STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345344	A. BUILDING ______ B. WING ______	C 10/28/2022

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PELICAN HEALTH HENDERSON LLC	**280 SOUTH BECKFORD DRIVE HENDERSON, NC 27536**

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F 000	INITIAL COMMENTS Event ID # IQNQ11 A complaint investigation was conducted on 10/27/2022 to 10/28/2022. One of the three complaint allegations were substantiated resulting in a deficiency (F755). Intake #'s NC00193743 and NC00193721.	F 000		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §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. §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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §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	F 755		11/9/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 11/07/2022

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 755	Continued From page 1 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on record review, resident interview, staff interviews, and pharmacy interview the facility failed assure for 1 (Resident #5) of 3 residents reviewed for pharmacy services that a medication was acquired from the facility's pharmacy and assure the facility's nurses used their medication administration computer system correctly to reflect accurate administration of the medication. Findings included: Resident #5 had multiple diagnoses one of which included an anxiety disorder. Documentation on a quarterly Minimum Data Set assessment dated 8/25/2022 revealed Resident #5 was alert and oriented and received antianxiety medication 7 days of the assessment period. Resident #5 was interviewed on 10/27/2022 at 5:03 PM. Resident #5 stated that last week, without a specific recollection of which day of the week, Nurse #5 told him his Ativan was not available on the cart to give to him at 6:00 AM. Resident #5 indicated he understood if the Ativan was not available then the nurse could not give it to him. Resident #5 also revealed on at least one day last week Nurse #6 went home prior to giving him his 6:00 AM dose of Ativan for an unknown reason. Documentation the physician orders for Resident #5 revealed an order for Ativan (antianxiety medication) to be administered as one tablet of	F 755	This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction does not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for alleged deficiencies. The plan of correction prepared and/or executed solely because it is required by state and federal law. It also demonstrates our good faith and desire to continue to improve the quality of care and services for our residents. F755 Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) A. Corrective action(s) accomplished for those residents found to have been affected by alleged deficient practice: 1. On 10/19/22, resident #5 medication, Ativan, was delivered and available for future medication administration. Resident has not missed any other doses. B. Identify other residents who have the potential to be affected by the same deficient practice and what corrective action should be taken: 1. On 11/4/22, the DON completed audits	

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Continued From page 2
0.5 milligrams twice daily.

Documentation on the Medication Administration Record (MAR) indicated on 10/17/2022, 10/18/2022, and 10/19/2022 Ativan was not administered to Resident #5 for the 6:00 AM dose and to refer to the Administration notes. Documentation in the medication administration notes for 10/17/2022 at 5:53 AM did not reveal the reason the Ativan dose was not administered to Resident #5 on that morning. Documentation on the Administration notes on 10/18/2022 at 5:44 AM and 10/19/2022 at 5:50 AM revealed the 6:00 AM dose of Ativan was not given to Resident #5 because it was on order from the pharmacy. No other documentation or administration notes explained the absence of the medication availability for the resident, or any measures taken to obtain the medication on those days.

Documentation on the MAR indicated on 10/17/2022, 10/18/2022, and 10/19/2022 Ativan was administered as ordered to Resident #5 for the 6:00 PM dose.

Documentation on the Medication Monitoring/Control Records revealed Ativan was not administered to Resident #5 on 10/17/2022, 10/18/2022, or 10/19/2022 for the 6:00 AM dose or the 6:00 PM dose. The Documentation on the Medication Monitoring/Control Records revealed a 0.5 milligram dose of Ativan was administered to Resident #5 on 10/16/2022 at 6:00 PM with the next dose administered on 10/20/2022 at 6:00 AM.

An interview was conducted with a pharmacist from the facility contracted pharmacy on 10/28/2022 at 10:08 AM. The pharmacist

F 755

for all residents using the Medication Admin Audit Report with parameters set for chart code 9 (other/see nurses note) and 5 (hold/see nurses note) to check for missed medications due to unavailability from 10/28/22 through 11/4/22. All medications listed was checked for current availability on medication cart. Any medications currently unavailable was (a) ordered from pharmacy (b) reported to MD (c) orders changed/and or held as directed and (d) resident and/or RP notified.

2. All licensed nurses and medication aides will be in-serviced on what process to follow when medications are unavailable to include contacting pharmacy for follow-up, notifying MD, notifying resident and/or RP, and documentation starting 11/4/22 until 100% completion achieved with compliance date of 11/09/22. All newly hired licensed nurses and medication aides will receive education during orientation.

