STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345063	A. BUILDING _____ B. WING _____	C 06/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT WILSON	1804 FOREST HILLS ROAD W WILSON, NC 27893

(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 An onsite revisit was conducted on 6/3/2021. Tags F550, F554, F558, F641, F644, F656, F657, F677, F690, F692, F725, F812, F880 and F919 were corrected as of 6/3/2021. A repeat tag was cited. A new tag was also cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is still out of compliance.	F 000		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law;	F 842		6/11/21

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

Electronically Signed | 06/25/2021

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 842	Continued From page 1 (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:	F 842		

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F 842	Continued From page 2 Based on record review and staff interview the facility failed to maintain accurate Medication Administration Records (MAR) for 3 of 3 residents (Resident #30, Resident #44, Resident #16) reviewed for medication administration. The findings included: 1. Resident #30 was admitted to the facility on 7/21/20. His diagnoses included Type 2 Diabetes Mellitus and hypertension. The quarterly Minimum Data Set (MDS) dated 5/18/21 revealed Resident #30 had severe cognitive impairment. A review of the physician orders for Resident #30 revealed the following orders: a. Order dated 5/12/21 Famotidine (stomach acid reducer) tablet 20 milligrams (mg) by mouth one time daily at 6:00 AM for Gastro Esophageal Reflux Disease (GERD). b. Order dated 5/12/21 Hydralazine (hypertension medication) 75mg three times daily for hypertension. The schedule was 6:00 AM, 2:00 PM, and 10:00 PM. c. Order dated 5/12/21 Basaglar KwikPen Solution (diabetic medication) Pen-injector 100 unit/milliliter (ml) inject 16 units subcutaneous one time daily related to Type 2 Diabetes Mellitus scheduled at 6:00 AM. d. Order dated 5/12/21 Novalog FlexPen Solution (diabetic medication) Pen-injector 100unit/ml inject per sliding scale: if 201-250=4units, 251-300=6 units, 301-350=8units,	F 842	F 842 Resident Records-Identifiable On, 6/7/21 Director of Nursing Unit manager reviewed Resident #30, #16, #44 electronic health record in Point Click Care (PCC) to ensure medications are being signed off and given per MD order. On 06/07/2021, the director of nursing (DON) and Unit Manager completed a 100% audit of each resident's orders for the past 30 days to ensure orders were transcribe and given per the MAR and electronic health record in PCC. On 6/07/2021, Administrator in serviced Director of Nursing on the importance of ensuring all medications and treatments are signed off on the MAR and TAR in PCC. On 06/07/21, the DON began in-servicing licensed staff on ensuring all orders are being signed off on all medications and treatments per MAR and TAR in PCC. This in-service will be completed by 6/11/2021. No licensed practical nurse (LPN), Medication Aides (CMA), or registered nurse (RN) will be allowed to work after 06/11/201 until they complete the in-service. All LPN, Med Aides, and RN new hires will receive in-service during new employee orientation. On 06/14/2021 the DON, SDC, and staff nurse began auditing 100% of resident Medication Administration Records to ensure all medications were signed off and given per MD order utilizing the	

