

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/09/2019
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT CLEMMONS			STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012	
(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 554 SS=D	<p>Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)</p> <p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident and staff interviews and record review, the facility failed to assess if a resident could safely administer a medication obtained from home. A resident obtained a medication from home and used it in the facility. This was for 1 of 3 sampled residents reviewed for pharmaceutical services (Resident #3).</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 09/16/19 with diagnoses that included chronic respiratory failure, chronic obstructive pulmonary disease and congestive heart failure, among others. The most recent Minimum Data Set (MDS) dated 10/30/19 specified the Resident's cognition was intact.</p> <p>Review of the care plan for Resident #3 did not specify the resident could self-administer medications. There was not an assessment regarding self-administration in the medical record for Resident #3.</p> <p>A physician's order dated 10/24/19 read in part Spiriva capsule 18mcg (milliequivalents) 1 capsule inhale orally in the morning.</p> <p>The Medication Administration Record (MAR) for November 2019 specified on 11/21/19 Spiriva was not administered because it was on order.</p>	F 554	<p>Accordius Health at Clemmons POC Deficiency Statement: Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.</p> <p>F554</p> <p>Based on resident and staff interviews and record review, the facility failed to assess if a resident could safely administer a medication obtained from home. A resident obtained a medication from home and used it in the facility. This was for 1 of 3 sampled residents reviewed for pharmaceutical services (Resident #3).</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; " Resident #3 identified during the survey was subsequently discharged from</p>	12/31/19

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

TITLE

(X6) DATE

Electronically Signed

12/24/2019

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 554	<p>Continued From page 1</p> <p>According to the MAR, Spiriva was administered on 11/22/19, 11/23/19. On 11/24/19 according to the MAR, Spiriva was not given because it was on order. On 11/25/19, Spiriva was given.</p> <p>On 12/09/19 at 11:50 AM the Director of Nursing (DON) was interviewed and explained that he was working as a nurse on 11/24/19 and went to administer Resident #3's morning meds. He added that Resident #3 told him that his Spiriva inhaler was out but not to worry, he had his personal Spiriva from home that he had been using. The DON stated that he allowed Resident #3 to use his personal Spiriva inhaler he kept in his room. The DON reported he did not document the medication as having been given on the MAR.</p> <p>On 12/09/19 at 12:30 PM Resident #3 was interviewed in his room and explained that he was aware of the medications he took. He added that on 11/21/19 the facility ran out of his Spiriva inhaler. He was unable to get his Spiriva inhaler because the nurse told him it was unavailable. Resident #3 reported he called a family member and asked the family member to bring the inhaler to the facility. He added, that he used the inhaler on 11/21/19 because the facility did not have it available. In addition, Resident #3 stated that he kept the inhaler in his room and continued to use it for 5 days (11/21, 11/22, 11/23, 11/24 and 11/25) until the facility obtained the medication from pharmacy. Resident #3 explained that he was not happy for having to use his personal medication and no one had seemed concerned that the inhaler was unavailable.</p> <p>On 12/09/19 at 12:40 PM the Medication Aide assigned to Resident #3 on 11/21/19 was</p>	F 554	<p>the facility on 12/10/19.</p> <p>" All Licensed Nurses and Certified Nursing aides (CMA's) were re-educated regarding resident rights and on the facilities policy regarding medication storage and self- administration of medication. In addition, the licensed nurses and CMA's were re-educated on the process of notifying the Director of Nursing when a medication is not available or is not received timely from the pharmacy. All newly hired licensed nurses and CMA's will receive education on the facility policy for medication storage and self-administration of medication as part of the orientation process. (Completion 12/27/19)</p> <p>" DON and/or unit managers performed an initial audit of all residents currently residing in the facility to determine if the resident is self-medicating. (Completion 12/27/19)</p> <p>" DON and/or unit managers performed an initial audit of all residents currently residing in the facility with a Brief interview for mental status (BIMS)score of 13-15 and physically able, were assessed to determine if they want to self-medicate. (Completion 12/27/19)</p> <p>" Those residents who are physically able and maintain a BIMS of 13-15, and chose to self-medicate, were evaluated by Licensed Nurses to confirm that they:</p> <ul style="list-style-type: none"> o Possess the ability to read and understand medication labels; 		

