

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

PRINTED: 07/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 554 SS=D	<p>An unannounced onsite complaint investigation was conducted on 6/21/22 through 6/22/22. Additional information was obtained offsite 6/23/22. Therefore the exit date was 6/23/22. 4 of the 4 complaint allegations were unsubstantiated. NC00189479 and NC00189792. As a result of the investigation, F554, F580 and F653 were cited.</p> <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 observations, resident interview, staff interviews, and record review, the facility failed to assess the ability of a resident to self-administer medications left at bedside for 1 of 1 resident (Resident #5) reviewed for self-administration of medications.</p> <p>Findings Included:</p> <p>Resident #5 was admitted on 3/25/2022 with diagnosis that included essential hypertension.</p> <p>Physician order dated 3/25/22 stated Resident #5 would receive Amlodipine 10 milligram (mg) once a day in the morning.</p> <p>Resident's #5's physician order dated 3/25/22 stated Losartan 100 mg once a day in the morning.</p>	F 554	<p>Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>F. 554 D</p> <p>Corrective action the resident found to have been affected by the deficient practice:</p> <p>Resident #5 still resides in the facility. On 7/01/2022, the resident was assessed and found not to have the ability to self-administer medications as ordered. The resident's medications will only be administered as ordered by the physician by a licensed nurse and/or a qualified</p>	7/15/22	