3. All licensed nurses and medication aides will be in-serviced on steps to minimize risk of residents running out of medications starting 11/4/22 until 100% completion achieved with compliance date of 11/09/22. All newly hired licensed nurses and medication aides will receive education during orientation.

4. On 11/7/22 a brightly colored card was placed on each medication cart as a reminder of how to document and follow process for medication administration

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F 755	Continued From page 3 revealed the following information about the availability and ordering of Ativan for Resident #5. The pharmacist revealed on 9/15/2022 the pharmacy sent 58 doses of Ativan tablets to the facility for Resident #5. The 58 doses of Ativan would have been sufficient medication available at the facility for Resident #5 through until 10/15/2022. On 10/10/2022 the pharmacy sent two more doses of Ativan to the facility to be administered for Resident #5, which would have been sufficient doses until 10/16/2022. The pharmacist indicated the facility would not have had any more doses of Ativan to give to Resident #5 because a written or verbal new prescription was required from the physician. The pharmacist revealed an active prescription was filled on 10/19/2022 at 3:39 PM for 60 doses of Ativan for Resident #5 with two more refills yet to be filled. The pharmacist did not have a signed copy of the manifest when the doses of Ativan were delivered to the facility, but she thought it likely to have been in the early morning hours of 10/20/2022. The pharmacist reiterated that if the pharmacy had been called, a new prescription for Ativan could have been obtained by the pharmacy from the physician verbally and the required doses of Ativan sent to the facility for Resident #5, so that no doses of Ativan would have been missed. An interview was conducted with Nurse #5 on 10/27/2022 at 6:30 PM. Nurse #5 initialed on the MAR as not giving the ordered dose of Ativan to Resident #5 on 10/17/2022 at 6:00 AM. Nurse #5 stated she did not give the ordered dose of Ativan to Resident #5 on 10/17/2022 at 6:00 AM because the Ativan was not on the medication cart to give to the resident. Nurse #5 stated it was noted in the electronic medical record system the medication Ativan had already been ordered from	F 755	code 9 (other/see nurses note) and 5 (hold/see nurses note) for any medications unavailable for administration. C. Measures/systematic changes put in place to ensure deficient practice does not reoccur: 1. The Director of Nursing and/or designee will audit all residents for medications unavailable for administration using the Medication Admin Audit Report with parameters set for chart code 9 and chart code 5 to ensure that (a) medications are ordered from pharmacy (b) reported to MD (c) orders changed/and or held as directed and (d) resident and/or RP notified. Audit will be completed 5 times per week x 4 weeks, then 3 times per week x 4 weeks, then 2 times per week x 4 weeks, and ongoing as needed. The Director of Nursing will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance. 2. The Unit Manager will audit controlled substance medications using the Controlled Substance Audit Tool to ensure count status and need for new prescription from MD. Audit will be completed 3 times per week x 4 weeks, then 2 times per week x 4 weeks then weekly x 4 weeks and ongoing as needed. The Director of Nursing will report findings to the Quality Assurance Performance	

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F 755	Continued From page 4 the pharmacy. Nurse #5 revealed she was employed by an agency and could not call the pharmacy on the 11:00 PM to 7:00 AM shift on 10/17/2022 because the pharmacy would not have been open. Nurse #5 stated the only thing she could do was order medications through the electronic medical record system and notify the next shift nurse of her actions, which she indicated she did. Nurse #5 further indicated she did not call the physician because the medication was already ordered in the electronic medical record system, and it had not been reported to her that the medication required a new prescription to be obtained from the physician. Nurse #5 did not know if she had any recent training on what to do if a medication was not available to administer to a resident. An interview was conducted with Nurse #6 on 10/28/2022 at 6:30 AM. Nurse #6 initialed on the MAR as not giving the ordered dose of Ativan to Resident #5 on 10/18/2022 and 10/19/2022 at 6:00 AM. Nurse #6 confirmed she did not give the ordered dose of Ativan to Resident #5 on 10/18/2022 or 10/19/2022 because it was not in the cart for administration. Nurse #6 stated she saw in the electronic medical record system a new prescription was needed before the medication Ativan could be refilled for Resident #5 so, she sent a fax on both days to the physician requesting a new prescription be sent to the pharmacy for the Ativan for Resident #5. Nurse #6 stated she left the paperwork she faxed to the physician at the nurses' station so that the next shift nurse would know the unavailable medication was addressed. Nurse #6 indicated she was surprised when she came on 10/19/2022 and the Ativan was still not available for Resident #5 at 6:00 AM because usually a fax to the	F 755	Improvement Committee monthly and make changes to the plan as necessary to maintain compliance. 3. The Director of Nursing and/or designee will complete random audit of three residents EMAR using Medication Availability Audit Tool to validate medications administered or MD notified for further orders. Audit will be completed weekly x 12 weeks and ongoing as needed. The Director of Nursing will report findings to the Quality Assurance Performance Committee monthly and make changes to the plan as necessary to maintain compliance. 4. The Director of Nursing and/or designee will complete 100% cart audit using current daily census to ensure that all medications ordered are present on medication cart for administration. Audit will be completed 2 times per week x 4 weeks, then weekly x 4 weeks, then monthly x 2 months and ongoing as needed. The Director of Nursing will report findings to the Quality Assurance Performance Committee monthly and make changes to the plan as necessary. D. Monitoring of corrective action to ensure the deficient practice will not reoccur: 1. The Administrator and/or designee will be responsible for overseeing all audit of findings and subsequent disciplinary action, if applicable, will be reported the facility QAPI Committee monthly for three	

