STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345409	A. BUILDING _____ B. WING _____	C 05/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEMBROKE CENTER	310 E WARDELL DRIVE PEMBROKE, NC 28372

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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation, Event ID N9NX11.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to document the correct PASRR Level II determination for 2 of 2 residents (Resident #10 and #44) and failed to document the correct discharge destination for 1 of 3 residents (Resident #55) whose Minimum Data Set (MDS) assessments were reviewed. 1. Resident #10 was readmitted to the facility on 02/22/18 with diagnoses that included respiratory failure, dependence on ventilator, tracheostomy, dementia, schizophrenia, catatonic disorder due to known physiological condition, major depression, and extrapyramidal and movement disorder. Review of the Admission MDS assessment for Resident #10 dated 03/01/18 documented that Resident #10 had severely impaired cognition, never or rarely understood, and was totally dependent on staff for all care. The assessment did not reflect a PASRR Level II determination status. Review of the North Carolina Department of Health and Human Services, Division of Medical Assistance Level II Evaluation Report dated	F 641	1. Modifications were made to the Minimum Data Set for Resident#10, Resident #44,on 05/03/2018. The modification for Resident# 55 included changing A1500. 1510 and A2100 were modified to reflect the correction to Discharge location coding and PASRR levels. 2. Clinical Reimbursement Coordinators (CRC) completed 100% audit on 5/9/2018 of Minimum Data Set for last 90 days 2/20/2018- 5/1/2018 for those residents who discharged from facility and the destination. No other residents were identified with incorrect coding. Clinical Reimbursement Coordinator conducted a 100% audit of resident with PASRR level II on 5/3/2018 Residents identified with incorrect PASRR levels were modified on 5/3/2018 by the Clinical Reimbursement Coordinator conducted a 100% audit of all residents PASRR for accuracy. 3. Regional Clinical Reimbursement Coordinator provided re-education to the Clinical Reimbursement Coordinator and	5/16/18

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

Electronically Signed | 05/18/2018

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F 641	Continued From page 1 02/19/18 determined that Resident #10 had a PASRR Level II determination, #2018050347B. Resident #44 was admitted to the facility on 07/20/17 with diagnosis that included anxiety, major depression, bipolar disorder, and end stage renal failure requiring hemodialysis. Physician orders included Elavil, Celexa, Xanax, and hemodialysis 3 times a week. Review of the quarterly MDS assessment for Resident #44 dated 04/10/18 did not reflect a PASRR Level II determination status. Review of the North Carolina Department of Health and Human Services, Division of Medical Assistance Level II Evaluation Report dated 02/09/18 determined that Resident #44 had a PASRR Level II determination, #2018040273B. In an interview with the Social Worker on 05/03/18 at 10:05 AM she said that Level II PASRR information was communicated in the morning meeting and in the daily clinical meeting. She said every resident who had a diagnosis or who were on psychotropic medications were referred to the state on admission for PASRR review and evaluation. She said she did not complete Section A of the MDS and did not know why Resident #10 and Resident #44 had not been coded correctly with a PASRR Level II determination. In an interview with the MDS nurse on 05/03/18 at 10:10 AM she stated that Section A of the last assessment for Resident #10 was completed by herself. She stated on review of the assessment that she had not indicated in the assessment that Resident #10 had a PASRR level II determination.	F 641	the interdisciplinary team. including CED, ADON, Social Worker, Register Dietitian, Activities Director, on 5/10/2018 on coding MDS section A1200 coding and coding PASRR A1500, A1510. The Reimbursement Coordinator and the interdisciplinary team, including ADON, Activity Director, Social Worker, Register Dietitian will review Minimum Data Set for accuracy prior to transmission each week on 100% of residents for 2 weeks, then 50% of residents for 2 weeks, then 25% of residents for 2 weeks and 10% of residents quarterly thereafter. 4. The center Clinical Reimbursement Coordinator will present the results of the audit for accuracy for the entire Minimum Data Set that was completed prior to submission monthly to the Performance Improvement meeting for 3 months then quarterly.	

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She reported that Section A of the last assessment completed for Resident #44 had been done by the facility MDS Nurse Consultant who had not coded the assessment correctly to reflect that Resident #44 had a PASRR Level II determination. She stated that MDS was told by the admissions department or the social work department when a resident had a PASRR Level II determination. She said the communication took place in the morning stand up meeting or at the daily clinical meeting. She stated that she did not know how these determinations got missed and would complete modified assessments for both showing that the Resident #10 and #44 had Level II PASRR determinations.

