing the camera footage revealed Nurse #2</p>	F 602			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	<p>Continued From page 2</p> <p>was seen removing items from the medication cart during her shift on 11/26/23. The allegation of diversion of Residents' drugs was substantiated and Nurse #2 was terminated on 11/27/23.</p> <p>A review of the controlled medication count sheet for medication cart in C-halls indicated Medication Aide (MA) #1 had removed 2 medication cards from the controlled medication compartment during her shift on 11/26/23 with 36 cards remaining in the medication cart. However, further review of the handwriting and signature revealed they were inconsistent with MA #1's other handwriting documented in the controlled medication count sheets.</p> <p>An interview was conducted with the Medical Director on 06/05/24 at 5:01 PM. He stated he was made aware of the alleged drug diversion incident on the same day in November 2023. He added the affected resident (Resident #4) was assessed immediately without any adverse consequences noted. The missing pain medication was obtained from the Pyxis without any delays. He indicated all the missing medications were replaced and paid for by the facility later.</p> <p>During an interview conducted on 06/05/24 at 5:15 PM, Resident #4 stated she was notified of the alleged drug diversion on 11/27/23 and received oxycodone as ordered in a timely manner in that morning. The facility reordered and paid for the missing oxycodone. She did not have problems getting her pain medication as ordered in a timely manner so far.</p> <p>An interview was conducted with Unit Manager (UM) #1 on 06/05/24 at 5:35 PM. She recalled the</p>	F 602			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	<p>Continued From page 3</p> <p>former Director of Nursing (DON) called her on 11/27/23 morning to assist the investigation related to the alleged drug diversion. After she and the former DON audited all the pertinent pharmacy packing slips, MARs, prescription order tracking records, controlled medication return sheets, and comparing controlled medications in all the medication carts, they concluded that a total of 24 tablets of oxycodone 5 mg for Resident #4 were missing and Resident #4 was the only resident affected by this incident. She assisted the former DON assessing and interviewing residents for potential pain or concerns with medication administration. She did not find any issues for all the residents she handled that day.</p> <p>During a phone interview conducted on 06/05/24 at 6:35 PM, Nurse #1 stated she started her shift on 11/27/23 morning by counting the controlled medications in the double-locked compartment of medication cart with Nurse #2 and found that the quantity of controlled medication sheets and the number of blister card of controlled medications were matched. When she attempted to administer Resident #4's oxycodone around 9 AM, she found that the oxycodone was not in the cart. She could not find the oxycodone even though she had double-checked the entire medication cart. She called the DON and obtained instruction to retrieve 1 tablet of oxycodone 5 mg from the Pyxis. As she thought nurses who worked in the previous week did not re-order oxycodone for Resident #4, she called the pharmacy to reorder and was told that it was too early. When she called MA#1 who worked with the medication cart a day before, MA #1 confirmed a card of at least 20 tablets of oxycodone 5 mg for Resident #4 was in the medication cart when she worked. Then, he</p>	F 602			

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

PRINTED: 07/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	<p>Continued From page 4</p> <p>called the former DON and was told to recheck her medication cart again and check other medication carts if needed. She recalled she re-checked her entire medication cart again 3 more times and other medication carts at least once without having any success. When she checked the controlled medication count sheet in the narcotic book, she found that the count sheet for Resident #4's oxycodone 5 mg was missing. After she notified the former DON that she could not find the oxycodone and the controlled medication count sheet as well, the former DON told her that she would come to the facility to start the investigation.</p> <p>An interview was conducted with MA #1 on 06/06/24 at 10:19 AM. She recalled Nurse #2 relief her on 11/26/23 around 7:00 PM. When she counted the controlled medications in the medication cart for C-halls with Nurse #2, she recalled Nurse #2 asking her why there were 38 cards in the controlled medication compartment. She explained that the diabetic kit that was stored in the double-locked compartment was also counted as one item. Then both staff signed the controlled medication count sheet, and she handed over the medication cart key to Nurse #2. She did not recall signing out any controlled medications from the medication cart for C-halls that shift. The next day the former DON called her and wanted to know if she had signed out any card from the controlled medication compartment. She denied signing any cards that shift. Later, she found that the handwriting and signature documented in the controlled medication count sheet on 11/26/23 were not written by her. The former DON requested her to write a statement related to this incident.</p>	F 602			