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F 554	<p>Continued From page 2</p> <p>interviewed and explained that during the morning medication pass she discovered Resident #3 was out of his Spiriva. She reported that she notified the Resident that the medication needed to be reordered. She added that later in the day on 11/21/19 Resident #3 told her that he had obtained his own Spiriva inhaler from home and used it. She was unaware if Resident #3 was assessed to self-administer medications.</p> <p>On 12/09/19 at 3:00 PM Nurse #1 was interviewed on the telephone and explained she allowed Resident #3 to use his own personal Spiriva inhaler he kept in his room on 11/23/19 because the facility was out. She added that she documented on the MAR that the medication was administered. Nurse #1 stated she did not verify if the inhaler was the same physician ordered inhaler and dosage. She was unaware if Resident #3 was assessed to self-administer medications.</p> <p>On 12/09/19 at 3:05 PM Nurse #2 was interviewed on the telephone and explained she allowed Resident #3 to use his own personal Spiriva inhaler he kept in his room on 11/22/19 because the facility was out. She added that she documented on the MAR that the medication was administered. Nurse #2 stated she did not recall if she checked the inhaler to make sure it was the same dosage. She was unaware if Resident #3 was assessed to self-administer medications.</p> <p>On 12/09/19 at 1:40 PM the Director of Nursing (DON) was interviewed again and reported that according to the facility policy, a resident had to be assessed to be safe to self-administer medications and store them in a room. He added that Resident #3 had not been assessed to</p>	F 554	<ul style="list-style-type: none"> o Comprehend the purpose and proper dosage and administration time for his or her medications; o Possess the ability to remove medications from a container; o Possess the ability to recognize risks and major adverse consequences of his or her medications. <p>(Completion 12/27/19)</p> <p>" Self-administered medications will be stored on a medication cart or in the medication room. (Completion 12/27/19)</p> <p>" All residents who possess the ability, to self-administer their own medications will have their Care Plan updated. Care Plan will be reviewed monthly by the interdisciplinary team (IDT) during QAPI. (Completion 01/19/20)</p> <p>Address how corrective action will be accomplished for those residents having a potential to be affected by the same deficient practice;</p> <p>" DON and/or unit manger performed an initial audit of all residents currently residing in the facility with a BIMS score of 13-15 and physically able, were assessed to determine if they want to self-medicate. (Completion 12/27/19)</p> <p>" Those residents who are physically able and maintain a BIMS of 13-15, and chose to self-medicate, will be evaluated by Licensed Nurses to confirm that they:</p> <ul style="list-style-type: none"> o Possess the ability to read and understand medication labels; o Comprehend the purpose and proper 		

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F 554	Continued From page 3 self-administer the Spiriva inhaler.	F 554	<p>dosage and administration time for his or her medications;</p> <ul style="list-style-type: none"> o Possess the ability to remove medications from a container; o Possess the ability to recognize risks and major adverse consequences of his or her medications. <p>(Completion 12/27/19) " Self-administered medications will be stored on a medication cart or in the medication room. (Completion 12/27/19) " All residents who possess the ability, to self-administer their own medications will have their Care Plan updated. Care Plan will be reviewed monthly by the IDT team during QAPI and/or when the resident experiences a significant change. (Completion 01/19/20)</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur;</p> <p>" All Licensed Nurses and CMA's were re-educated regarding resident rights and on the facilities policy regarding medication storage and self-administration of medication. In addition, they were re-educated on the process of notifying the DON when a medication is not available or is not received timely from the pharmacy. All new employees will receive education on the facility policy for medication storage and self-administration of medication as part of the orientation process. (Completion 12/27/19) " Those residents who are physically</p>		

