

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

PRINTED: 02/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/17/2019
NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2778 COUNTRY CLUB DRIVE HAMPSTEAD, NC 28443		
(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 755 SS=D	<p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§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.</p> <p>§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.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§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</p> <p>§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 observations, staff interviews and record review, the facility failed to acquire and administer a physician ordered antianxiety medication for one of three residents sampled</p>	F 755	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 01/17/2019 survey. It does not constitute an agreement or	2/9/19	

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

TITLE

(X6) DATE

Electronically Signed

02/05/2019

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.

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F 755	Continued From page 1 (Resident #1). Findings included: A review of the medical record revealed Resident #1 was admitted 1/1/2019 for Respite Care. Resident #1's diagnoses included Chronic Obstructive Pulmonary Disease, Anxiety, history of falling, Depression and oxygen dependence. The medical record indicated Resident #1 was receiving Hospice services. A review of the admission orders revealed Resident #1 was ordered Lorazepam, an anti-anxiety medication. This medication was to be taken on a schedule of four times daily and the scheduled time was on the Medication Administration Record (MAR). A review of the MAR revealed Resident #1's anti-anxiety medication was ordered to be given at 9 AM, 1 PM, 5 PM and 9 PM, beginning 1/1/2019. A review of the progress notes revealed a note on 1/1/2019 at 11:35 AM stating Resident #1 did not arrive until 11 AM. The MAR was reviewed for anti-anxiety medication administration on 1/1/2019 and revealed Resident #1 did not get the 1 PM, 5 PM, 9 PM doses, nor did Resident #1 get the 9 AM dose on 1/2/2019. A review of a progress note, dated 1/1/2019 was written by the admitting nurse and revealed there was an order for the anti-anxiety medication but indicated the medication was not available. The admitting nurse was unable to be interviewed during the survey. The Director of Nursing (DON) was interviewed on 1/16/2019 at 10:30 AM and stated Resident #1's family was supposed to bring in his medications, but the anti-anxiety medication was not brought in. The DON stated her expectation was the staff would call the facility pharmacy and	F 755	admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance # 1 - Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; " For Resident #1, Attending Physician to be notified by Director of Nursing/Designee by 2/9/2019 of failure to acquire and administer physician ordered antianxiety medication for respite admission " All other admission orders for respite admission were audited by Director of Nursing/Designee by 2/9/2019 to ensure all other ordered medications were acquired and administered as ordered and Attending Physician was notified by Director of Nursing/Designee by 2/9/2019 of any findings. " Education provided to licensed nurse(s) assigned to respite resident #1 for acquiring and administration of physician ordered medications. This education to be completed by Director of Nursing/Designee by 2/9/2019 # - 2 Address how the facility will identify		

