STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345450	A. BUILDING _____ B. WING _____	C 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWOOD HEALTH AND REHABILITA	625 ASHLAND STREET ARCHDALE, NC 27263

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 10/15/19 through 10/16/19. One of the ten complaint allegations was substantiated resulting in deficiency (F761).	F 000		
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 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 observations, staff interviews, resident and family interviews, the facility failed to label three multidose insulin pens and one multidose	F 761	F761 label/Store Drugs and Biologicals 1. Insulin pens and inhalers were labeled	11/5/19

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

Electronically Signed | 11/01/2019

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F 761	Continued From page 1 inhaler with resident identifier on 3 of 3 medication carts and failed to store fentanyl patches (narcotic pain patch) in a manner that would prevent unintentional dispensing to a resident that was not prescribed a fentanyl patch (Resident #1) on 3 of 3 medications carts reviewed for medication storage. Findings included: 1 a. Observation of medication cart A-B on 10/15/2019 at 10:14 AM revealed one opened multidose Brio Ellipta inhaler (used to treat chronic obstructive pulmonary disease) that did not contain a resident identifier label. Nurse #1, dispensing medications on the cart at that time, stated she could not find a resident identifying label. The nurse was unable to recall which resident had an order for Brio Ellipta. Nurse #1 stated she was aware the facility's policy stated all multidose medications should have a label on them that identifies the name of the resident receiving the medication. b. On 10/15/2019 at 12:06 PM an observation of cart C-D revealed one multidose insulin pen, Lantus, without a resident identifying label. The Lantus was stored in the upper left side drawer with several other insulin pens. Nurse #2 stated the resident identifying label must have fallen off. She further stated she was aware which resident the Lantus pen was for, even without a label. Nurse #2 was aware the facility policy stated all multidose insulin vials should be dedicated to a single resident and should bear the name of that resident. c. Observation of E-F medication cart on 10/15/2019 at 12:15 AM revealed two insulin,	F 761	with resident identifier on 10-15-2019. Fentanyl patches are stored in locked narcotic drawer in locked medication cart with other controlled substances only. 2. A review of medication carts was completed by the Director of Nursing to ensure insulins and inhalers were labeled with resident identifier and Fentanyl patches are stored in locked narcotic drawer in locked medication care with controlled substances only on 10-17-2019. No other issues were identified during audit. 3.The Director of Nursing re-educated licensed nursing staff on ensuring insulin pens and inhalers are labeled with resident identifier and Fentanyl patches are stored in locked narcotic drawer in locked medication cart with controlled substances only by 11-4-2019.Licensed nurses who have not received education will be educated before working their next assigned shift by the Director of Nursing/Assistant Director of Nursing. 4. The Director of Nursing or Assistant Director of Nursing will complete quality monitoring on medication carts 2 times weekly for 12 weeks then monthly to validate insulin pens and inhalers are labeled with resident identifiers and Fentanyl patches are stored in locked narcotic drawer in locked medication cart with controlled substances only. Opportunities will be corrected by the Director of Nursing as identified during these quality monitoring. The Director of	

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F 761	Continued From page 2 Lantus, multidose pens that did not have resident identifier labels. Both pens were stored in the top left side drawer with multiple other insulin multidose pens. Nurse #3 noted one of the two pens was near empty and discarded the pen. Nurse #3 stated she believed the facility policy did require multidose insulin pens to have the resident's name and the date the pen was put into use. She further stated she was not sure why the pens were not labeled. In an interview with the DON on 10/15/2019 at 2:30 PM she stated the facility did have a policy regarding the use of multidose containers and it stated that each multidose container is dedicated to a single resident and the original container should be labeled with the name of that resident. She further stated the insulin pens should be labeled with the resident's name and the date the pen was put into use. 2. Resident #1 was admitted on 8/21/2018 for primary diagnosis of Multiple Sclerosis (MS). The quarterly Minimum Data Set (MDS) dated 9/16/2019 indicated the resident was cognitively intact. The resident was residing in the facility at the time of the on-site unannounced complaint investigation. On 10/15/2019 at 1:40 PM in an interview with a Resident #1 and her family member, it was revealed that in May of 2019 the resident was discharged from the facility due to hospitalization. The resident stated she took a very expensive oral medication for her multiple sclerosis (MS) that was not covered by insurance and was purchased through private pay funds. The resident stated the hospital pharmacy did not	F 761	Nursing will report on the results of the quality monitoring and report to the QAPI committee. Finding will be reviewed by the QAPI committee monthly and quality morning updates as indicated. 5. Date of compliance: 11-5-2019.	