In an interview with the Administrator on 05/03/18 at 10:20 am she reported that if a resident had a PASRR level II determination she expected the MDS to be coded accordingly.

2. Resident #55 was admitted to the facility on 03/11/18. The resident's documented diagnoses included diabetes, peripheral vascular disease, and atrial fibrillation.

The resident's 03/18/18 admission minimum data set (MDS) documented his cognition was moderately impaired, he exhibited behaviors not of a verbal and physical nature which were not directed toward others, he rejected care, he required extensive assistance from staff with bed mobility/dressing/toileting/hygiene/transfers, he was dependent on staff for bathing, he was always continent of bowel and bladder, his weight was stable, he had no pressure ulcers, and active discharge planning was already occurring for the resident to return to the community.

On 03/21/18 "Resident/patient has potential for

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discharge, or is expected to be discharged related to admission for skilled short-term stay" was identified as a problem in the resident's care plan. Interventions for this problem included, "Evaluate discharge planning needs taking into consideration care plans, resident/patient goals, cognitive skills, functional mobility and need for assistive devices. Make referrals to community-based agencies, providers, and services communicating the residents/patients needs and barriers to care."

A 03/29/18 Social Services Assessment: Discharge Assessment documented, "Entered from acute hospital. Resident d/c (discharged) home today. Resident will be followed by (name of home health agency). Resident d/c home with home health eval(uation) and therapy eval(uation). Resident d/c home with hardscripts. Resident was transported from facility to home by family. Resident has equipment at home from previous stay." This assessment was signed by the facility's Social Worker on 03/30/18.

A 03/30/18 12:30 PM progress note documented, "Resident discharged from facility to home via w/c (wheelchair)....Accompanied by (family member designation). Received all scheduled meds. Also received discharge (prescriptions) and directions. No distress or complaints voiced. Verbalized was ready to go home."

Resident #55's 03/30/18 Discharge Return Not Anticipated MDS assessment documented the resident had a planned discharge on 03/30/18, was admitted to the facility from an acute hospital on 03/11/18, and the resident's 03/30/18 discharge destination was an acute care hospital.

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F 641	Continued From page 4 On 05/03/18 at 12:05 PM the MDS Coordinator stated she received verbal notification from the facility's social worker when a resident was going to be discharged. She reported the social worker provided her with the date and destination. She commented when residents were discharged to the hospital she completed a return anticipated assessment, and when they went home she completed a return not anticipated assessment. She stated resident discharge dates and destinations were discussed in daily morning stand-up meetings and in weekly utilization management (UM) meetings. According to the MDS Coordinator, she remembered discussion about Resident #55 going home from the stand-up meeting, and had also talked to the resident on the hall on the day he was getting ready to be discharged home. She reported documenting that the resident's discharge destination was the "hospital" was a data entry error. She commented she should have documented the resident's discharge destination as "home". On 05/03/18 at 12:11 PM the Assistant Director of Nursing (and Acting Director of Nursing) stated her expectation was that MDS information be entered correctly before being submitted. She reported the MDS Coordinator should have checked the accuracy of her assessment before transmitting it.	F 641		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the	F 761		5/16/18

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F 761	Continued From page 5 appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to store medications at recommended temperatures for 1 of 2 medication refrigerators. Findings included: Review of the Pembroke refrigerator Medication Room Record for April 2018 showed 12 of 30 recorded temperatures below 36 degrees Fahrenheit (F.). Review of the United States Food and Drug Administration literature revealed "According to the product labels from all three U.S. insulin manufacturers, it is recommended that insulin be	F 761	1. Pharmacy and Medical Director were called Medication were removed from refrigerator and destroyed per policy on 5/1/2018. All destroyed medications were re-ordered from Pharmacy at facility cost. Pharmacist and Medical Director Recommended refrigerator be check every shift for to ensure temperatures are consistent. 2.All resident have the ability to be affected by this deficient practice 3. All Nurses were in-serviced on medication storage policy and procedure. Consultant Pharmacist was notified of	

