DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES					RM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES	_			OMB N	<u>O. 0938-0391</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í				E SURVEY IPLETED
		345389	B. WING			04	C 4/06/2018
NAME OF PI	ROVIDER OR SUPPLIER			;	STREET ADDRESS, CITY, STATE, ZIP CODE		
	RELS OF FOREST GLEN	N			1101 HARTWELL STREET		
				(	GARNER, NC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
TAG F 756 SS=D	Drug Regimen Review CFR(s): 483.45(c)(1)( §483.45(c) Drug Regi §483.45(c)(1) The dru must be reviewed at I licensed pharmacist. §483.45(c)(2) This re- of the resident's media §483.45(c)(4) The ph irregularities to the att facility's medical direct and these reports mu (i) Irregularities included drug that meets the c (d) of this section for a (ii) Any irregularities re- during this review mu separate, written report attending physician a director and director of minimum, the resident and the irregularity th (iii) The attending phy resident's medical reco irregularity has been taken be no change in the re-	w, Report Irregular, Act On (2)(4)(5) imen Review. ug regimen of each resident east once a month by a view must include a review cal chart. armacist must report any tending physician and the ctor and director of nursing, st be acted upon. de, but are not limited to, any riteria set forth in paragraph an unnecessary drug. noted by the pharmacist st be documented on a bort that is sent to the nd the facility's medical of nursing and lists, at a at's name, the relevant drug, e pharmacist identified. vsician must document in the cord that the identified reviewed and what, if any, n to address it. If there is to medication, the attending		756	DEFICIENCY)	PRIATE	5/4/18
	the resident's medica §483.45(c)(5) The fac maintain policies and drug regimen review limited to, time frames the process and steps when he or she identi requires urgent action	cility must develop and procedures for the monthly that include, but are not s for the different steps in s the pharmacist must take ifies an irregularity that n to protect the resident.					
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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

TITLE

04/25/2018

PRINTED: 05/08/2018

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.

**Electronically Signed** 

CENTER	S FOR MEDICARE &	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 05/08/2018 FORM APPROVED OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		(X3) DATE SURVEY COMPLETED C
		345389	B. WING		04/06/2018
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE	
THE LAUF	RELS OF FOREST GLEN	N		101 HARTWELL STREET GARNER, NC 27529	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 756	by: Based on record revi pharmacist, pharmaci interviews, the consul identify and report an omission of an antipla medication that decre and inhibits blood clot for 1 of 3 residents (R unnecessary medicat The findings included Resident #1 was adm hospital on 1/29/18. diagnoses included d insertion of a drug-elu coronary artery due to stent is a small mesh to keep it open. A dru coating over the mesh time to help keep the back. A review of the reside medications. Each of a hand-written check discharge medication (mg) prasugrel (an an given as one tablet by A review of Resident	is not met as evidenced ews and consultant y, physician and staff tant pharmacist failed to irregularity related to the atelet medication (a asses platelet aggregation t formation) upon admission tesident #1) reviewed for ions. : : itted to the facility from a The resident ' s cumulative iabetes and a history of uding stent into the right o coronary artery disease. A tube inserted into an artery g-eluding stent has a in that releases a drug over blockage from coming ent ' s hospital discharge 1/29/18 included 19 if the medications listed had mark next to it. The s included 10 milligrams tiplatelet medication) to be	F 756	<ul> <li>F756 Drug Regimen Review</li> <li>Resident #1 was assessed by UM #1 upon admission to the facility on 1/29/UM #1 inputted Resident #1 □s medica into the EMR. 18 of 19 transcribed over the EMR. Director of Nursing noticed medication omission on 3/18/18 and notified the physician, pharmacy, and family of the medication error. The physician started Resident #1 back or medication, since they were back at the baseline. Hospital notes were obtained that reflect there was no significant had done to Resident #1.</li> <li>Corrective Action</li> <li>All medication review procedures have been examined by the Director of Pharmacy and the Director of Pharmacy and the Director of Pharmacy and the Director of where such as MARs, discharge summaries, etc. All process and procedures have been reviewed with the consultant pharmacist and will be executed thoroughly moving forward.</li> <li>Corrective Action for those having the potential to be affected</li> <li>All residents have the potential to be affected by this alleged deficient pract</li> </ul>	ation er to the heir d rm e
	in the facility 's admis However, prasugrel w	edication list were included asion orders for this resident. vas not included in the listing ed for Resident #1 upon his		All licensed staff have been in-service the facility s medication input policy b the Assistant Director of Nursing (prn/weekend staff will be in-serviced	

