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	345006	A. BUILDING _____ B. WING _____	C 10/11/2022

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BLUMENTHAL NURSING & REHABILITATION CENTER	3724 WIRELESS DRIVE GREENSBORO, NC 27455

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F 000	INITIAL COMMENTS A follow up and complaint investigation survey was conducted from 10/10/22-10/11/22. Event ID# O1MU11. The following intakes were investigated: NC00192681, NC00193950, NC00193796, NC00192262, NC00192255, NC00192081. 20 of the 20 allegations were not substantiated.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the	F 656		11/3/22

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

Electronically Signed | 11/04/2022

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F 656	Continued From page 1 resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record reviews, the facility failed to 1) develop a comprehensive care plan for a new admission (Resident #10), and 2) develop a care plan that addressed discharge goals and plans for 1 resident (Resident #8). This was evident in 3 of 11 care plans reviewed. Findings included: 1. Resident #10 was admitted to the facility 9/8/2022 with diagnoses that included metabolic encephalopathy, adult failure to thrive, atrial fibrillation, and pain. A review of the admission Minimum Data Set (MDS) dated 9/14/2022 revealed Resident #10 had severe cognitive impairment and required total assistance of one staff member with bed mobility, dressing, toileting, and taking a bath or shower. He was always incontinent of bowel and bladder. The assessment identified the Resident received opioid medication 7 days out of a 7-day lookback period.	F 656	1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #10 is no longer at the facility. Resident #8—Discharge care plan was completed on 10.11.2022 with family representative involvement by Regional MDS Consultant 2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: 100% Audit was completed on 11.01.2022 of all Comprehensive care plans and discharge care plans by Regional MDS consultant to ensure that all residents have a Comprehensive and Discharge care plans for all residents. 3.Address what measures will be put into place or systemic changes made to	

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F 656	Continued From page 2 A review of the electronic medical record for Resident #10 revealed a care plan, dated 9/13/2022, and did not identify a nursing, discharge, advance directives, or activities focused area. An interview was conducted with the Administrator on 10/11/2022 at 4:37 p.m. He reviewed the care plan for Resident #10 and stated the Interdisciplinary team (IDT), consisting of nursing, social services, dietary, and activities were all responsible for completing their departments comprehensive care plan focused areas, goals, and interventions. He revealed he observed the entire nursing care plan, activities, and social services were missing from the care plan. He stated these included activities of daily living (ADL) care needs, pain, end of life/palliative, and discharge goals. The Administrator added it was his expectation that a resident had a comprehensive care plan in place per the regulation and receive a care plan conference. He stated the concern with no care plan for Resident #10 would be corrected immediately and the responsible party (RP) would be contacted to schedule a care plan meeting. An interview was conducted with the Director of Nursing (DON) on 10/11/2022 at 4:40 p.m. The DON was present during the interview with the Administrator. She stated she agreed with the statements from the Administrator. She reviewed the electronic medical record and did not see a progress note that indicated an initial comprehensive care plan meeting was conducted. An interview was conducted with Social Worker	F 656	ensure that the deficient practice will not recur: The morning clinical meetings will now include review of new admission assessments that are in progress, to ensure that a Comprehensive Care plan has been developed in the required time frame specified by the Resident Assessment Instrument (RAI) Manual. As of 11.03.22, Regional MDS consultant educated members of the Interdisciplinary team (IDT) (includes, social workers, activity's director, MDS Nurse, Rehab Director, and Director of Nursing,) on maintaining Comprehensive Care Plans and Discharge Plans on every resident. Any new hires will be educated on F656 and its content with emphasis on the importance of completing Comprehensive Care Plans within 21 days of a resident's admission to the facility. 4.Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: The MDS Nurse or designee will review the MDS assessments at random for 10 new admissions (admits within past 30 days) to ensure that they have a developed comprehensive care plan in accordance with F656 and its content. Audits will be weekly X4, monthly X3, quarterly thereafter to ensure adequate compliance with F656. Findings will be documented on the Comprehensive Care Plan Audit Tool.	

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F 656	Continued From page 3 #1 on 10/11/2022 at 4:50 p.m. and she revealed she met with the RP for Resident #10 within 48 hours of admission. She indicated it was the goal for the family for the Resident to receive Medicare skilled care and transition to Hospice services as he further declined. She stated she was the only IDT member to meet with the family, during the meeting, and she did not cover his activity goals, medications, or nursing care needs. She stated a comprehensive care plan meeting had not been scheduled and she had not sent an invitation to the family, except for the baseline care plan meeting. She added that she was responsible for sending the invitations and scheduling the meetings. She revealed the long-term care goals, identified by the RP, had not been added to the comprehensive care plan. 2. Resident #8 was admitted to the facility on 9/14/22 with diagnoses that included, in part, hypertension and generalized muscle weakness. The admission Minimum Data Set (MDS) assessment dated 9/20/22 revealed Resident #8 had severely impaired cognition. The assessment further indicated the resident expected to discharge to the community and active discharge planning was in place for the resident to return to the community. The comprehensive care plan, updated 9/20/22, did not include information that addressed discharge plans. In an interview with Resident #8 on 10/11/22 at 4:05 PM, she thought she had been at the facility for a couple of weeks and stated she wanted to discharge home where she lived alone. On 10/11/22 at 11:01 AM an interview was	F 656	The MDS Nurse will report findings to the QAPI Committee monthly for review and input	