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F 761	Continued From page 3	F 761		

have her MS medication and her family member returned to the facility to get the medication that was stored in the E-F hall medication cart at that time. The resident's family member stated, when she received the medication from the facility and opened the box at the hospital, there were 2 or 3 fentanyl patches in the box with Resident #1's MS medication. Both the resident and her family member deny the resident ever being on fentanyl patches. The resident's family member stated the Director of Nursing (DON) called her around 11:00 PM that same day and asked her if she had the fentanyl patches. She confirmed with the DON she had the fentanyl patches and would return them to the facility the following morning. The resident's family member further stated she gave the fentanyl patches directly to the DON on the morning of 5/3/2019.

Review of Resident #1's medication administration record indicated the resident did not have an order for fentanyl patches and was not receiving fentanyl patches while in the facility.

Review of control substance logs for 5/2/2019 and 5/3/2019 did not show any discrepancies for fentanyl patches.

Review of the facility's policy on Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles indicated the facility should ensure that all controlled substances are stored in a manner that maintains their integrity and security.

During an interview with Nurse #1 on 10/15/2019 at 10:14 AM revealed Resident #1's MS medication was stored with the oral over the counter medications, but it was once kept with

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F 761	Continued From page 4	F 761		

controlled medications when the resident resided on the F hall. She further stated she heard about the fentanyl patches found with the resident's MS medications, but she was not directly involved in the incident.

In an interview with Nurse #3 on 10/16/2019 at 11:45 AM she stated she was on the E-F medication cart on May 2nd during second shift and stated Resident #1 was on her hall. She did recall the MS medication being stored in the control drug box at that time. She stated she was not the nurse working the cart when the family member came to get the medication. She further stated she thought the third shift nurse, Nurse #6, that might have dispensed the medication to Resident #1's family member but she could not say for certain.

A phone interview with Nurse #6, who worked third shift on 5/2/2019, was attempted but no return call was received.

In an interview with the DON on 10/15/2019 at 2:30 PM the DON stated she did recall an incident she thought was about a year ago where fentanyl patches were unintentionally sent to a hospital with a Resident #1's MS medication. She further stated the medication for the resident was stored in the control drug box at that time because of the high cost of the medication. It was her opinion the patches slid into the box with the medication for Resident #1 and the nurse, Nurse #6, dispensed the medication to Resident #1's family member without checking the box prior to dispensing. The DON indicated she became aware of the incident when the Resident's family member called her and made her aware. The DON indicated the medications were returned to

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F 761	Continued From page 5 the facility by the resident's family member on 5/3/2019 and given directly to her the following morning. The DON stated the MS medication is no longer stored in the box with controlled substances since the incident. The DON further stated she did not complete an incident report since no drugs were lost and the control drug sheets did not show any discrepancy due to the drug count being done before the resident's family member picked up the medication on 5/2/2019 and returned to the facility prior to the next control drug count on 5/3/2019.	F 761		
F 810 SS=D	Assistive Devices - Eating Equipment/Utensils CFR(s): 483.60(g) §483.60(g) Assistive devices The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interviews with the resident, Occupational Therapist (OT), Registered Dietician, and staff, the facility failed to provide adaptive silverware as recommended by OT for 1 of 3 residents reviewed for dietary needs (Resident #4). The findings included: Resident #4 was admitted to the facility on 5/21/18 with diagnoses that included Parkinson ' s disease. The quarterly Minimum Data Set (MDS) assessment dated 9/2/19 indicated Resident #4 '	F 810	F810 Assistive Devices-Eating Equipment/Utensils 1. Resident #4 was provided adaptive silverware as recommended by Occupational Therapy on 10-16-2019. 2. A review of dietary tray cards and Occupational Therapy recommendations was completed by the Director of Nursing and Dietary Manager to ensure residents have adaptive silverware as recommended on 10-31-2019. One resident identified requiring a divided plate and was not noted on tray card. Tray card	11/5/19