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

TITLE

(X6) DATE

Electronically Signed

07/08/2022

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: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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	<p>Continued From page 1</p> <p>Resident #5's Quarterly Minimum Data Set (MDS) dated 6/3/2022 revealed resident to be cognitively intact and coded to be diagnosed with Hypertension.</p> <p>Review of Resident #5's medical record did not reveal a self-administration of medication assessment.</p> <p>Further review of Resident #5's medical record revealed no care plan or interventions for self-administration of medication.</p> <p>Observation and interview on 6/21/22 at 10:55am revealed a white clear medication cup with two pills (one round/one oval) on Resident #5's bedside table. Resident #5 stated he did not know the pills had been left at his bedside table.</p> <p>Interview with Nurse #1 who worked first shift on 6/21/22 at 11:00am revealed medications found at Resident #5's bedside were not his morning medications. She stated she had given him his morning medications and watched him take the medications. Nurse #1 revealed medications had been left by the 3rd shift nurse and she had not observed them at Resident #5's bedside table. Nurse #1 identified the round pill as being Amlodipine and the oval pill to be Losartan. Nurse #1 stated she was not aware that Resident #5 had been assessed for self-administration of medication.</p> <p>Director of Nursing (DON) interviewed on 6/21/22 at 11:08am revealed Resident #5 had not been assessed for self-administering his medications. She further revealed when administering medications nursing should ensure the resident has taken the medication and discard the</p>	F 554	<p>medication aide. The licensed nurse and/or qualified medication aide will observe the resident swallow his medication to ensure no medications are left by the bedside.</p> <p>Corrective action for other residents having the potential to be affected by the same deficient practice: On 7/01/2022, the Director of Nursing (DON), Assistant Director of Nursing (ADON), Staff Development Coordinator (SDC) and Unit Manager initiated review off all residents' medication administration orders for self-administration. The review was completed on 7/6/2022 and established that all residents' medications are administered by the licensed nurse and/or qualified medication aide. For any resident(s) deemed able to self-administer medication(s), an order will be obtained from the physician and the care plan updated as needed by the IDT team that includes the DON, ADON, SDC, MDS nurses, Social Worker and, the Unit Managers. Education will be provided to all licensed nurses and all qualified medication aides on medication administration to ensure they observe all medications are swallowed/ingested and any orders regarding self-administration. Systemic changes made to ensure that the deficient practice will not recur:</p> <p>On 6/22/2022, the SDC, DON and ADON initiated education for all licensed nurses and qualified medication aides on medication administration including self-administration. Education will be completed by 7/8/2022. Any new hired</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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	Continued From page 2 medication cup. Resident #5's medication should not have been left at his bedside. In a continued interview with the DON on 6/22/22 at 8:30am revealed that she had received a phone call from Nurse #1 the evening of 6/21/22 in which Nurse #1 stated she had left Resident #5's medications at bedside.	F 554	licensed nurses and medication aides will be educated as indicated above by the SDC and/or DON during orientation. Any licensed nurses and medication aides not educated as indicated, will not be allowed to work until they are educated. Plans to monitor its performance to make sure that solutions are sustained: The Administrator and the DON introduced an observation tool on 7/6/2022 to be utilized by the SDC, ADON, Unit Managers and Manager on Duty to check for any medications left on beside. The observation tool will be used along with the census list. The tool will be utilized daily for 7 days, then 3 times weekly for 4 weeks and then weekly for 3 months until compliance is maintained. The Administrator and the DON will review the observation tool weekly for 4 weeks and then monthly until compliance is maintained. Any areas of non-compliance will be reported by the Administrator and/or DON to the QAA Committee quarterly or as needed for further action to ensure compliance. Date of Compliance: 7/15/2022		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-	F 580		7/15/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 580	<p>Continued From page 3</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various</p>	F 580			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 580	<p>Continued From page 4</p> <p>locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, physician assistant and physician interview the facility failed to notify the physician when a resident's prescribed medication was unable to be administered for 1 of 3 sampled residents (Resident #2) reviewed for unnecessary medications.</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility on 10/22/2021 and re-admitted on 6/3/2022.</p> <p>Review of Resident #2's physician order dated 6/3/22 stated Biktarvy 1 tab by mouth, once daily.</p> <p>The most recent Minimum Dated Set (MDS) assessment dated 6/10/2022 revealed Resident #2 was cognitively intact.</p> <p>Review of Resident #2's Medication Administration Record (MAR) for the month of June 2022 revealed Biktarvy was not administered on 6/4/2022. Documentation by Nurse #3 revealed "Other comment: ordered." On 6/5/2022 Biktarvy was not administered. Documentation by Nurse #3 revealed "Other comment: Family will supply."