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F 761	Continued From page 6 stored in a refrigerator at approximately 36°F to 46°F. Avoid freezing the insulin. Do not use insulin that has been frozen. Review of the Prolia Storage Temperatures showed Prolia should be, "stored at 35-46 degrees", and to "not freeze". Review of the Promethazine Storage Temperatures showed Promethazine should be, "stored at 35-46 degrees", and to "not freeze". Review of the undated Medication and Vaccine Refrigerator/Freezer Temperatures Storage Policy revealed, "Refrigerators and freezers used to store medications and vaccines will operate within acceptable temperature range and will be checked twice a day for proper temperatures. The acceptable refrigerator temperature range for medication and vacccine storage is 36 F. to 46 F." In an observation on 05/01/18 at 4:17 PM the thermometer in the Long Hall medication refrigerator read 28 degrees F. The medication refrigerator contained multiple Lantus, injectable pens, multiple vials of different insulins (Novolog, Lantus, and Humalog), a vial of Prolia, and multiple Promethazine rectal suppositories. In a telephone interview on 05/01/18 at 5:21 PM the Facility's Consultant Pharmacist explained to the Administrator and the Assistant Director of Nursing (ADON) that the April/2018 Long Hall medication refrigerator temperatures should have been kept between 36 degrees F. and 46 degrees F., and if it was not, the medications stored in it needed to be replaced.	F 761	temperature noted at time of findings. A new temperature log was created, temperatures will be checked every shift x 4 weeks and then twice daily. Temperatures logs will monitored by DON or her designee daily x 2 weeks and then monthly. 4. The DON will present the results of the audits for completed and temperature compliance to the Performance Improvement meeting for 3 months and then quarterly.	

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F 761	Continued From page 7	F 761		

In an interview and observation on 05/02/18 at 10:30 AM with the ADON revealed the Long Hall medication refrigerator temperature was 28 degree F. The ADON confirmed the refrigerator temperature should have been between 36 degrees F. and 46 degrees F., and was not. The ADON also stated that 12 of the Long Hall medication refrigerator temperatures from April 1 through April 30 were all reading from 26 degree F. to 34 degrees F. The ADON stated it was the responsibility of the 11-7 nurses to record the medication refrigerator temperatures. The ADON stated if temperature registered below 36 degree F. or above 46 degree F., for staff to immediately notify maintenance department or Administrator, notify manager, and to retake temperature in 1 hour. And if temperature (after 1 hour) registers below 36 degree F. or above 46 degree F., to initiate product removal/relocation procedure, which was not done.

In an interview on 05/02/18 at 10:35 AM with Nurse #1 stated the April/2018 Long Hall medication refrigerator temperatures should have been kept between 36 degrees F. and 46 degrees F., and was not. The nurse stated it was the responsibility of the 11-7 nurses to record the medication refrigerator temperatures. The nurse the nurses who signed off on 12 of the 30 days on the Long Hall medication refrigerator temperature log from April 1 through April 30 (which read from 26 degree F. to 34 degrees F.) failed to follow the facility's policy to immediately notify maintenance department, notify their manager, and to retake the temperature in 1 hour.

In an interview on 05/2/18 at 10:40 AM the Assistant Director of Nursing (ADON) stated the

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F 761	Continued From page 8 April/2018 Long Hall medication refrigerator temperatures should have been kept consistently between 36 degrees F. and 46 degrees F., and was not. In a telephone interview on 05/2/18 at 11:00 AM the Corporate Consultant Pharmacist stated she had been in contact with the Administrator and ADON today and reviewed with her the Long Hall medication refrigerator April 2018 temperatures as well as reviewed the medications that were stored in the refrigerator. She indicated she told the ADON that 32 degrees was considered freezing. She indicated medications should be kept between 36-46 degrees. The Consultant Pharmacist stated medications that had been frozen should not be used. The Consultant Pharmacist stated: that all medications stored in the Long Hall medication refrigerator were discarded and replaced. The Consultant Pharmacist stated she was not aware of any Adverse Drug Reactions (ADRs) as a result of the Long Hall refrigerator temperatures for April 2018 not being within 36 degrees F. and 46 degrees F. In an interview on 05/2/18 at 11:15 AM the Administrator stated the April/2018 Long Hall medication refrigerator temperatures should have been kept consistently between 36 degrees F. and 46 degrees F., and was not.	F 761		