Facility ID: 923173

If continuation sheet Page 2 of 12

		MEDICAID SERVICES				NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	· · · ·	ATE SURVEY MPLETED
			A. BUILDING			С
		345389	B. WING			04/06/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		04/00/2018
				1101 HARTWELL STREET		
THE LAUF	RELS OF FOREST GLEN	Ν		GARNER, NC 27529		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG	(	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETION DATE
F 756	Continued From page	e 2	F 75	6		
	admission to the facili			before working next shift) on (	05-01-2018.	
				Director of Nursing will in-serv		
	Further review of Res	sident #1 ' s electronic		of Pharmacy on the facility s		
	medical record includ			input policy on 05-01-2018. A		
		ation Record (MAR). This		medications will be reviewed I		
		grel was not listed as an		pharmacist to ensure all resid		
	ordered medication.			medications are correctly bein	-	
	A review of Desident	#1 La admission Minimum		by the physician, and have be		
	Data Set (MDS) asse	#1 's admission Minimum		entered into the EMR by 05-0	4-2018.	
		t had intact cognitive skills		Systemic Changes		
		king. The resident required		Systemic Changes		
	-	m staff for his Activities of		The Assistant Director of Nurs	sina will	
	Daily Living (ADLs), v			educate all licensed nurses, fu	-	
		for walking in room/corridor		part-time, (prn/weekend staff		
	and locomotion on/of			in-serviced before working ne		
	independent with eati	-		the facility⊡s medication input -01-2018.		
	A review of the reside					
		nt pharmacist 's medication		Monitoring		
	•	2/22/18. The pharmacist '		The Director of Nursee and/a	r hor purce	
	problems and/or irreg	tion regimen reviewed for		The Director of Nurses, and/o managers, will perform five (5		
	problems and/or meg	ງບາດເພຣາ.		each week for (3) three month		
	A review of Resident	#1 ' s Februarv 2018		all admitting resident s media		
		aled prasugrel was not listed		double-checked with the disch		
		ation. The MAR did not		summary from the discharging	•	
		tation to indicate prasugrel		with the transcribed EMR for a		
		the resident during the		pharmacy representative will a		
	month.			the all admissions that the cor	-	
				pharmacist reviews (1) once r	•	
	-	y's Transfer/Discharge		(3) three months, to ensure al		
		8) for Resident #1 included a		medications are correctly bein	•	
	-	's current medications. The		by the physician, and have be		
		rasugrel was to be taken as		entered into the EMR. Quality		
	artery disease with a	one time a day for coronary		Committee meeting for any fu recommendations. The Admir		
	מונכוץ עושכמשב אונון מ	Start Vale UL 1/30/10.		be responsible to ensure any		
		sident #1 ' s electronic		recommendations are carried		