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F 656	Continued From page 4 completed with Social Worker (SW) #2. She explained she added discharge information to the baseline care plan but had not written anything on the comprehensive care plan related to the resident's discharge goals or plans. She was unaware discharge information was to be included in the comprehensive care plan. The MDS Nurse was interviewed by telephone on 10/11/22 at 11:48 AM. She explained the social workers were responsible to add discharge planning goals to the comprehensive care plan. She had helped the social workers with some of the care plans due to their inexperience with the care plan process. The MDS Nurse stated discharge plans and goals had not been added to Resident #8's care plan due to the uncertainty of her discharge plan, whether she planned to remain in the facility or transfer out of state to another nursing home. During an interview with the Administrator on 10/11/22 at 11:57 AM, he thought discharge plans and goals had not been included in the comprehensive care plan due to the uncertainty of Resident #8's discharge plan. He added corporate support was available in training the social work staff on the care plan process.	F 656		
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	F 755		11/3/22

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F 755	Continued From page 5 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 §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 observations, record review, staff, and pharmacy interviews, the facility failed to maintain an accurate account of all controlled medications for 2 of 2 sampled residents (Resident #7 and Resident #10) reviewed for medications, that received a liquid controlled medication. The findings included: A. Resident #7 was admitted to the facility on 3/3/2022. A review of Resident #7's medication orders revealed a physician's order was written on 8/10/2022 for morphine sulfate (an opioid pain	F 755	1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #7 and Resident #10 are no longer at our facility. 2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: On 11.03.2022 Director of Nursing completed an audit of Control Substance	

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F 755	Continued From page 6 medication) 20 milligrams (mg)/per milliliter (ml) liquid solution, give 5 mg (0.25 ml) 30 minutes prior to wound care and every 4 hours as needed for pain or dyspnea (shortness of breath). On 8/26/2022 the morphine sulfate as needed order was discontinued and changed to read, morphine sulfate 20 mg/ml liquid solution, give 5 mg (0.25 ml) 30 minutes prior to wound care and every 4 hours. Morphine sulfate is a controlled medication. A review of Resident # 7's August 2022 Medication Administration Record (MAR) indicated 51 doses of morphine sulfate 20 mg/ml liquid solution were administered to the Resident from the dates of 8/12/2022 - 8/31/2022 on the following dates: -- On 8/12/2022 - 8/13/2022, 1 dose of morphine sulfate was documented as administered each day. -- On 8/14/2022, 2 doses of morphine sulfate were documented as administered. -- On 8/15/2022 - 8/25/2022, 1 dose of morphine sulfate was documented as administered each day. -- On 8/26/2022, 5 doses of morphine sulfate were documented as administered. -- On 8/27/2022 - 8/31/2022, 7 doses of morphine sulfate were documented as administered each day. On 10/11/2022 at 11:15 a.m. the Director of Nursing (DON) was requested to provide the Controlled Substance Receipt/Count Sheet (a declining inventory record) for Resident #7's Morphine Sulfate. A review of Resident #7's Controlled Substance	F 755	Sheets and cross referenced with current residents' medication administration record for last 30 days to ensure that there were no discrepancies in documentation 3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not reoccur: Licensed nurses will verify narcotics have been given as prescribed by ensuring that Medication Administration Record (MAR) and the Controlled drug receipt/Count sheet are accurate and are validated by signatures at the end of a shift. Regional Nurse Consultant educated all licensed nurses and medication aides, on the correct procedure of administering and documenting of prescribed controlled substances/medications. Education was completed on 11/3/2022. Anyone not educated on 11/3/22, must be educated prior to the start of their next working shift. New Hires will be educated during orientation. 4.Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: Director of Nursing and/or administrative nurses will complete a review of prior day narcotic sheets and Medication administration Record (MAR) to ensure there are no discrepancies in the	

