

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/15/2022
NAME OF PROVIDER OR SUPPLIER SUNNYBROOK REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 25 SUNNYBROOK ROAD RALEIGH, NC 27610		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 658 SS=D	<p>A recertification and complaint investigation survey was conducted from 09/12/22 through 09/15/22. Event ID# NOGB11. The following intakes were investigated NC00191759, NC00191404, NC00190805, NC0019807, NC00189341, and NC00187403. 11 of the 11 complaint allegations were not substantiated.</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 observation, record review, resident interview, staff interviews, pharmacy and physician interviews, the facility failed to administer a medication as ordered for 1 of 4 residents observed for medication administration (Resident #43).</p> <p>Findings included:</p> <p>Resident #43 was admitted to the facility on 3/10/21 with diagnosis which included allergic rhinitis (seasonal allergies).</p>	F 658	<p>1.) On 9/14/22, Resident #43 was evaluated by the PA with no concerns identified regarding missing the over-the-counter eye drop. On 9/14/22, Nurse #1 was re-educated by the DON regarding obtaining medications not readily available in the medication cart.</p> <p>2.) On 9/15/22, the medication carts were checked by the UM to ensure medications were available. Any medication unavailable was ordered from the pharmacy. By 9/30, licensed nurses will be re-educated by the DON/SDC on</p>	10/3/22	

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

TITLE

(X6) DATE

Electronically Signed

09/28/2022

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.

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F 658	<p>Continued From page 1</p> <p>Record review of the Minimum Data Set (MDS) Quarterly Assessment dated 8/04/22 revealed Resident #43 was cognitively intact.</p> <p>A physician order dated 9/05/22 for Pataday Solution 0.7% (eye drops). Instill 1 drop in both eyes one time a day for itchy eyes for 1 month.</p> <p>During the medication observation on 9/14/22 at 9:12 am Nurse #1 revealed that Resident #43 was ordered eye drops for itchy eyes, but she had not received the medication from the pharmacy to administer. Nurse #1 stated she believed the eye drops were ordered a week ago and it could take 3-4 days to receive the medication from the pharmacy. Nurse #1 stated she had not contacted the pharmacy to obtain status of order, but she would call and check the status of the eye drops for Resident #43.</p> <p>During an interview on 9/14/22 at 10:26 am Nurse #1 revealed she contacted the pharmacy, and the Pataday Solution was not a medication that was provided by the pharmacy and was an over-the-counter medication. She stated she notified the central supply clerk to obtain the Pataday Solution as an over-the-counter medication after speaking to the pharmacy. Nurse #1 stated she did not administer the Pataday Solution to Resident #43 because the medication was not available.</p> <p>During a telephone interview on 9/14/22 at 11:19 am the Pharmacy General Manager revealed the facility sent the request for the Pataday Solution 0.7% eye drop for Resident #43 on 9/05/22 but the pharmacy did not supply over-the-counter medications to the facility so the medication would not be sent.</p>	F 658	<p>the process to order medications when they are unavailable and how to discern house stock versus prescription medications. Licensed nurses will be educated on the process of ordering OTC medications and how/when to notify nursing leadership of missing medications.</p> <p>3.) Random audits will be conducted by the DON/UM/SDC of the medication carts and medication administration 2 times a week for 4 weeks, then weekly for 4 weeks, then every other week for 4 weeks.</p> <p>4.) Findings of the audits will be brought to the monthly QA meeting for further recommendations. The QA committee will determine the necessity for further review past 3 months.</p> <p>5.) Date certain: 10-03-2022</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 658	Continued From page 2 During an interview on 9/14/22 at 3:50 pm the Director of Nursing (DON) revealed the facility had a list at the nursing station of over-the-counter medications and was to be ordered directly from the facility supplier. The DON stated the nurse was responsible to follow-up on medications that were not available with the pharmacy and to notify DON for further assistance when needed. The DON stated she was not aware the Pataday Solution was not available for Resident #43. During an interview on 9/15/22 at 9:25 am the Physician revealed he was not aware Resident #43 had not received the Pataday Solution 0.7% eye drops but stated the drops were only to treat dry eye symptoms and it would not have caused any harm to Resident #43 to have not received them yet. During an interview on 9/15/22 at 11:30 am Resident #43 stated she was told by nursing that the eye drops were not available, but she was not concerned with not having them right away. Resident #43 stated she received the eye drops this morning. During an interview on 9/15/22 at 11:41 am the Administrator revealed the nurses were expected to communicate to the clinical team when medications were not available to administer.	F 658			
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.	F 842		10/3/22	