Facility ID: 923173

If continuation sheet Page 3 of 12

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 05/08/2018 / APPROVED ). 0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345389	B. WING _					C 06/2018
NAME OF PI	ROVIDER OR SUPPLIER		-	ST	TREET ADDRESS, CITY, STATE, ZIP CODE		-	
THE LAUF	RELS OF FOREST GLEN	N			I01 HARTWELL STREET ARNER, NC 27529			
		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORREC			(¥5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(	(EACH CORRECTIVE ACTION SHC CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE		(X5) COMPLETION DATE
F 756	Continued From page	23	F 7	56				
		aled 10 mg prasugrel was						
		ent on 3/18/18 with directions						
		mouth in the evening. The mented as given once each						
		/19/18. A review of the						
		18 electronic MAR revealed						
	prasugrel was not list and was not documer	ed as an ordered medication						
		lent #1 prior to 3/18/18.						
	Resident #1 was disc	harged from the facility on						
		ith home health services.						
		ducted on 4/5/18 at 2:39 PM						
	-	. Unit Manager #1 was						
		e who input Resident #1 ' s orders into his electronic						
		n inquiry, the Unit Manager						
	described the process	0						
		n orders for new residents.						
		pital discharge medication when the physician was						
		s admission orders. She						
		next to a medication on the						
	hospital discharge me s order was received	ed list indicated a physician '						
		resident 's admission to the						
		sician 's admission orders						
		nit Manager reported she						
	She stated, "I would h	cations into the computer.						
		e it 's checked (on the						
	hospital discharge me	edication list). Why it 's not						
	there (on the MAR an cannot tell you."	d the physician orders), l						
	-	was conducted on 4/5/18 at						
		sentative from the facility ' s . Upon inquiry, the pharmacy						

DEPARTMENT OF HEALTH AND CENTERS FOR MEDICARE & ME					FORM	APPROVED 0. 0938-0391
	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
	345389	B. WING _				C 106/2018
NAME OF PROVIDER OR SUPPLIER		•	ST	REET ADDRESS, CITY, STATE, ZIP CODE	·	
THE LAURELS OF FOREST GLENN				01 HARTWELL STREET ARNER, NC 27529		
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
<ul> <li>with the facility 's Direct The DON recalled a que s prasugrel was brough attention a couple of da from the facility. The Due investigated the situation although an electronica for prasugrel was sent th Resident #1 was admitt appear on the resident 'the physician 's orders' record.</li> <li>A telephone interview we 4:30 PM with the facility During the interview, the 's prasugrel (from 1/29) ordered by the physicia inquiry, the pharmacist sure the medication ord with the hospital discha he reviewed the medica The pharmacist reporte computer system where was filled by the pharma he stated no recommen noted during his 2/22/18 medications. He stated omission of prasugrel),</li> </ul>	0 mg prasugrel were #1 one time only on ucted on 4/5/18 at 3:35 PM ctor of Nursing (DON). estion about Resident #1 ' in to Unit Manager #2 's ays prior to his discharge ON reported the facility on. She found out that ally transmitted prescription to the pharmacy after ted, prasugrel did not 's electronic MAR or on listed in his medical vas conducted on 4/5/18 at y 's consultant pharmacist. e omission of Resident #1 /18 to 3/17/18) as initially an was discussed. Upon reported he tried to make ders at the facility matched arge medication list when al record of a new resident. ed he could see in his e Resident #1 's prasugrel acy on 1/29/18. However, ndations or concerns were 8 review of Resident #1 's d, "If I didn 't catch it (the that 's on me."	F	756			

Facility ID: 923173

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		ND HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 05/08/201 RM APPROVE IO. 0938-039
TATEMENT C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	```	PLE CONSTRUCTION G	(X3) DAT	E SURVEY IPLETED
		345389	B. WING		0,	C 4/06/2018
NAME OF PF	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	DE	
	ELS OF FOREST GLEN	N		1101 HARTWELL STREET		
				GARNER, NC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETIOI DATE
F 756	Continued From page	e 5	F 7	56		
		re entered into the computer				
	system for a new resi	ident. The Unit Manager				
	•	e hospital discharge records				
	in the resident 's pap Records scanned the	em into the computer system.				
		anager #1 reported these				
	records remained ava	ailable for review at all times.				
	A follow-up interview	was conducted on 4/6/18 at				
	-	DN. During the interview, the				
	DON was asked what	t her expectation was in				
	-	tant pharmacist 's role in				
		Igrel for Resident #1. The uld have recognized there				
	was a problem."					
		/ was conducted on 4/6/18 at ysician who cared for				
	Resident #1 during hi	is stay at the facility. Upon				
		stated he recalled Resident				
		n error that occurred with the during his stay at the facility.				
		ed when the resident was				
		rasugrel, he was back to his				
		no harm was done to the rence of this medication				
	•	ow significant he felt this				
		ian stated, "This type of thing				
		ny case." The physician ne didn ' t have an incident."				
F 760 SS=E	Residents are Free o CFR(s): 483.45(f)(2)	f Significant Med Errors	F 76	60		5/4/18
	The facility must ensu §483.45(f)(2) Resident	ure that its- nts are free of any significant				
	medication errors.					
	This REQUIREMENT	is not met as evidenced				
	by:					