</p> <p>Review of the medical record for Resident #2 revealed there was no documentation the physician was notified of the Biktarvy not being administered on 06/04/22 or 06/05/22.</p>	F 580	<p>Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>F. 580 D Corrective action the resident found to have been affected by the deficient practice: Resident #2 no longer resides in the facility as of 6/24/2022 following a planned discharge to the community. Corrective action for other residents having the potential to be affected by the same deficient practice: Starting on 7/1/2022, the DON, ADON, and the Unit Managers initiated the review of the medication compliance for all residents. The review was completed on 7/5/2022 and no medications were missing or unavailable. The medication administration compliance shows if any medications are missing or unavailable so that a physician can be notified immediately. For new admissions and readmissions, the DON, ADON, SDC and Unit Managers with reviews all orders and ensure that medications are available to administer to residents. If not available,</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 580	Continued From page 5 Interview with the Director of Nursing (DON) on 6/22/2022 at 9:25am stated if the nurse was unable to obtain the medication, the nurse should contact the physician for a hold order or alternative intervention. Interview with Nurse #3 on 6/22/2022 at 11:35am stated she was familiar with Resident #2 and his medication Biktarvy. Nurse #3 stated she did not contact the physician regarding the missing medication on 06/04/22 or 06/05/22. Interview with the Physician on 6/22/2022 at 2:00pm revealed he didn't recall specific notification from the facility regarding Resident #2's missing doses of Biktarvy. He indicated nurses should document exception on the EMR and also provide written documentation in a communications book to the physician. Interview with the Physician Assistant on 6/22/2022 at 2:30pm stated she was unaware Resident #2 had not received his medication. She stated nursing staff should contact her or the OnCall representative when a medication is unavailable. Nursing staff should further document medication concerns in the physician's communication book located on each nursing unit. Interview with the DON on 6/22/2022 at 2:49pm revealed there was no documentation found in the facility physician's communication book for 6/4 or 6/5 regarding the Biktarvy omission for Resident #2.	F 580	the charge nurse with notify the physician immediately for further guidance and recommendation. Systemic changes made to ensure that the deficient practice will not recur: On 7/01/2022, the DON and SDC initiated education for all licensed nurses including nurse #3 on notification of the physician for any missing and/or unavailable medications for residents. The education will be completed by 7/8/2021. Any new hired licensed nurses will be educated as indicated above by the SDC and/or DON during orientation. Any licensed nurses not educated as indicated, will not be allowed to work until they are educated. Medication administration compliance review will be conducted for all residents during the morning clinical meeting to ensure that the physician is notified for any missing or unavailable medications. A missing or unavailable medications notification tool was introduced on 7/6/2022 by the Administrator and the DON to be utilized by the Unit Managers and the ADON to document any actions taken by the licensed nurses. Plans to monitor its performance to make sure that solutions are sustained: On 7/6/2022, the Administrator and the DON introduced a missing or unavailable medications notification tool to be utilized by the ADON and Unit Managers for any missing or unavailable medications. The tool will be utilized daily for 7 days and then 3 times weekly for 4 weeks, then weekly for a month and then monthly for 3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 580	Continued From page 6	F 580	months until compliance is maintained. Any areas of non-compliance will be reported by the Administrator and/or the Director of Nursing to the QAA Committee quarterly for further action as needed. Date of Compliance: 7/15/2022		
F 658 SS=D	<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, resident interview, staff interview, physician assistant and physician interview the facility failed to have physician ordered medications available for 1 of 3 sampled residents (Resident #2).</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility on 10/22/2021 and re-admitted on 6/3/2022.</p> <p>The most recent Minimum Dated Set (MDS) assessment dated 6/10/2022 revealed Resident #2 was cognitively intact.</p> <p>Review of Resident #2's physician order dated 6/3/22 stated Biktarvy 1 tab by mouth, once daily.</p> <p>Review of Resident #2's Medication Administration Record (MAR) for the month of</p>	F 658	<p>Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>F. 658 D Corrective action the resident found to have been affected by the deficient practice: Resident #2 no longer resides in the facility as of 6/24/2022 following a planned discharge to the community. Corrective action for other residents having the potential to be affected by the same deficient practice: Starting on 7/1/2022, the DON, ADON,</p>	7/15/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 658	<p>Continued From page 7</p> <p>June 2022 revealed Biktarvy was not administered on 6/4/2022. Documentation by Nurse #3 revealed "Other comment: ordered." On 6/5/2022 Biktarvy was not administered. Documentation by Nurse #3 revealed "Other comment: Family will supply."