

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

PRINTED: 08/13/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/09/2020
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH HENDERSON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH BECKFORD DRIVE HENDERSON, NC 27536	
(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	F 000		
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.</p>	F 755		7/23/20

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

TITLE

(X6) DATE

Electronically Signed

07/20/2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2020
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH HENDERSON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH BECKFORD DRIVE HENDERSON, NC 27536		
(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	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident, staff, pharmacy representative, and physician interview the facility failed to acquire eye drops from the pharmacy until seven days after they were ordered by the physician for one (Resident #1) of three sampled residents reviewed for pharmacy services. Findings included:</p> <p>Resident #1 had a diagnoses of diabetes mellitus and glaucoma. Documentation on the quarterly minimum data set assessment dated 4/17/20 revealed Resident #1 was coded as being cognitively intact. Documentation in the care plan for Resident #1 dated 7/7/20 revealed a focus area for impairment of visual function relative to glaucoma and insulin dependent diabetes mellitus. One of the interventions on the care plan was to administer ophthalmic medications as ordered.</p> <p>Resident #1 was interviewed on 7/7/20 at 11:30 AM. Resident #1 stated that he saw his eye doctor on 6/18/20 and was given a prescription for eye drops four times a day for his glaucoma. Resident #1 stated that the facility did not obtain the eye drops from the pharmacy until 6/25/20.</p> <p>Record review of the physician orders for Resident #1 revealed an order for Tobramycin Dexamethasone eye drops to be administered one drop in both eyes four times a day related to glaucoma. The order was put in the electronic medical record (EMR) on 6/18/20 by Nurse #1 and was to be started on 6/19/20. The order was revised 6/23/20 by Nurse #2.</p> <p>Documentation in the June 2020 electronic</p>	F 755	<p>This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction do not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the state and federal law. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our resident.</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 6/24/2020, Facility received eye drops from Pharmacy and Resident #1 received the medication.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>On 7/8/2020, A reeducation was provided to licensed nurses regarding protocol/process for receiving medications, medications not available as house stock, and appropriate documentation on the MAR and in the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2020
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH HENDERSON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH BECKFORD DRIVE HENDERSON, NC 27536		
(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	<p>Continued From page 2</p> <p>medication administration record (EMAR) and the nursing medication administration notes for Resident #1 revealed the following regarding the administration of the Tobramycin Dexamethasone eye drops from 6/19/20 to 6/25/20. Documentation revealed Resident #1 refused the eye drops on 6/19/20 at 9:00 AM and 12:00 PM but the eye drops were documented as administered at 5:00 PM and 9:00 PM. Resident #1 refused the eye drops on 6/20/20 at 9:00 AM but were documented as "pharmacy" for 12:00 PM, 5:00 PM, and 9:00 PM. On 6/21/20 the eye drops were documented as administered at 9:00 AM, 5:00 PM, and 9:00 PM but were documented as "pharmacy" at 12:00 PM. On 6/22/20 the eye drops were documented as "pharmacy" at 9:00 AM and 12:00 PM but documented as administered at 5:00 PM and 9:00 PM. The documentation on 6/23/20 did not reveal an explanation for the eye drops not being given at 9:00 AM or 12:00 PM but the eye drops were documented as administered at 5:00 PM. A nursing administration note dated 6/23/20 at 8:01 PM revealed the eye drops were, "awaiting pharmacy delivery." Documentation on 6/24/20 did not reveal an explanation for the eye drops not being administered 9:00 AM or 12:00 PM but were noted as "unavailable per pharmacy" at 6:02 PM and "not available" at 8:53 PM. Documentation on 6/25/20 revealed Resident #1 began to receive the eye drops as ordered four times a day.</p> <p>Nurse #2 was interviewed on 7/7/20 at 12:30 PM. Nurse #2 revealed that the order for the eye drops for Resident #1 was not received by the pharmacy when it was first put into the EMR. Nurse #2 stated, "There is a glitch in the system." Nurse #2 revealed that when Nurse #1 put the</p>	F 755	<p>EMR by the Unit Managers.</p> <p>On 7/7/2020, a 1:1 reeducation was provided to nurse # 1 --the one who wrote the order by Unit Manager.</p> <p>On 7/8/2020, a medication cart audit was completed for all medication carts by unit managers to ensure all prescribed medications were available for administration. Any discrepancies were corrected immediately.</p> <p>What measures will be put into place or systematic changes will be made to ensure that the deficient practice will not reoccur?</p> <p>During the clinical meeting the DON/Designee will reconcile new orders to the pharmacy delivery sheet, medication carts and MAR to ensure medications are available and administered as prescribed. The audits will be conducted daily for 1-month, biweekly x 1-month, and monthly 1-month. Ongoing random audits will also be conducted. Negative findings will be corrected if noted.</p> <p>How will the corrective action be monitored to assure that the deficient practice will not reoccur?</p> <p>The reconciliation audits will be reviewed by the Quality Assurance Performance (QAPI) Committee weekly x 4 weeks, biweekly x 2 weeks and then monthly x1 month. The random audits will also be</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2020
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH HENDERSON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH BECKFORD DRIVE HENDERSON, NC 27536		
(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	<p>Continued From page 3</p> <p>order into the EMR on 6/18/20, she did not choose a pharmacy and therefore the eye drops were never obtained from the pharmacy until 6/25/20. Nurse #1 indicated she discovered the order for the eye drops when the resident was transferred to her unit and had to try to figure out why the pharmacy was not sending the eye drops.</p> <p>Nurse #1 was interviewed on 7/7/20 at 2:30 PM. Nurse #1 stated that she was unaware of any issue with how the order for the eye drops for Resident #1 was put into the EMR. Nurse #1 said she had no way of following up or no way of knowing if the medication order was acknowledged by the pharmacy after being put into the EMR.</p> <p>Nurse #3, who documented administering the eye drops on 6/19/20 at 5:00 PM and 9:00 PM, was interviewed on 7/7/20 at 3:30 PM. Nurse #3 stated that she did not have the eye drops for Resident #1 on 6/19/20 and she did not administer them. She revealed that she called the pharmacy and she was told by the pharmacy the eye drops would be sent to the facility "STAT" or immediately. Nurse #3 stated the eye drops did not arrive at the facility before the end of her shift and she forgot to go back and change the documentation indicating the eye drops were not administered to Resident #1.</p> <p>Nurse #4, who documented administering the eye drops on 6/21/20 at 9:00 AM to Resident #1, was interviewed on 7/7/20 at 4:38 PM. Nurse #4 stated that on 6/21/20 the eye drops for Resident #1 were not in the facility and she did not administer the eye drops, so she called the pharmacy. Nurse #4 revealed the pharmacy told</p>	F 755	<p>reviewed during the monthly QAPI meeting. Additional intervention will be developed and implemented based on the findings of the committee in order to sustain compliance.</p>		