Facility ID: 923173

If continuation sheet Page 6 of 12

F DEFICIENCIES					
CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	LE CONSTRUCTION	· · · ·	TE SURVEY MPLETED
		A. BUILDING	i		
	245290	B WING			С
	345369				4/06/2018
OVIDER OR SUPPLIER				DE	
ELS OF FOREST GLEN	N				
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(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
Continued From page	96	F 76	0		
			-	Significant	
			Med Errors.	e.g.m.com	
			Resident #1 was assessed b	y UM #1	
decreases platelet ag	gregation and inhibits blood				
			UM #1 inputted Resident #1'	s medication	
			into the EMR. 18 of 19 medic	ations	
#1) reviewed for unner	ecessary medications.				
The findings included	:				
D	10 10 0 C 111 C				
	-				
-	-		-		
-					
			significant narm done to res		
	-		Corrective Action		
	•		All medication review proced	ures have	
back.					
				•	
A review of the reside	nt ' s hospital discharge				
medications. Each of	the medications listed had				
a hand-written check	mark next to it. The				
discharge medication	s included 10 milligrams		-		
given as one tablet by	/ mouth once daily.				
				amined	
			moving forward.		
				aving the	
-			potential to be affected		
			All regidents have the natest	ial ta ha	
aumission to the facili	uy.				
Further review of Rea	ident #1 's electronic				
	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L Continued From page Based on record revi pharmacist, pharmacy interviews, the facility antiplatelet medication decreases platelet ag clot formation) in acco s admission orders fo #1) reviewed for unner The findings included Resident #1 was adm hospital on 1/29/18. T diagnoses included di insertion of a drug-elu coronary artery due to stent is a small mesh to keep it open. A dru coating over the mesh time to help keep the back. A review of the reside medication list dated medications. Each of a hand-written check discharge medication (mg) prasugrel (an an given as one tablet by A review of Resident F record revealed 18 of hospital discharge medications in the facility ' s admis However, prasugrel w of medications ordere admission to the facili	ELS OF FOREST GLENN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 Based on record reviews and consultant pharmacist, pharmacy, physician and staff interviews, the facility failed to administer an antiplatelet medication (a medication that decreases platelet aggregation and inhibits blood clot formation) in accordance with the physician ' s admission orders for 1 of 3 residents (Resident #1) reviewed for unnecessary medications. The findings included: Resident #1 was admitted to the facility from a hospital on 1/29/18. The resident ' s cumulative diagnoses included diabetes and a history of insertion of a drug-eluding stent into the right coronary artery due to coronary artery disease. A stent is a small mesh tube inserted into an artery to keep it open. A drug-eluding stent has a coating over the mesh that releases a drug over time to help keep the blockage from coming	DVIDER OR SUPPLIER           ELS OF FOREST GLENN           SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)           Continued From page 6           Based on record reviews and consultant pharmacist, pharmacy, physician and staff interviews, the facility failed to administer an antiplatelet medication (a medication that decreases platelet aggregation and inhibits blood clot formation) in accordance with the physician ' s admission orders for 1 of 3 residents (Resident #1) reviewed for unnecessary medications.           