</p> <p>Interview with Resident #2 on 6/21/2022 at 1:00pm stated he missed 3 days of his medication after returning to the facility from the hospital (on 6/3/2022). He further stated he was unaware he had not been taking his medication. Prior to his recent hospital admission, his Biktarvy medication was delivered to his family's residence. He further indicated the family would provide the medication to the facility. Resident #2 called his brother to bring the medication to the facility on 6/5/2022.</p> <p>Interview with the Director of Nursing (DON) on 6/22/2022 at 9:25am indicated when a resident was re-admitted to the facility, the administrative team received medication orders from the hospital discharge summary and transcribed the orders into the Electronic Medical Record (EMR). The facility pharmacist verified the orders. She further indicated the nurse should notify the DON if a medication was not available at time of the ordered administration. If the nurse was unable to obtain the medication, the nurse should contact the physician for a hold order or alternative intervention. She stated she was not made aware Resident #2 had missed doses of Biktarvy on 6/4/22 and 6/5/22. The physician order allowed receipt of home provided medications and that process had been followed prior to Resident #2's hospitalization on 5/10/2022.</p> <p>Interview with Family Member on 6/22/2022 at</p>	F 658	<p>and the Unit Managers initiated the review of the medication compliance for all residents. The review was completed on 7/5/2022 and all residents' medications were available as ordered by the physician. For new admissions and readmissions, the DON, ADON, SDC and Unit Managers with reviews all orders and ensure that medications are available as ordered by the physician. If not available, the charge nurse and/or the admitting nurse will notify the physician immediately for recommendation.</p> <p>Systemic changes made to ensure that the deficient practice will not recur:</p> <p>On 7/01/2022, the DON and SDC initiated education for all licensed nurses including nurse #3 on ensuring the facility has medications on hand for every resident as ordered by the physician. The education will be completed by 7/8/2021. Any new hired licensed nurses will be educated as indicated above by the SDC and/or DON during orientation. Any licensed nurses not educated as indicated, will not be allowed to work until they are educated. Medication administration compliance review will be conducted for all residents during the morning clinical meeting to ensure that the physician is notified for any missing or unavailable medications. A missing or unavailable medications tool was introduced on 7/6/2022 by the Administrator and the DON to be utilized by the Unit Managers and the ADON to document any actions taken by the licensed nurses.</p> <p>Plans to monitor its performance to make</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 658	<p>Continued From page 8</p> <p>9:35am revealed that in the past the facility had notified him when running low on Biktarvy supply and that did not happen with Resident #2's last re-admission from the hospital on 6/3/22. He stated he was called on 6/5/2022 and was able to bring the medication at that time.</p> <p>Interview with Nurse #3 on 6/22/2022 at 11:35am stated she was familiar with Resident #2 and his medication Biktarvy. She stated she called the pharmacy about Resident #2's missing medication and was advised the medication was not carried by the pharmacy. Nurse #3 indicated the medication was provided by Resident #2's family. Nurse #3 further indicated she called Resident #2's family on 6/4/22 or 6/5/22 and was advised the family would bring the medication to the facility. Nurse #3 stated she did not contact the physician regarding the missing medication.</p> <p>Interview with the Pharmacist on 6/22/2022 at 12:15pm stated Biktarvy was provided by a specialty pharmacy. The Pharmacist further stated she was informed by the facility that Resident #2's family received the medication at home and would deliver it to the facility.</p> <p>Interview with the Physician on 6/22/2022 at 2:00pm revealed he didn't recall specific notification from the facility regarding Resident #2's missing doses of Biktarvy. He indicated nurses should document exception on the EMR and also provide written documentation in a communications book to the physician. He stated Resident #2 had been on the medication for a lengthy period of time and a couple of missed doses of Biktarvy was not cause for concern. The medication stays in the body for an extended period and a missed dose would not affect the</p>	F 658	<p>sure that solutions are sustained:</p> <p>On 7/6/2022, the Administrator and the DON introduced a missing or unavailable medications tool to be utilized by the ADON and Unit Managers for any missing or unavailable medications. The tool will be utilized daily for 7 days and then 3 times weekly for 4 weeks, then weekly for a month and then monthly for 3 months until compliance is maintained.</p> <p>Any areas of non-compliance will be reported by the Administrator and/or the Director of Nursing to the QAA Committee quarterly for further action as needed.</p> <p>Date of Compliance: 7/15/2022</p>		

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

PRINTED: 07/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 658	<p>Continued From page 9</p> <p>long-term outcome of the resident. He further stated Biktarvy was administered to keep patients in remission.</p> <p>Interview with the Physician Assistant on 6/22/2022 at 2:30pm stated she was unaware Resident #2 had not received his medication. She stated nursing staff should contact her or the OnCall representative when a medication is unavailable. Nursing staff should further document medication concerns in the communications book located on each nursing unit.</p> <p>Interview with the DON on 6/22/2022 at 2:49pm revealed there was no documentation found in the facility communications book for 6/4 or 6/5 regarding the Biktarvy omission for Resident #2.</p>	F 658			