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

PRINTED: 07/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	<p>Continued From page 5</p> <p>During a phone interview with Nurse #2 on 06/06/24 at 10:43 AM, she denied any involvement in the alleged drug diversion that occurred in November last year. She added the North Carolina Board of Nursing had cleared up the allegation and refused to provide any additional information.</p> <p>A phone interview was conducted with the former DON on 06/06/24 at 10:48 AM. She recalled Nurse #1 called her on 11/27/23 morning reporting problems locating Resident #4's oxycodone. When Nurse #1 called the pharmacy to reorder, she was told that the facility had just received 30 pills of oxycodone 5 mg about 2 weeks ago. She instructed Nurse #1 to check the entire medication cart as Nurse #2 who had worked the prior shift was an agency nurse, and she could have placed the oxycodone in the wrong compartment. When Nurse #1 called again to notify her that she was still unable to find the oxycodone, she told Nurse #1 to get the oxycodone 5 mg from Pyxis and then search all other medication carts with assistance from UM #1. Investigation revealed Nurse #2 had faked MA #1's signature signing out 2 cards. When she audited the pharmacy packing slips, MARs, controlled medication return sheets, prescription numbers, and the compared with the controlled medication in the medication cart, she found that Nurse #2 had taken 24 tablets of oxycodone 5 mg and its controlled medication count sheet at the same time. In addition, when she rolled back the video footage, she observed Nurse #2 took items from the medication cart covered with her clothing and walked out of the building. She interviewed all the nurses who worked 24 hours prior to the incident except Nurse #2 who would not answer or return the calls. She reported the</p>	F 602			

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

PRINTED: 07/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	<p>Continued From page 6</p> <p>incident to the Department of Health and Human Services (DHHS), law enforcement agent, North Carolina Board of Nursing, and the Adult Protective Services. In addition, the Medical Director, Resident #4, and her family were all notified. The missing oxycodone was reordered and paid for by the facility. All residents were assessed, and alert and oriented residents were interviewed for possible harm. In-service related to narcotic accountability and process was conducted to all the current employees, agency staff, and new hired. She audited at least one medication cart and 5 residents once weekly for 4 weeks and then monthly for 2 months. The audit report was presented to the weekly Quality Assurance Performance Improvement (QAPI) meeting for 3 months. After the incident, she did not recall having any additional incident related to controlled medication discrepancies or drug diversion.</p> <p>The facility provided the following corrective action plan with a completion date of 12/02/23:</p> <p>Corrective action for resident(s) affected by the alleged deficient practice:</p> <p>On 11/27/2023 Nurse #1 notified Director of Nursing that a card of oxycodone 5 milligrams (mg) tablets was missing that were prescribed for Resident #4. Nurse #1 assessed Resident #4 for pain and retrieved Resident #4's 9 am scheduled dose of oxycodone 5 mg from facility Pyxis to administer to Resident #4. The Director of Nursing initiated investigation and began to search for the oxycodone 5 mg medication card with Resident #4's name on the card. The Director of Nursing was unable to locate the narcotic card of Resident #4. Director of Nursing</p>	F 602			

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

PRINTED: 07/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	Continued From page 7 assessed Resident #4 for pain, no issues with pain were noted and she notified Medical Director of alleged narcotic diversion and to request new prescription for oxycodone 5 mg for Resident #4 be sent to pharmacy. Director of Nursing notified the Pharmacy that the facility was not able to locate the narcotic card for Resident #4 and she notified the pharmacy that Medical Director would be sending them a new prescription for oxycodone 5 mg to be filled and sent out with regular delivery on evening of 11/27/2023. Per pharmacy, 30 tablets of oxycodone 5 mg were last delivered on 11/13/2023. The Director of Nursing was able to determine approximately 24 of 30 tablets were missing of oxycodone 5 mg for Resident #4. The Director of Nursing made pharmacy aware to charge medication to the facility. On 11/27/2023, 90 tablets of oxycodone 5 mg were delivered to the facility for Resident #4. On 11/27/2023 at 6:45 pm the Administrator notified the Police Department and Adult Protective Services of alleged narcotic diversion and filed a report. On 11/27/2023 the facility self-reported with a 24-hour/5-day to the North Carolina Department of Health and Human Services of alleged diversion pertaining to Resident #4. Director of Nursing called Nurse #2 who had worked the 7 pm -7 am shift on 11/26/2023 to ask Nurse #2 to come into facility to submit to a drug screen and provide a statement. The Director of Nursing was unable to reach Nurse #2. She reached out to the Staffing Agency to inform them of the alleged drug diversion incident and instruct them to attempt to reach out to Nurse #2 regarding diversion and informed them of Nurse #2 suspension pending investigation. Nurse #2 did not work on or after 11/27/2023 and was deemed a do not return agency employee. On 11/29/2023, the	F 602			

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

PRINTED: 07/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	<p>Continued From page 8</p> <p>Administrator completed the North Carolina Board of Nursing Complaint Evaluation Tool and submitted a complaint to the North Carolina Board of Nursing for Nurse #2.</p> <p>Corrective action for residents with the potential to be affected by the alleged deficient practice .</p> <p>On 11/27/2023 the Director of Nursing identified residents that were potentially impacted by this practice by completing interviews with residents with a Brief Interview for Mental Status (BIMS) score of 13 or higher and completed a pain assessment for residents with BIMS of 12 or less on all current residents. All narcotics were audited on all medication carts for discrepancies. This was completed on 11/29/2023. The results included: No other residents affected by this deficient practice. All narcotics accounted for on all medication carts. On 11/28/ 2023, incident reviewed with Quality Assurance Team to discuss investigation finding. Findings were medications unable to be accounted for only one resident (Resident #4). No other residents were affected by the alleged deficient practice. Resident #4 did not miss any medications and was not affected by the alleged deficient practice. Facility to monitor 5 residents for narcotic counts weekly for 4 weeks and monthly for 2 months with ongoing education.</p> <p>Measures/Systemic changes to prevent reoccurrence of alleged deficient practice:</p> <p>On 11/27/2023, the Director of Nursing began in-servicing for all full-time, part-time and PRN (as needed) registered nurses, licensed practical nurses, and medication aides including agency nursing staff on the Narcotic Process policy. This training included: Misappropriation of Resident</p>	F 602			