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F 810	Continued From page 6 s cognition was intact. She had no behaviors and no rejection of care. Resident #4 required supervision with set up assistance only for eating. Resident #4 ' s care plan included the problem area of Activities of Daily Living. This problem area was last revised on 9/12/19 and indicated, in part, Resident #4 had fine tremors to her hands and required easting assistance with opening and setting up items. A Diet Requisition Form dated 9/17/19 completed by the Occupational Therapist (OT) indicated a weighted fork and weighted spoon were to be provided to Resident #4 for all meals. An OT discharge summary dated 10/1/19 indicated Resident #4 ' s treatment diagnoses included Parkinson ' s disease and tremors. The equipment recommendation upon OT discharge was noted to be weighted utensils. A Registered Dietician (RD) note dated 10/14/19 indicated Resident #4 fed herself and was to use a weighted spoon and weighted fork. An observation was conducted of Resident #4 eating lunch in her room on 10/15/19 at 12:55 PM. Resident #4 ' s dietary slip indicated she was to have a weighted spoon and weighted fork. Her meal tray was observed with no weighted spoon or weighted fork. She was observed to be eating with regular utensils. An observation and interview were conducted with Resident #4 on 10/15/19 at 5:25 PM. Resident #4 had her dinner tray in front of her and the dietary slip indicated she was to have a weighted spoon and weighted fork. Her meal tray	F 810	corrected when identified on 11-1-2019. 3. The Director of Nursing re-educated nursing and dietary staff of ensuring adaptive silverware/equipment is on resident's tray per Occupational Therapy recommendations and tray card by 11-4-2019.Nursing and Dietary Staff who have not received education will be educated before working their next assigned shift by the Director of Nursing/Assistance Director of Nursing. 4. The Director of Nursing or Assistance Director of Nursing will complete quality monitoring on 5 residents with adaptive silverware/equipment 2 times weekly to include breakfast, lunch or dinner meals and weekends for 12 weeks then monthly to validate resident provided adaptive silverware/equipment provided as recommended. Opportunities will be corrected by the Director of Nursing as identified during these quality monitoring. The Director of Nursing will report on the results of the quality monitoring and report to the QAPI committee. Findings will be reviewed by QAPI committee monthly and Quality monitoring updated as indicated. 5. Date of compliance: 11-5-2019.	

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F 810	Continued From page 7	F 810		

was observed with no weighted spoon or weighted fork. She was observed to be eating with regular utensils. Resident #4 was asked if she was supposed to have weighted utensils and she confirmed that she was, but that she was not always provided with them. She indicated that it was easier to eat with the weighted utensils because of the tremors she had in her hands.

An interview was conducted with the OT on 10/16/19 at 10:00 AM. He confirmed he had recommended weighted utensils for Resident #4 due to the tremors she had in her hands. He stated that he only wrote recommendations for adaptive utensils and that it was not part of the facility ' s normal process to have him obtain physician ' s orders for adaptive utensils. The OT reported that he expected the facility to consistently provide adaptive utensils as recommended on the 9/17/19 Diet Requisition Form and the 10/1/19 OT discharge summary.

An interview was conducted with the RD by phone on 10/16/19 at 12:14 PM. She stated that she expected the facility to consistently provide adaptive utensils as recommended by OT.

An interview was conducted with the Dietary Manager (DM) on 10/16/19 at 12:28 PM. The dietary slips for Resident #4 dated 10/15/19 that indicated a weighted spoon and weighted form were to be provided were reviewed with the DM. The observations of Resident #4 ' s lunch and dinner meal trays on 10/15/19 with no weighted fork or weight spoon were reviewed with the DM. The DM stated that the kitchen staff just missed it when they prepared the resident's meal trays on 10/15/19. She reported that she just began working at the facility as the DM 3 weeks ago and

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F 810	Continued From page 8 she was working on improving dietary related processes at the facility. An interview was conducted with the Director of Nursing (DON) on 10/16/19 at 1:00 PM. She confirmed the OT statement that the facility ' s normal process for adaptive utensils was for a Diet Requisition Form to be completed with the recommendation. She also confirmed that the facility had not utilized physician ' s orders for adaptive silverware. The DON indicated that she expected adaptive utensils to be consistently provided as recommended by OT.	F 810		