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F 554	Continued From page 4	F 554	<p>able and maintain a BIMS of 13-15, and chose to self-medicate, will be evaluated by Licensed Nurses to confirm that they:</p> <ul style="list-style-type: none"> o Possess the ability to read and understand medication labels; o Comprehend the purpose and proper dosage and administration time for his or her medications; o Possess the ability to remove medications from a container; o Possess the ability to recognize risks and major adverse consequences of his or her medications. <p>(Completion 12/27/19)</p> <p>" All residents who possess the ability, to self-administer their own medications will have their Care Plan updated. Care Plan will be reviewed monthly by the IDT team during QAPI and/or when the resident experiences a significant change. (Completion 01/19/20)</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The PoC is integrated into the quality assurance system of the facility.</p> <p>" The Director of Nursing and/or Unit managers will complete audits weekly for 4 weeks and monthly for 2 months to ensure resident rooms are free from unsecured medications and will interview new admission residents with BIMS of 13-</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/03/2020
FORM APPROVED
OMB NO. 0938-0391

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F 554	Continued From page 5	F 554	15 about their desire to self-administer medications. " The results of these audits and monitoring will be submitted to the QAPI Committee monthly for 3 months. The Quality Assurance Committee will reevaluate and determine if any changes need to take place or if continued monitoring will be needed after 3 months.		
F 755 SS=D	Pharmacy Srvc/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §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. §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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate	F 755		12/31/19	

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F 755	<p>Continued From page 6 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:</p> <p>Based on resident, staff and pharmacist interviews and record review, the facility failed to reorder a medication. The facility did not complete a faxed authorization form to refill a medication that delayed the medication being delivered to the facility for 5 days. A resident relied on family to bring the medication from home to ensure he did not miss a dose. This was for 1 of 3 sampled residents reviewed for pharmaceutical services (Resident #3).</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 09/16/19 with diagnoses that included chronic respiratory failure, chronic obstructive pulmonary disease and congestive heart failure, among others. The most recent Minimum Data Set (MDS) dated 10/30/19 specified the resident's cognition was intact.</p> <p>A physician's order dated 10/24/19 read in part Spiriva capsule 18mcg (milliequivalents) 1 capsule inhale orally in the morning.</p> <p>A refill authorization request form dated 11/20/19 was signed by the facility interim administrator on 11/25/19.</p> <p>The Medication Administration Record (MAR) for November 2019 specified on 11/21/19 Spiriva was not administered because it was on order.</p>	F 755	<p>F755</p> <p>Based on resident, staff and pharmacist interviews and record review, the facility failed to reorder a medication. The facility did not complete a faxed authorization form to refill a medication that delayed the medication being delivered to the facility for 5 days. A resident relied on family to bring the medication from home to ensure he did not miss a dose. This was for 1 of 3 residents reviewed for pharmaceutical services (Resident #3)</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>" Resident #3 identified during the survey was subsequently discharged from the facility on 12/10/19.</p> <p>" An audit of current resident's Medication Administration Records and medications available to be given by the Director of nursing and the Administrative Nurses to ensure medications are that are prescribed are available for administration. (Completion 12/31/19)</p>		

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F 755	<p>Continued From page 7</p> <p>According to the MAR, Spiriva was administered on 11/22/19, 11/23/19. On 11/24/19 according to the MAR, Spiriva was not given because it was on order. On 11/25/19, Spiriva was given.</p> <p>On 12/09/19 at 12:30 PM Resident #3 was interviewed in his room and explained that he was aware of the medications he took. He added that on 11/21/19 the facility ran out of his Spiriva inhaler. Resident #3 reported he called a family member and asked the family member to bring his Spiriva inhaler from home to the facility. He added, that he used his inhaler on 11/21/19 because the facility did not have it available. In addition, Resident #3 stated that he kept the inhaler in his room and continued to use it for 5 days (11/21, 11/22, 11/23, 11/24 and 11/25) until the facility obtained the medication from pharmacy. Resident #3 explained that he was not happy for having to use his own personal medications and no one had seemed concerned that the inhaler was unavailable.</p> <p>On 12/09/19 at 12:40 PM the med aide assigned to Resident #3 on 11/21/19 was interviewed and explained that Resident #3 was out of his Spiriva inhaler and she notified the nurse (unknown).</p> <p>On 12/09/19 two interviews were conducted with the Director of Nursing (DON) at 11:50 AM and 1:40 PM. The DON explained that he was working as a nurse on 11/24/19 and went to administer Resident #3's morning meds. He added that Resident told him that his Spiriva inhaler was out but not to worry, he had his personal Spiriva from home that he had been using. The DON stated that he allowed Resident #3 to use his personal Spiriva inhaler he kept in his room. The DON stated he contacted</p>	F 755	<p>Address how corrective action will be accomplished for those residents having a potential to be affected by the same deficient practice;</p> <p>" Licensed nurses and Certified medication Aides were re-educated by the Director of nursing or Unit managers regarding policy and expectation of medication availability as well as administration. All medication orders must be sent via computer notification of refill or fax to the pharmacy by the licensed staff and if medication is not received by the time it is ordered to be administered the licensed staff must make the Director of nursing aware. (Completion 12/27/19)</p> <p>" Licensed nurse and Certified medication Aides were re-educated to the steps to follow when a medication is not available. It is the policy of AH Clemmons that any medication that is not available at the time of medication administration the licensed nurse should obtain medication from the Emergency Kit. If medication is not available in the emergency Kit the licensed nurse should contact the pharmacy to have medication brought to the facility from the backup pharmacy. (Completion 12/27/19)</p> <p>" Starting on December 30, 2019, Weekly audits by the unit managers will be conducted on a total of 15 random residents to ensure medications are available for review for compliance of</p>		