The findings included:           Resident #1 was admitted to the facility from a hospital on 1/29/18. The resident 's cumulative diagnoses included diabetes and a history of insertion of a drug-eluding stent into the right coronary artery due to coronary artery disease. A stent is a small mesh tube inserted into an artery to keep it open. A drug-eluding stent has a coating over the mesh that releases a drug over time to help keep the blockage from coming back.           A review of the resident 's hospital discharge medications. Each of the medications listed had a hand-written check mark next to it. The discharge medications included 10 milligrams (mg) prasugrel (an antiplatelet medication) to be given as one tablet by mouth once daily.           A review of Resident #1 's electronic medical record revealed 18 of the 19 medications on the hospital discharge medication list were included in the facility 's admission orders for this resident. However, prasugrel was not included in the listing of medications ordered for Resident #1 upon his admission to the facility.	DYNDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP COL           ELS OF FOREST GLENN         ID         HARTWELL STREET           GARNER, NC 27529         ID         IPARTWELL STREET           GARNER, NC 27529         IPARTWELL STREET         GARNER, NC 27529           Continued From page 6         F 760         F760 Residents are Free of Med Errors.           Based on record reviews and consultant pharmacy, physician and staff interviews, the facility failed to administer an antiplatelet medication (a medication hat decreases platelet aggregation and inhibits blood clot formation) in accordance with the physician 's admission orders for 1 of 3 residents (Resident #1) reviewed for unnecessary medications.         F 760           The findings included:         S178/18 and notified the physician started back on the medication, in cordance with the physician started back on the medication, iso astent is a small mesh tube inserted into an artery to keep i topen. A drug-eluding stent has a coating over the mesh that releases a drug over time to help keep the blockage from coming back.         A review of the resident 's hospital discharge medications included 10 milligrams (mg) prasugrel (an antiplatelet medication) to be given as one table by mouth once daily.         Corrective Action for those har antiplatelet medication is resident. However, rasurgel was not included in the listing of medications ordere for Resident #1 upon his admission to the facility.	Divider on surplier         STREET ADDRESS, CITY, STATE, 2P CODE           SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)         ID PREFIX         PROVIDER'S PLAN OF CORRECTIVE ACTOR SHOULD BE CONSERCETE ADDRESS, CITY, STATE, 2P CODE           Continued From page 6         PROFINENCE TO THE APPROPRIATE DEFICENCY)         PROFINENCE TO THE APPROPRIATE DEFICENCY)           Continued From page 6         F760         F760 Residents are Free of Significant Medicatons, the facility failed to administer an antiplatelet aggregation and inhibits blood clof formation) in accordance with the physician ' s admission orders for 1 of 3 residents (Resident #1) reviewed for unnecessary medications.         F760           The findings included:         F780         Resident #1 was assessed by UM #1 upon admission to the facility on 1/29/18. UM #1 inputted Resident #1 s medication into the EMR. 18 of 19 medications intanscribed over to the EMR. Director of Nursing noticed medication omission on 3/18/18 and notified the physician, pharmacy, and family of the medication, since they were back at their baseline. Hospital notes were obtained that reflect there was no significant harm done to Resident #1.           Corrective Action         All medication review procedures have been examined by the Director of Nursing, Assistant Director of Nursing, As