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

PRINTED: 07/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	<p>Continued From page 9</p> <p>Property and the Narcotic Process Policy. The Narcotic Process policy includes ordering, receipt, storage and record keeping of narcotics, this policy also includes systems to assist with prevention and recognition of diversion and what to do once diversion is suspected and corrective actions to take.</p> <p>As of 11/29/2023, 15% of staff members have not attended the in-service. The Director of Nursing will ensure that any of the above-identified staff who did not complete the in-service training by 11/30/2023 will not be allowed to work until the training is completed. This training will be included in the new hire orientation for any newly hired staff.</p> <p>Monitoring Procedure to ensure that the plan of correction is effective, and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements.</p> <p>Beginning 12/1/2023, The Director of Nursing or designee began monitoring the controlled substance process using the QA Tool for Controlled Substances Process. This was completed weekly for 4 weeks then monthly for 2 months. Reports were presented to the weekly Quality Assurance Performance Improvement (QAPI) Committee by the Administrator or Director of Nursing to ensure corrective action initiated as appropriate.</p> <p>Compliance will be monitored, and an ongoing auditing program will be reviewed at the Quality Assurance Performance Improvement Weekly Meeting. The weekly QAPI Meeting was attended by the Administrator, Director of Nursing, Unit Managers, Minimal Data Set Coordinator,</p>	F 602			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	<p>Continued From page 10</p> <p>Therapy Manager, Health Information Manager, and the Dietary Manager.</p> <p>Date of Compliance: 12/02/2023</p> <p>The facility's corrective action plan with a correction date of 12/02/23 was validated onsite on 06/06/24 by record review, observations, and interviews with nursing staff, DON, and the Administrator.</p> <p>Medication Administration observations were conducted from 06/05/24 through 06/06/24 and it consisted of 28 medications, 4 different residents, and 4 different Nurses. Controlled medication was pulled from the double-locked compartment in the medication cart during the medication pass observation. The nurse documented the retrieval of controlled medication in the controlled medication count sheet properly. Random samples of 3 controlled medications were pulled from each medication cart to verify accuracy and the controlled medication counts were consistent with the records in the count sheets.</p> <p>An observation was conducted during a shift transition. The arriving and the departing nurses started the process by counting the total number of blister cards containing controlled medication in the double-locked compartment to verify the total number of controlled medications in the count sheet. Then, they counted each blister card of controlled medication to ensure the quantity listed in the count sheet was consistent with the actual counts. The departing nurse read out the number of pills for each blister card from the controlled medication count sheets and the arriving nurse pulled the blister card to verify the quantity. After all the counts were completed</p>	F 602			

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

PRINTED: 07/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	<p>Continued From page 11</p> <p>without any discrepancies, the arriving nurse signed the controlled medication count sheet before the departing nurse passed the medication cart key to her.</p> <p>The nursing staff confirmed during the interviews that they had received in-service training related to "Abuse, neglect, misappropriation, reporting, code of ethics, and diversion" and "The Control Substance Process". They were assigned to review the handouts for the in-service prior to the training. The training was conducted in-person by DON, and it included multiple examples and scenarios.</p> <p>A review of the in-service log revealed a total of 56 nursing staff had completed the training and signed in the in-service records. The training was completed on 11/30/23.</p> <p>A review of the audit records revealed 5 residents receiving controlled medications were randomly audited by the DON or designee once per week for 4 weeks by comparing controlled medication count sheets, MAR, and the controlled medication return sheets. At least one medication cart was randomly audited by the DON or designee once per week for 4 weeks to ensure all controlled medication counts were conducted properly and the count sheets were documented accordingly. In addition, the DON and designee had conducted pain assessments and interviews with 5 residents who receiving pain medication once weekly for 4 weeks to ensure all the pains were addressed and the facility was free of drug diversion. The DON presented the findings of the audit tools to the Quality Assurance Performance Improvement Committee (QAPI) for 3 months.</p>	F 602			

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

PRINTED: 07/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2024
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 602	Continued From page 12 Interview with the Administrator and DON revealed the former DON started the in-service related to controlled medication process and accountability immediately after the incident to re-educate all the licensed nurses and medication aides. The Administrator stated the interventions were successful as the facility did not have any similar drug diversion issues since then. The compliance date of 12/02/23 was validated.	F 602		