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F 755	<p>Continued From page 8</p> <p>pharmacy who reported the medication was "out for delivery." Also, the Director of Nursing explained that medications should be reordered up to 3 days prior to running out. He added that the electronic system gave alerts to nursing staff as to when to reorder a medication and the medication could be delivered the same day depending on when the request was made. He reported that if a medication was unavailable to be given, the nurse should notify the physician to obtain orders.</p> <p>On 12/09/19 at 1:00 PM an interview was conducted on the telephone with a pharmacist. She reviewed the refill request for Resident #3's Spiriva and explained that on 11/20/19 at 12:34 PM the facility requested a refill. Due to the cost of the medication, the pharmacy faxed an authorization form on 11/20/19 at 3:22 PM requesting authorization for the cost of the medication. According to the pharmacist, the facility signed and faxed the form back on 11/25/19. She stated the form was received on 11/25/19 and the medication was delivered the same day.</p> <p>On 12/09/19 at 1:15 PM the Director of Nursing (DON) was interviewed about the refill request procedure and he stated that the facility had 2 or 3 fax machines for nursing staff that should be checked throughout all shifts. He reported that any fax related to medications should be given to him. He was unaware of the fax refill request sent on 11/20/19 and offered no explanation other than the fax must not have come through. He added that as soon as the facility received the refill authorization request on 11/25/19 it was signed and faxed back to the pharmacy.</p>	F 755	<p>treatment services for 4 weeks and then monthly for 2 months.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur;</p> <p>" Director of Nursing or Unit Managers will perform an audit of all medications missed report to ensure that all medications are administered per physicians' orders, this audit will be conducted daily for 4 weeks, and then weekly for 2 months.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The PoC is integrated into the quality assurance system of the facility.</p> <p>" Director of Nursing or Unit Managers will perform an audit of all medications missed report to ensure that all medications are administered per physicians' orders, this audit will be conducted daily for 4 weeks, and then weekly for 2 months.</p> <p>" Effective January 2020, the Director of Nursing will report the findings of audits to the Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan monthly for 3 months. The</p>		

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F 755	<p>Continued From page 9</p> <p>On 12/09/19 at 3:00 PM Nurse #1 was interviewed on the telephone and explained she allowed Resident #3 to use his own personal Spiriva inhaler he kept in his room on 11/23/19 because the facility was out. She added that she documented on the MAR that the medication was administered. Nurse #1 stated she did not attempt to reorder the medication since the resident had his own supply.</p> <p>On 12/09/19 at 3:05 PM Nurse #2 was interviewed on the telephone and explained she allowed Resident #3 to use his own personal Spiriva inhaler he kept in his room on 11/22/19 because the facility was out. She added that she documented on the MAR that the medication was administered. Nurse #2 stated she did not attempt to reorder the medication since the resident had his own supply.</p>	F 755	Quality Assurance and Performance Improvement Committee can modify this plan and require continued reporting.	