| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345491 | A. BUILDING _____ B. WING _____ | C 02/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| CROATAN RIDGE NURSING AND REHABILITATION CENTER | 210 FOXHALL ROAD NEWPORT, NC 28570 |

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| E 000 | Initial Comments<br><br>An unannounced recertification and complaint investigation was conducted on 01/30/2024 through 02/02/2024. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #MUL911. | E 000 | | |
| F 000 | INITIAL COMMENTS<br><br>A recertification and complaint investigation survey was conducted from 01/30/2024 through 02/02/2024. Event ID#MUL911. The following intakes were investigated NC00195197, NC00195676, NC00196070, NC00196874, NC00199326, NC00200119, NC00200187, NC00203387, NC00204221, NC00204514, NC00204546, NC00207820, NC00207915, NC00208284, NC00210828, and NC00212277.<br><br>1 of the 40 complaint allegations resulted in deficiency. | F 000 | | |
| F 641 SS=D | Accuracy of Assessments<br>CFR(s): 483.20(g)<br><br>§483.20(g) Accuracy of Assessments.<br>The assessment must accurately reflect the resident's status.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interviews the facility failed to code the Minimum Data Set (MDS) accurately for hospice for 1 of 1 residents reviewed for hospice (Resident #49).<br><br>Findings include:<br><br>Resident #49 was admitted into the facility on 10/10/2022 with diagnosis of non-Alzheimer's dementia. | F 641 | Croatan Ridge Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. | 2/21/24 |

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

Electronically Signed | 02/14/2024

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| F 641 | Continued From page 1<br><br>A review of Resident 49's Physician's Orders dated 10/27/23 revealed an order for hospice care.<br><br>A review of Resident 49's hospice documentation revealed admission paperwork to hospice dated 10/27/23.<br><br>A review of Resident 49's payor source revealed on 10/27/23 the payor source change to hospice private.<br><br>A review of Resident #49's care plan dated 10/30/23 revealed a care plan problem of hospice care due to terminal condition.<br><br>A review of Resident 49's significant change MDS dated 11/2/23 indicated the resident was not on hospice care.<br><br>A review of Resident 49's Care Area Assessment for MDS dated 11/2/23 revealed cognitive loss/dementia section detailed that resident is now on hospice due to her progressive decline.<br><br>An interview was conducted on 2/1/24 at 9:08 AM with the MDS coordinator. She indicated that Resident #49 was admitted to hospice care on 10/27/23 and that services were ongoing. A review of the significant change MDS dated 11/2/23 that indicated Resident #49 was not on hospice care was reviewed with the MDS Coordinator. The CAA for the 11/2/23 MDS was reviewed with the MDS Coordinator. The MDS Coordinator revealed the significant change MDS was incorrectly coded for hospice. She stated it was simple human error and the purpose of the Significant Change MDS dated 11/2/23 was | F 641 | Croatan Ridge Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Croatan Ridge Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.<br><br>Resident #49 continues to reside in the facility and remains on hospice services. The Minimum Data Set (MDS) for Resident #49 was modified to indicate the resident is on hospice and was transmitted on 2/1/2024.<br>On 2/13/2024 the Nursing Home Administrator (NHA) completed 100% audit of residents who are currently on hospice services to ensure a significant change MDS is completed indicating the resident's admission to hospice services. No further omissions were identified.<br>On 2/13/2024 the Nursing Home Administrator educated the MDS nurse regarding capturing a resident's significant change and the inclusion of hospice services in the significant change MDS.<br>Nursing Home Administrator will audit significant changes and residents who are admitted to hospice services to ensure the MDS nurse captures the resident's significant change and admission to hospice services on the MDS. Audit will be completed 5x/week x4 weeks then | |

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| F 641 | Continued From page 2<br>because she had been accepted under hospice services.<br><br>An interview was conducted on 2/1/24 at 9:15 AM with the Director of Nursing who indicated the MDS should have noted Resident #49 was on hospice care.<br><br>An interview was conducted on 2/1/24 at 9:20 AM with the Administrator who indicated that the MDS should have reflected the resident #49 was on hospice care and that it was simply an oversight. | F 641 | monthly x1 month during Cardinal Interdisciplinary Team meeting.<br>Nursing Home Administrator will present audit to Quality Assurance Performance Improvement (QAPI) committee for review X2 months. QAPI committee will determine trends and/or issues that may warrant further monitoring. | |
| F 657 SS=D | Care Plan Timing and Revision<br>CFR(s): 483.21(b)(2)(i)-(iii)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(2) A comprehensive care plan must be-<br>(i) Developed within 7 days after completion of the comprehensive assessment.<br>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br>(A) The attending physician.<br>(B) A registered nurse with responsibility for the resident.<br>(C) A nurse aide with responsibility for the resident.<br>(D) A member of food and nutrition services staff.<br>(E) To the extent practicable, the participation of the resident and the resident's representative(s).<br>An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.<br>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. | F 657 | | 2/21/24 |