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F 755	Continued From page 7 Receipt/Count Sheet indicated 27 doses of Morphine Sulfate 5 mg liquid solution was drawn from the medication cart from 8/12/2022 - 8/31/2022 on the following dates: --On 8/13/2022, one dose of morphine sulfate was documented as removed from the medication cart. --On 8/14/2022, one dose of morphine sulfate was documented as removed from the medication cart. --On 8/15/2022, one dose of morphine sulfate was documented as removed from the medication cart. --On 8/18/2022, one dose of morphine sulfate was documented as removed from the medication cart. --On 8/23/2022, one dose of morphine sulfate was documented as removed from the medication cart. --On 8/25/2022, one dose of morphine sulfate was documented as removed from the medication cart. --On 8/26/2022, two doses of morphine sulfate were documented as removed from the medication cart. --On 8/27/2022, three doses of morphine sulfate were documented as removed from the medication cart. --On 8/28/2022, five doses of morphine sulfate were documented as removed from the medication cart. --On 8/29/2022, five doses of morphine sulfate were documented as removed from the medication cart. --On 8/30/2022, three doses of morphine sulfate were documented as removed from the medication cart. --On 8/31/2022, three doses of morphine sulfate	F 755	documentation of narcotic administration. This will be conducted with the facility morning clinical meeting. Audits will be completed, daily (M-F) X14, weekly X3, and monthly thereafter to ensure adequate compliance. Findings will be documented on Controlled Substance Audit tool. The Director of Nursing will complete a summary of the audit results and present at the facility monthly QAPI meeting to ensure continued compliance.	

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were documented as removed from the medication cart.

An interview was conducted with the DON on 10/11/2022 at 2:42 p.m. She revealed the nurses and medication aide's (MA) were expected to review a residents' orders and pull the ordered medication from the medication cart, then go to the resident and administer the medication. She added, after the medication had been administered the nurse or MA then returns to the medication cart and documents the medication was administered in the electronic medical record and in the narcotic logbook (Controlled Substance Receipt/Count Sheet). She was requested to review Resident #7's MAR for the dates of 8/28/2022 and 8/29/2022. She stated she observed the order for Morphine Sulfate 5 mg signed as administered on 8/28/2022 at 9:00 p.m. and 8/29/2022 at 9:00 p.m. with her electronic signature that documented the medication was administered. She was then requested to review Resident #7's Controlled Substance Receipt/Count Sheet for Morphine Sulfate for the dates of 8/28/2022 and 8/29/2022 at 9:00 p.m. She revealed she did not see documentation that indicated the Morphine Sulfate was pulled from the medication cart at 9:00 p.m. on 8/28/2022 or 8/29/2022. She added that she had never administered Morphine Sulfate to Resident #7 and was unsure why her signature was on the MAR.

An interview was conducted with Nurse # 1 on 10/11/2022 at 3:08 p.m. and she reviewed Resident #7's MAR for Morphine Sulfate 5 mg to be administered 30 minutes prior to wound care on the dates of 8/19/2022, 8/20/2022, and 8/21/2022. She revealed the electronic signature

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on the MAR for these dates was her signature and it indicated she had administered the medication. She reviewed the Controlled Substance Receipt/Count Sheet for the Resident's Morphine Sulfate on these dates and stated she did not see documentation that the Resident had a medication pulled from the medication cart. She stated she could not remember what had occurred on these dates and normally, if she signed the MAR she would then administer and log the narcotic (controlled substance).

The electronic medical record revealed Resident #7 had an expected death at the facility on 9/5/2022 and the controlled substance, Morphine Sulfate liquid solution, was then returned to the pharmacy to be destroyed. The Controlled Substance Receipt/Count Sheet documented 14.75 ml of solution remained.

A telephone interview was conducted on 10/11/2022 at 5:25 p.m. with the Pharmacy manager. He revealed the Pharmacy received Resident #7's morphine sulfate liquid solution on 9/13/2022 to be destroyed and the bottle contained 14.25 ml of solution.

B. Resident #10 was admitted to the facility on 9/8/2022. A review of Resident #10's medication orders revealed a physician's order was written on 9/8/2022 for morphine sulfate (an opioid pain medication) liquid solution, 20 mg/ml, take 5 mg (0.25 ml) by mouth every 4 hours as needed for moderate pain and dyspnea. Morphine Sulfate is a controlled medication.

A review of Resident #10's Medication Administration Record (MAR) indicated a dose of

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morphine sulfate 5 mg for pain was administered on 9/19/2022 at 8:16 p.m. by Nurse #2.

A review of Resident #10's Controlled Substance Receipt/Count Sheet for Morphine Sulfate liquid solution, 5 mg (0.25 ml) did not indicate the medication was pulled from the medication cart on 9/19/2022.

Nurse #2 was not available for interview.

An interview was conducted with the Administrator on 10/11/2022 at 4:37 p.m. and he revealed it was his expectation, if a resident had an ordered controlled substance, that the MAR documentation match the narcotic log. He added an investigation would be conducted to review why the MAR and narcotic log documentation did not match for two residents.