Facility ID: 923173

STATEMENT (	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	· /		COMPLETED
		0.45000			С
	ROVIDER OR SUPPLIER	345389	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	04/06/2018
NAME OF P	ROVIDER OR SUPPLIER			1101 HARTWELL STREET	
THE LAUF	RELS OF FOREST GLEN	N		GARNER, NC 27529	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETIO
F 760	Continued From page	27	F 760		
	medical record includ Medication Administra			resident's medications on MAR had double-checked with the medical re by the administrative nurses to ens accuracy by 05/03/2018.	ecord
		#1 ' s admission Minimum		Systemic Changes	
Data Set (MDS) assess indicated the resident ha for daily decision making limited assistance from s Daily Living (ADLs), with		ssment dated 2/5/18 t had intact cognitive skills king. The resident required m staff for his Activities of vith the exception of for walking in room/corridor f the unit. He was		The Assistant Director of Nursing v educate all licensed nurses, full-tim part-time, on the facility's medication admission policy (prn/weekend state be in-serviced before working next on 05-01-2018.	ne and on ff will
Ar ele as inc wa mo Ar Re list	as an ordered medica include any document was administered to to month. A review of the facility Report (dated 3/16/18 listing of the resident list indicated 10 mg p	<ul> <li>#1 ' s February 2018</li> <li>aled prasugrel was not listed ation. The MAR did not tation to indicate prasugrel the resident during the</li> <li>/ ' s Transfer/Discharge</li> <li>8) for Resident #1 included a</li> <li>' s current medications. The rasugrel was to be taken as one time a day for coronary</li> </ul>		Monitoring The Director of Nurses, and/or her managers, will perform five (5) and each week for (3) three months, to all admitting resident's medications double-checked with the discharge summary from the discharging hos with the transcribed EMR for accur Quality Assurance Committee mee any further recommendations. The Administrator will be responsible to ensure any further recommendatio	lits ensure s are pital racy. eting for
	physician orders reverse ordered for the resident to give one tablet by a medication was docu day on 3/18/18 and 3 resident 's March 20 prasugrel was not list and was not document	sident #1 ' s electronic ealed 10 mg prasugrel was ent on 3/18/18 with directions mouth in the evening. The mented as given once each /19/18. A review of the 18 electronic MAR revealed ed as an ordered medication		carried out.	

Facility ID: 923173

If continuation sheet Page 8 of 12

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORI	M APPROVED D. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		345389	B. WING				C / <b>06/2018</b>
NAME OF P	ROVIDER OR SUPPLIER	L			STREET ADDRESS, CITY, STATE, ZIP CODE		
THE LAUF	RELS OF FOREST GLEN	Ν			1101 HARTWELL STREET GARNER, NC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 760	Continued From page	8	F	760	0		
	Resident #1 was discharged from the facility on 3/20/18 to go home with home health services.						
	with Unit Manager #1 identified as the nurse admission medication medical record. Upon described the process transcribing admissio She reported the hos list was usually used called for a resident ' stated a check mark n hospital discharge me s order was received medication upon the n facility. After the phys were received, the Un would input the medic She stated, "I would h (prasugrel) in becaus hospital discharge me	n orders for new residents. pital discharge medication when the physician was s admission orders. She next to a medication on the ed list indicated a physician ' to continue with that resident ' s admission to the sician ' s admission orders nit Manager reported she cations into the computer.					
	with Unit Manager #2 that when she was ge Resident #1 from the discharge summary w medications. When sl called the pharmacy a on the medication list during his stay at the reported the pharmace answer as to how this	ducted on 4/5/18 at 3:04 PM . Unit Manager #2 reported etting ready to discharge facility, she printed a vith a list of his current he saw the prasugrel, she and asked why it printed out but not on the monthly MAR facility. The Unit Manager cy did not give her a clear s had happened. She stated ian and informed him the					