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

PRINTED: 08/13/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2020
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH HENDERSON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH BECKFORD DRIVE HENDERSON, NC 27536		
(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	<p>Continued From page 4</p> <p>her the eye drops were already sent to the facility. Nurse #4 stated she called the physician for Resident #1, who put a hold on the medication until it could be obtained from the pharmacy. Nurse #4 stated she also let the Director of Nursing know of the hold order for the medication.</p> <p>Nurse #5, who documented administering the eye drops on 6/21/20 at 5:00 PM and 9:00 PM to Resident #1, was interviewed at 3:25 PM. Nurse #5 indicated she had made documentation errors on the EMAR for Resident #1 because the eye drops were not available in the facility on 6/21/20. Nurse #5 stated she did not recall if she wrote any documentation about the error or the lack of the availability of the eye drops.</p> <p>Nurse #1, who documented administering the eye drops on 6/22/20 at 5:00 PM and 9:00 PM to Resident #1, was interviewed again on 7/7/20 at 3:31 PM. Nurse #1 revealed she documented providing the eye drops on 6/22/20 in error and the eye drops were not in the facility on that day to be administered to Resident #1.</p> <p>Nurse #6, who documented administering the eye drops on 6/23/20 at 5:00 PM to Resident #1, was interviewed on 7/7/20 at 3:22 PM. Nurse #6 explained that she was unable to find the eye drops in the facility on 6/23/20, so she went to tell Resident #1 that the eye drops were not available but were supposed to be coming from the pharmacy. Nurse #6 revealed that she notified the day shift nurse, Nurse #2, that the eye drops had not come in from the pharmacy as expected. Nurse #6 revealed Nurse #2 could not locate the eye drops either.</p>	F 755			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2020
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH HENDERSON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH BECKFORD DRIVE HENDERSON, NC 27536		
(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	<p>Continued From page 5</p> <p>The pharmacy customer service representative (PCSR) was interviewed on 7/7/20 at 3:43 PM. The PCSR stated that the pharmacy records revealed the order for the eye drops for Resident #1 was received by the pharmacy on 6/18/20 and the eye drops were sent to the facility on 6/21/20 and signed for as received. The PCSR revealed an additional supply of the eye drops for Resident #1 was filled on 6/24/20 and signed for by the facility as received on 6/25/20.</p> <p>The unit manager was interviewed on 7/7/20 at 3:54 PM. The unit manager stated sometimes the pharmacy must be specified in the order depending on the medication order that was put into the EMR, otherwise the prescription might not be filled by the pharmacy.</p> <p>The physician for Resident #1 was interviewed on 7/7/20 at 4:44 PM. The physician recalled that he was contacted by a nurse regarding the eye drops not being available from the pharmacy and he ordered the medication to be put on hold until the pharmacy could provide the medication. The physician did not recall name of the nurse or the date that he was contacted about the eye drops for Resident #1.</p> <p>The Director of Nursing (DON) was interviewed on 7/7/20 at 4:54 PM. The DON revealed the physician for Resident #1 was contacted to put the eye drops on hold until the medication was received from the pharmacy. The DON stated that the pharmacy told her the eye drops were received by the facility on 6/21/20 and she had a handwritten documentation which listed the eye drops as received from the pharmacy. The DON revealed she informed the pharmacy that the eye drops were not received on 6/21/20 by the facility</p>	F 755			

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

PRINTED: 08/13/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2020
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH HENDERSON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH BECKFORD DRIVE HENDERSON, NC 27536		
(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	<p>Continued From page 6</p> <p>and they would need to send another supply. The DON revealed that every time the pharmacy doesn ' t send a medication the facility asks the physician if the medication could be put on hold until the medication can be obtained. The DON stated that sometimes, and it had only happened a few times, the medication orders are not received by the pharmacy and the facility had to call pharmacy to reorder the medication. The DON could not recall the exact date the eye drops were put on hold for Resident #1.</p> <p>An interview with the Administrator on 7/8/20 at 4:00 PM revealed the order to put the Tobramycin-Dexamethasone eye drops for Resident #1 on hold was not available for review at that time and would need to be located in the facility. The Administrator confirmed there was no documentation in the electronic medical record at that time to indicate the eye drops for Resident #1 were put on hold in June 2020.</p> <p>An interview with the Administrator on 7/9/20 at 10:25 AM revealed the order to put the Tobramycin-Dexamethasone eye drops for Resident #1 on hold was found in the facility by a medical record staff member along with paperwork that was to be filed. Documentation on the telephone order to hold the eye drops for Resident #1 was signed by Nurse # 4 on 6/20/20 and the physician on 6/27/20.</p>	F 755			