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F 842	Continued From page 3 351-400=10units. Call physician for FSBS <60 or >400. Give subcutaneous before meals and at bedtime for Diabetes Mellitus. Scheduled times were 6:30 AM, 11:30 AM, 4:30 PM, and 10:00 PM. A blood sugar was required prior to the administration of the Novalog. Review of the MAR for May 2021 revealed Famotidine, Hydralazine, and Basaglar were not documented as given to Resident #30 on 5/25/21 at 6:00 AM. Also, a blood sugar level was not documented on the MAR and Novalog was not documented as administered, if indicated by the sliding scale, on 5/25/21 at 6:30 AM. The Director of Nursing was interviewed on 6/3/21 at 1:05 PM. He stated he arrived at the facility around 5:30 AM on 5/25/21 to allow a medication aide to leave early. He stated he took over the medication cart and he was responsible for giving the 6:00 AM medications. The Director of Nursing stated he gave the medications but did not sign them off. He also stated he expected the nurses to sign off medications when they are given to the residents. 2. Resident #44 was admitted to the facility on 5/31/17. His diagnoses included cerebrovascular disease, hypertension, and Gastro Esophageal Reflux Disease (GERD). The quarterly Minimum Data Set (MDS) dated 3/6/21 revealed Resident #44 was intact cognitively. A review of the physician orders for Resident #44 revealed the following orders: a. Order dated 5/5/20 Hydralazine (hypertension	F 842	Medications Audit Tool. The audit will be completed by the DON, SDC, treatment nurse, and/or staff nurse 5x/week x 4 weeks then weekly x 8 weeks then monthly x 3 months. Any negative findings will be corrected immediately, and physician will be notified. The monthly QI committee will review the results of the Medications Audit Tool monthly for 6 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight.	

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F 842	Continued From page 4	F 842		

medication) 10 milligrams (mg) three times daily for hypertension scheduled for 6:00 AM, 2:00 PM and 10:00 PM.

b. Order dated 1/5/21 Lansoprazole (stomach acid reducer) capsule delayed release 15 mg give 1 capsule by mouth daily for heartburn scheduled at 6:00 AM.

Review of the Medication Administration Record (MAR) for May 2021 revealed Hydralazine and Lansoprazole were not documented as given to Resident #44 on 5/25/21 at 6:00 AM.

The Director of Nursing was interviewed on 6/3/21 at 1:05 PM. He stated he came into the facility around 5:30 AM on 5/25/21 to allow a medication aide to leave early. He stated he took over the medication cart and he was responsible for giving the 6:00 AM medications. He stated he gave the medications but did not sign them off. The Director of Nursing also stated he expected the nurses to sign off medications when they are given to the residents.

3. Resident #16 was admitted to the facility on 4/4/19. His diagnoses included Type 2 Diabetes Mellitus, hypothyroidism, and hypertension.

The quarterly Minimum Data Set (MDS) dated 4/5/21 revealed he was intact cognitively.

A review of the physician orders for Resident #16 revealed the following orders:

a. Order dated 2/8/21 Omeprazole (stomach acid reducer) 20 milligram (mg) capsule delayed release give 20 mg by mouth two times daily for Gastro Esophageal Reflux Disease (GERD)

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F 842	Continued From page 5	F 842		

scheduled at 6:00 AM and 4:00 PM.

b. Order dated 10/22/20 Levothyroxine Sodium (hypothyroid medication) tablet 75 micrograms (mcg) by mouth daily for hypothyroidism scheduled at 6:00 AM.

c. Order dated 2/18/21 Admelog Solostar (diabetic medication) 100 unit/milliliter (ml) solution Pen-injector. Inject per Sliding Scale: 201-250=4units, 251-300=6 units, 301-350=8units, 351-400=10units. Call physician for FSBS <60 or >400. Give subcutaneous before meals and at bedtime for Diabetes Mellitus. Scheduled times were 6:30 AM, 11:30 AM, 4:30 PM, and 10:00 PM. Instructions included: Fingerstick blood glucose monitoring four times a day before meals and at bedtime. Inject subcutaneous per sliding scale.

Review of the Medication Administration Record (MAR) indicated Omeprazole and Levothyroxine were not documented as being given to Resident #16 at 6:00 AM on 5/25/21. Also, the blood sugar level was not documented and Admelog was not documented as given, if indicated by the sliding scale, at 6:30 AM on 5/25/21.

The Director of Nursing was interviewed on 6/3/21 at 1:05 PM. He stated he came into the facility around 5:30 AM on 5/25/21 to allow a medication aide to leave early. He stated he took over the medication cart and he was responsible for giving the 6:00 AM medications. The Director of Nursing stated he gave the medications but did not sign them off. He also stated he expected the nurses to sign off medications when they are given to the residents.