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F 755	Continued From page 2 the pharmacy would provide the medication. The DON stated the facility pharmacy was called, then the on call pharmacist was called. The on call pharmacist called the backup pharmacy, which was closed, so the facility staff notified the family the next day. The DON stated she did not know if the automated medication dispensing cart had the anti-anxiety medication or not. On 1/16/2019 at 11:00 AM the DON and Assistant Director of Nursing (ADON) opened the automated medication dispensing cart, and produced the anti-anxiety medication, but the ADON stated there was no way that she knew of to tell if the anti -anxiety medication was available on 1/1/2019. On 1/16/2019 at 2:15 PM, the Hospice Social Worker was interviewed and stated she spoke to the family when they decided to bring Resident #1 in for Respite Care. The Social Worker stated she told the family to bring in all of Resident #1's medications when they brought him to the facility. In an interview on 1/16/2019 at 4:30 PM, the facility pharmacy manager stated she had reviewed the record with the cart information and on 1/1/2019 the automated medication dispensing cart contained # 20 Lorazepam and none of them were used. The pharmacy manager stated the automated medication dispensing cart was used when an unavailable medication was needed. The facility Staff Development Coordinator (SDC) was interviewed on 1/17/2019 at 10:45 AM and stated she does orientation for staff. The SDC stated a nurse can use the automated medication dispensing cart if a medication is not available. Nurse #1 was interviewed on 1/17/2019 at 11:00 AM, and stated on 1/1/2019 she got report on Resident #1 from the 7:00 AM - 3:00 PM nurse and was told the anti-anxiety medication was not	F 755	other residents having the potential to be affected by the same deficient practice; " Director of Nursing/Designee to review admission orders for all Respite Admissions for last 6 months to ensure that facility acquired and administered physician ordered medications. Audit completed by Director of Nursing by 2/9/2019. " Attending Physician to be notified by Director of Nursing/Designee by 2/9/2019 of any concerns found on audit. # -3 Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; " Facility Policy "Obtaining/Assuring Medications for respite stays are provided" developed by Director of Nursing on 1/21/2019, to include utilization of standard facility protocols to obtain medications if medications are not provided by the resident/responsible party at time of admission. " "Agreement for Delivery of Medications for Respite Stay" developed by Director of Nursing on 1/21/2019. Form to be provided to resident/responsible party of respite admissions by Admissions Coordinator or admitting Nurse and signed by resident/responsible party of respite admissions prior to or at time of admission to facility. " All Licensed Nurses and Admissions		

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F 755	Continued From page 3 brought in by the family. Nurse #1 stated she looked in the automated medication dispensing cart and only saw the anti-anxiety medication in syringes to be given as an injection. In an interview on 1/17/2019 at 11:20 AM, Nurse #2 stated the family was supposed to bring the medications. Nurse #2 stated she was taught the nurses are not to use the automated dispensing cart for Respite care residents. Nurse #2 noted she called the family and they brought in the anti-anxiety medication for Resident #1 and he received the 1:00 PM dose on 1/2/2019. The facility Administrator was interviewed on 1/17/2019 at 12:10 PM. The Administrator stated her expectation was Resident #1 would receive his medications as ordered. The facility physician, who was on call on 1/1/2019, was interviewed on 1/17/2019 at 12:45 PM. The physician stated he was away for the holiday and was called, but did not remember if he was called about Resident #1's anti-anxiety medication not being available for administration. The physician stated there were other avenues for getting the Resident's anti-anxiety medication and stated the automated medication dispensing cart and the facility pharmacy. The physician stated since Resident #1 was on Hospice service, Hospice could also be contacted, but there was no reason the anti-anxiety medication could not be obtained and given.	F 755	Department staff to be inserviced by Director of Nursing on facility policy "Obtaining/Assuring Medications for respite stays are provided", to include utilization of standard facility protocols to obtain medications if medications are not provided by the resident/responsible party at the time of admission, and "Agreement for Delivery of Medications for Respite Stay" by Director of Nursing/Designee by 2/9/2019. Any Licensed Nurses and/or Admissions Department staff not inserviced by this date will be inserviced on their next scheduled work date. " All Licensed Nurses to be inserviced by Pharmacy Consultant/Designee by 2/9/2019 on acquiring and administering physician ordered medications for respite admissions, to include accessing medication inventory available in Automated Medication Dispensing Unit. Any Licensed Nurses and/or Admissions Department staff not inserviced by this date will be inserviced on their next scheduled work date. # - 4 Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and Include dates when corrective action will be completed. " Audit Tool developed by Director of Nursing on 1/21/2019 to audit acquiring and administering of physician ordered medications for respite admissions. " Director of Nursing/Designee will complete audit for next 90 days on all respite admissions within 24 hours of admission to ensure that all physician		

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F 755	Continued From page 4	F 755	<p>ordered medications are acquired and administered as per facility policy "Obtaining/Assuring Medications for respite admissions are provided". " Administrator will review audits monthly. " Results will be reviewed and discussed in the monthly Quality Assurance Performance Improvement Committee meetings. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance.</p> <p>Completion Date: February 9, 2019</p>		