

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/14/2021
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT GREENSBORO, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 CAROLINA STREET GREENSBORO, NC 27401		
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F 000	INITIAL COMMENTS	F 000			
F 658 SS=D	<p>The survey team entered the facility on 7/8/21 to conduct a complaint investigation in conjunction with a follow up survey and exited on 7/14/21. Event ID # DKYX11. 7 of the 8 complaint allegations were not substantiated, however allegations resulted in deficiencies F658 and F571. The Statement of Deficiencies was amended on 8/3/21 at tag F571 and tag F658.</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to follow a physician order for 1 of 1 resident. (Resident #1)</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 6/11/21 with diagnoses that included acute and chronic respiratory failure with hypoxia, idiopathic pulmonary fibrosis, and cognitive impairment.</p> <p>Resident #1's admission Minimum Data Set assessment dated 6/17/21 revealed he had severe cognitive impairment and required extensive assistance with bed mobility, transfers, dressing, toileting, and hygiene. Resident #1 could eat independently with set up assistance. He was coded for use of supplemental oxygen at 6 liters per minute via nasal cannula.</p>	F 658	<p>Resident #1 discharged from facility on 6/19/2021, prior to complaint survey. Prior to discharge there was no negative impact on Resident #1.</p> <p>An audit of all other resident medications was completed to identify any other residents who may be receiving medication from a specialty pharmacy, home or medication not provided by the facility pharmacy. Audit also included any medication not given by a licensed nurse or medication aide. No other residents were identified as affected.</p> <p>Root cause identified the following issues; a family member who refused to store specialty medication in medication cart and refused to allow staff to administer,</p>	7/23/21	

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

TITLE

(X6) DATE

Electronically Signed

08/07/2021

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 658	Continued From page 1 Resident #1's admission orders dated 6/11/21 revealed he had an order for Ofev Capsule 150 MG (Nintedanib Esylate) to be given twice daily (9:00 AM, 6:00 PM) for chronic pulmonary hypertension. The order notated 'Family to provide' in the comment section of the order. Resident #1's Medication Administration Record (MAR) dated 6/12/21 revealed nurse documentation that the Ofev Capsule medication was awaiting pharmacy's arrival. Nurse documentation on the MAR revealed the Ofev Capsule medication was administered 6/13/21 through 6/19/21 twice daily but noted exceptions on 6/13/21 and 6/14/21 6:00 PM doses were not given. Nurses' notes indicated the doses were not given on 6/13/21 and 6/14/21 because the medication was not available. Resident #1's progress notes revealed no documentation that the Ofev Capsule medication was brought in by an outside source or reconciled by the nursing staff or the facility pharmacy. There were also no progress notes that showed the nurses observed the family member administered the medication to the resident. During an interview on 7/8/21 at 3:07 PM, the Admissions Coordinator revealed she had communicated with Resident #1's family member prior to admission and discussed the Ofev Capsule medication. She stated she informed the family member over the phone that the facility's pharmacy was unable to provide the medication and it would need to be brought in by the family member. The facility could not obtain the medication from another pharmacy. The Admissions Coordinator also revealed the family	F 658	specialty medication that was not verified by facility staff and lack of communication from Nurses to Director of Nursing or Administration that family was not allowing storage or dispensing of medication. Education was provided on 7/12/2021 to all licensed nurses and medication aides by the Director of Nursing regarding procedures to identify medication prior to administration, process for accepting and dispensing a specialty medication not provided by facility pharmacy and requirement that all medication in facility must be dispensed by licensed nurses and/or medication aides. Medication audit will be completed weekly for 4 weeks of all new admissions to check for any medication from an outside specialty pharmacy. Audit will identify any specialty medications and then confirm identification of medication, storage of medication and dispensing by licensed nurses/medication aides. Audits will be completed by the Director of Nursing. After 4 weeks audits will be completed monthly for the next 2 months or until compliance is achieved. Results of audits will be summarized and presented by the Director of Nursing at the Monthly Quality Assurance committee Meeting. Any issues or trends identified will be addressed by the Committee as they arise and the plan will be revised to ensure continued compliance.		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 658	<p>Continued From page 2</p> <p>member agreed to bring in the medication and provide it to Resident #1' nurse to store and dispense.</p> <p>During an interview on 7/8/21 at 12:35 PM, Nurse #1 revealed she was the admitting nurse for Resident #1 on 6/11/19. She stated the family member expressed the Ofev Capsule medication costed too much and insisted on giving it to Resident #1 instead of the nurses. Nurse #1 revealed she explained to the family member that the medication could be locked inside the medication cart for safe storage and dispensing. Nurse #1 indicated when the family member refused to give the medication to the facility, she then explained to the family member the nurses would have to observe her giving the Ofev Capsule medication to the resident. Nurse #1 revealed she had observed the family member administering the medication to Resident #1 during his stay and documented in the MAR as 'given'. Nurse #1 further revealed she never looked at the medication bottle or asked to check the label to reconcile the correct medication, frequency, and dose.</p> <p>The nurse that didn't sign the MAR on 6/11/21 for the 6:00 pm dose was not available for interview. A request was made to the Director of Nursing (DON) for contact information for the agency nurses who provided care for Resident #1 from 6/12/21 through 6/19/21. The contact information for the agency nurses was not provided. Attempts to interview the additional nurses that cared for Resident #1 were unsuccessful.</p> <p>During a phone interview with the family member of Resident #1, on 7/8/21 at 10:10 AM she revealed the Ofev Capsule medication was for</p>	F 658			

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