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F 842	<p>Continued From page 3</p> <p>(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.</p> <p>§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-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§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-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (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.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or</p>	F 842			

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F 842	<p>Continued From page 4 unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (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. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (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. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, staff interviews, the facility failed to maintain accurate Medication Administration Records (MAR) for 1 of 4 residents observed for medication administration (Resident #43).</p> <p>Findings included:</p> <p>Resident #43 was admitted to the facility on 3/10/21.</p> <p>A physician order dated 9/05/22 for Pataday Solution 0.7% (eye drops). Instill 1 drop in both eyes one time a day for itchy eyes for 1 month.</p>	F 842	<p>1.) On 9/14/22, Resident #43 was evaluated by the PA with no concerns identified regarding missing the over-the-counter eye drop. On 9/14/22, Nurse #1 and #3 were re-educated on ensuring they are accurately documenting in the resident record the administration of ordered medications.</p> <p>2.) On 9/14/22, an audit of the cart to MAR was completed by the Unit Manager. Any missing medications were replaced. By 9/30, licensed nursing staff were re-educated by the DON/UM/SDC on ensuring they are accurately documenting in the resident record the administration of</p>		

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F 842	<p>Continued From page 5</p> <p>During the medication observation on 9/14/22 at 9:12 am Nurse #1 revealed that Resident #43 was ordered eye drops for itchy eyes, but she had not received the medication from the pharmacy to administer.</p> <p>Record review of the September 2022 Medication Administration Record (MAR) for the period of 9/01/22 through 9/14/22 revealed the following documentation:</p> <p>9/06/22 the Pataday Solution was documented as administered by Nurse #1.</p> <p>9/07/22 the Pataday Solution was documented with a number 9 by Nurse #1 with instruction to see nurses note. There was no nursing note associated with the 9/07/22 Pataday Solution documentation by Nurse #1.</p> <p>9/08/22 the Pataday Solution was documented as administered by Nurse #3.</p> <p>9/09/22 the Pataday Solution was documented with a number 9 by Nurse #1 with instruction to see nurses note. There was no nursing note associated with the 9/09/22 Pataday Solution documentation by Nurse #1.</p> <p>9/10/22 the Pataday Solution was documented as administered by Nurse #2.</p> <p>9/11/22 the Pataday Solution was documented as administered by Nurse #1.</p> <p>9/12/22 the Pataday Solution was documented as administered by Nurse #4.</p> <p>9/13/22 the Pataday Solution was documented as</p>	F 842	<p>medication.</p> <p>3.) Random audits of the MAR will be conducted to ensure medications are documented appropriately in the medical record. Audits to be done 3 times a week for 4 weeks, then 2 times a week for 4 weeks, then weekly for 4 weeks.</p> <p>4.) Findings of the audits will be brought to the monthly QA meeting for further recommendations. The QA committee will determine the necessity for further review past 3 months.</p> <p>5.) Date certain: 10-03-2022</p>		

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F 842	<p>Continued From page 6 administered by Nurse #1.</p> <p>During an interview on 9/14/22 at 10:26 am Nurse #1 revealed she did not administer the Pataday Solution to Resident #43 on 9/6/22, 9/07/22, 9/11/22, or 9/13/22 because the medication was not available. Nurse #1 stated she must have marked the Pataday Solution as administered accidentally.</p> <p>During a telephone interview on 9/14/22 at 11:31 Nurse #4 revealed he was unsure if the Pataday Solution was available, but he was unable to remember. He stated he would have given the medication to Resident #43 if he documented it was completed.</p> <p>During a telephone interview on 9/14/22 at 11:55 am Nurse #3 revealed she was unable to recall if the Pataday Solution was administered to Resident #43. Nurse #3 stated she tried to document the best she can but was unable to state if the medication was administered or if she documented in error.</p> <p>During an interview on 9/15/22 at 10:29 am Nurse #2 stated she did not administer the Pataday Solution to Resident #43, but she must have accidentally signed the medication as administered.</p> <p>During an interview on 9/15/22 at 11:41 am the Administrator revealed the nurses were expected to document accurately.</p> <p>During an interview on 9/15/22 at 11:43 am the Corporate Director of Clinical Services revealed the nursing staff was educated upon hire and throughout orientation process regarding accurate documentation.</p>	F 842			

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