	-	ID HUMAN SERVICES MEDICAID SERVICES			FORM	APPROVED 0. 0938-0391	
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345389	B. WING				C 106/2018
NAME OF PI	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
THE LAUF	RELS OF FOREST GLEN	Ν			1101 HARTWELL STREET GARNER, NC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETION DATE
F 760	during his stay at the reported the physician resident and to initiate a medication error rep also noted that when he did not have any e medication error. A telephone interview 3:20 PM with a repres contracted pharmacy, reported 15 tablets of dispensed for Reside 1/29/18. There was r tablets were returned discharge from the fac An interview was con- with the facility 's Diro The DON recalled a c s prasugrel was broug attention a couple of o from the facility. She contacted the physician medication in accorda order. The DON state had a card with medic Resident #1 without to on the electronic MAF facility investigated th that an electronically prasugrel was sent to Resident #1 was adm clear why prasugrel d resident 's electronic orders listed in his me stated she talked with	ived the prasugrel thus far facility. Unit Manager #2 in told her to assess the e the prasugrel. She stated bort was completed. She she assessed the resident, evident effects from the exident effects from the sentative from the facility 's . Upon inquiry, the pharmacy i 10 mg prasugrel were nt #1 one time only on ho record of how many to the pharmacy upon his cility. ducted on 4/5/18 at 3:35 PM ector of Nursing (DON). question about Resident #1 ' ght to Unit Manager #2 's days prior to his discharge stated the Unit Manager an and initiated the ance with the physician 's ed that basically the facility cation (prasugrel) for he medication showing up R. The DON reported the te situation. She found out transmitted prescription for the pharmacy after nitted. However, it was not	F	760			

Facility ID: 923173

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	-	D HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391	
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED	
		345389	B. WING				C / <b>06/2018</b>	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
THE LAUF	RELS OF FOREST GLEN	Ν			1101 HARTWELL STREET GARNER, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 760	occurred. The DON r in-service education v instructing nurses to o received from the pha corresponding order of the DON was asked in Assurance (QAA) act implemented to ensur- stated, "I haven 't as did not do that." The double checked new orders during their clin further inquiry, the DO check" was already in #1 was admitted to the check on admission of omission of prasugrel A telephone interview 4:30 PM with the facil During the interview, 's prasugrel (from 1/2 ordered by the physic pharmacist stated, "If (containing the medic questioned, 'why do asked how significant omission of an antipla prasugrel from Reside medications, the phan A follow-up interview 1 8:15 AM with the DON DON confirmed 10 of dispensed by the pha 1/29/18 were left on the	ight as to why this had reported she has done with the nursing staff question any medication armacy without a or listing on the MAR. When f a Quality Assessment and ivity or monitoring had been re this did not reoccur, she far as an actual audit tool, DON reported the facility residents ' admission nical meetings. Upon DN confirmed this "double or place at the time Resident e facility. This second orders did not identify the ordered for Resident #1. Twas conducted on 4/5/18 at ity ' s consultant pharmacist. the omission of Resident #1 29/18 to 3/17/18) as initially ian was discussed. The they got the card ation), they should have I have this card? ' " When he would consider the atelet medication such as ent #1 ' s admission macist stated, "Well, very." was conducted on 4/6/18 at N. During the interview, the the 15 prasugrel tablets rmacy for Resident #1 on he medication card when harged from the facility on	F	760				

Facility ID: 923173

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	MENT OF HEALTH AN	ID HUMAN SERVICES					FORM	): 05/08/2018 / APPROVED ). 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· <i>`</i>		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		345389	B. WING					C 06/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, 2	ZIP CODE		
THE LAU	RELS OF FOREST GLEN	Ν			101 HARTWELL STREET GARNER, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE CROSS-REFERENCED			(X5) COMPLETION DATE
F 760	tablet was administer acknowledged three to been accounted for our A second follow-up in 4/6/18 at 11:00 AM with interview, the DON with expectation was in re- ordered for Resident in DON stated her expe- card of meds and the unsure about it and it (electronic MAR), the and notify her there 's also reported she would fix the problem. A telephone interview 11:19 AM with the phy Resident #1 during hit inquiry, the physician #1 and the medication resident 's prasugref The physician reporter started back on the phy baseline. He stated re resident by the occurre error. When asked here error was, the physician should not occur in an	the prasugrel was lent #1 on 3/18/18 and one ed on 3/19/18. The DON ablets of prasugrel had not in the electronic MARs. terview was conducted on ith the DON. During the as asked what her gards to the prasugrel #1 upon admission. The ctation was, "If there is a y ' re (the nurses are) ' s not on the eMAR y would call the supervisor s a problem." The DON uld expect the nurse to try to	F	760				

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