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F 755	Continued From page 5 physician resolved the problem of a medication not being available. Nurse #6 did not recall if she had any recent training on what to do if a medication was not available to administer to a resident. Medication Aide #1 was interviewed on 10/28/2022 at 9:12 AM. Medication Aide #1 was assigned to administer medications to Resident #5 on the 7:00 AM to 3:00 PM shift on 10/17/2022, 10/18/2022, and 10/19/2022. Medication Aide #1 did not specifically recall which nurse told her in report but, either Nurse #5 or Nurse #6 did tell her Ativan was not available to Resident #5 last week. Medication Aide #1 stated she did not do anything about it because the Ativan was not scheduled for her to administer to Resident #5, and it would have to be a nurse who would contact the physician to reorder a medication. Medication Aide #1 did not recall going to any recent training on what to do if a medication is not available for a resident because the nurses reorder medications for the residents. Nurse #4 was interviewed on 10/27/2022 at 4:15 PM. Nurse #4 documented on the MAR she administered Ativan to Resident #5 on 10/17/2022 and 10/18/2022 at 6:00 PM. Nurse #4 could not remember if she administered the ordered dose of Ativan to Resident #5 on 10/17/2022 or 10/18/2022 at 6:00 PM. Nurse #4 had no explanation as to why the medication was documented as given despite the medication not being available. Nurse #3 was interviewed on 10/27/2022 at 4:11 PM. Nurse #3 documented on the MAR she administered Ativan to Resident #5 on	F 755	months to review the need for continued intervention or amendment of plan. The facility alleges compliance on 11/09/2022.	

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10/19/2022 at 6:00 PM. Nurse #3 stated she did not recall if she administered Ativan to Resident #5 on 10/19/2022 at 6:00 PM. Nurse #3 stated if she clicked on the medication as given, she probably gave it, but she couldn't be sure. Nurse #3 indicated she goes through and checks everything on the MAR. Nurse #3 did not have an explanation as to why the medication Ativan was documented as given on 10/19/2022 despite the medication not being available.

An interview was conducted with Nurse #7, the unit supervisor, on 10/28/2022 at 9:21 AM. The unit supervisor revealed that all the nurses and the medication aides had recent training on what to do if a medication was not available for a resident. Nurse #7 revealed the following process or steps for if a medication was not available. First the physician should be notified, a hold put on the medication, and an alternate medication obtained if possible. Nurse #7 stated the physician can always be called and a fax notification to the physician of an unavailable medication was not to be done. Nurse #7 stated the pharmacy could be notified of a medication not being available through a telephone call or electronically through the electronic medical record system. Nurse #7 indicated a medication aide could not obtain orders but was able to call the physician for the purpose of notification of an unavailable medication. Nurse #7 also revealed either she or the Director of Nursing should have been notified the medication Ativan was not available for Resident #5. Nurse #7 confirmed all steps or measures taken for notification and obtaining a medication should be documented in the medical record.

The facility clinical nurse consultant was

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F 755	Continued From page 7 interviewed on 10/28/2022. The facility nurse consultant stated it was the facility's expectation that once it was determined a resident was running low or out of a medication the nurse should call the physician, notify the pharmacy, and document all these actions in the medical record of the resident. The facility clinical nurse consultant stated it was also the expectation the nurses understand how to accurately reflect on the MAR the administration and availability of the medication.	F 755		