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| F 657 | Continued From page 3<br>(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, and staff interviews, the facility failed to revise the care plan to reflect changes in oxygen therapy for 1 of 24 sampled residents (Resident #6).<br><br>The findings included:<br><br>Resident #6 was admitted to the facility on 01/29/21 with diagnoses which included chronic respiratory failure.<br><br>A review of Resident #6's Physician Orders, dated 10/09/23, read oxygen at 4 liters per minute via nasal canula continuous.<br><br>A review of Resident #6's care plan, last updated 11/21/23, included the problem actual ineffective breathing pattern related to dysphagia with recent aspiration and decreased oxygen saturation. Interventions included oxygen therapy 2 liters per minute via nasal canula as ordered.<br><br>A review of Resident #6's annual Minimum Data Set (MDS), dated 01/25/24, revealed Resident #6 to be severely cognitively impaired with diagnoses which included respiratory failure. The MDS indicated Resident #6 was on oxygen therapy.<br><br>An interview with MDS Nurse #1 was conducted on 01/31/24 at 2:00 p.m. The MDS nurse explained she was one of many who updated residents' care plans. She further explained she tried to update care plans as new orders were | F 657 | Resident #6 continues to reside in the facility and remains in stable condition.<br>The Care plan for Resident #6 was updated on 2/1/2024 to reflect accuracy of the current oxygen order.<br>On 2/13/2024 the Director of Nursing completed 100% audit of residents who are on oxygen therapy to ensure oxygen therapy was reflected on the resident care plan. Any concerns identified were addressed immediately by the Minimum Data Set nurse.<br>On 2/14/2024 the Director of Nursing completed education with IDT members regarding updating care plans accurately and timely to reflect resident's current condition and medical needs.<br>Director of Nursing will monitor care plans 5x/weekly x4 weeks then monthly x1 month to ensure resident care plans for oxygen therapy use is updated and reflects the resident's current condition and medical needs.<br>Director of Nursing will present audit to QAPI committee for review X2 months. QAPI committee will determine trends and/or issues that may warrant further monitoring. | |

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| F 657 | Continued From page 4 | F 657 | | |

written, as well as updating the care plans at the time of the residents' quarterly assessments. The MDS nurse explained when Resident #6's oxygen therapy orders had been changed on 10/09/23, the care plan had not been revised to reflect the new order secondary to it having been overlooked at the time. The MDS nurse indicated she would update the care plan at this time.

An interview with the Administrator was conducted on 02/01/24 at 12:30 p.m. The Administrator explained that a resident's care plan was updated quarterly, annually, and as needed. The Administrator further explained the Interdisciplinary Team meet every morning and new orders were reviewed and discussed. The Administrator indicated that residents' care plans were updated at that time. She was unable to explain why Resident #6's care plan had not been updated when her oxygen therapy order was changed on 10/09/23. The Administrator also clarified the care plan should reflect a resident was on oxygen at a rate "as per Medical Doctor order" instead of the exact oxygen flow rate so the care plan did not have to be revised after every order change of the oxygen flow rate. The Administrator indicated a former employee would put the exact order of the oxygen flow rate into the wording of the care plan which had been a change from the way the interventions for oxygen therapy had previously been written into the care plan. The Administrator explained it had been human error as the reason Resident #6's care plan not being updated after the change to the resident's oxygen therapy flow rate and stated it would be corrected and staff would be educated on the correct way to include the resident's oxygen therapy in the care plan.

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| F 695 | Continued From page 5 | F 695 | | |
| F 695 SS=D | Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)<br><br>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.<br>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, record review, and staff and physician interviews, the facility failed to administer oxygen at the physician prescribed rate for 1 of 1 resident sampled for respiratory care (Resident #6).<br><br>The findings included:<br><br>Resident #6 was admitted to the facility on 01/29/21 with diagnoses which included chronic respiratory failure, vascular dementia with other behavioral disturbance, and bed confinement status.<br><br>A review of Resident #6's Physician Orders read, oxygen at 4 liters per minute via nasal canula continuous and was written on 10/09/23.<br><br>A review of Resident #6's Care Plan, last updated 11/21/23, included a problem of actual ineffective breathing pattern related to dysphagia with recent aspiration and decreased oxygen saturation. Interventions included oxygen therapy 2 liters per minute via nasal canula as ordered. | F 695 | Resident #6 continues to reside in the facility and remains in stable condition. The oxygen order was reviewed by the physician and resident remains on 4L with oxygen saturation being obtained each shift.<br>On 2/13/2024 the Director of Nursing completed 100% audit of residents who are on oxygen therapy to ensure oxygen concentrator settings were set appropriately per physician orders. Any concerns identified were addressed immediately by Director of Nursing.<br>On 2/14/2024 the Director of Nursing initiated education with nursing staff regarding the importance of maintaining oxygen concentrator settings per physician orders and ensuring the setting are maintained. Education will be completed by 2/16/2024. After 2/16/2024 any nurse who was not educated will be educated prior to the start of their next scheduled shift. Any new nurses hired will be educated regarding oxygen settings per physician order. | 2/21/24 |

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| F 695 | Continued From page 6<br>A review of Resident #6's annual Minimum Data Set (MDS), dated 01/25/24, revealed Resident #6 to be severely cognitively impaired with diagnoses which included respiratory failure. The MDS indicated Resident #6 was on oxygen therapy.<br><br>A review of Resident #6's oxygen saturation (amount of oxygen in the blood) from 01/27/24 through 01/30/24 revealed the levels were between 95% to 97%.<br><br>An observation of Resident #6 was made on 01/30/24 at 10:02 a.m. Resident #6 was lying in her bed with her eyes closed with no shortness of breath noted. She had oxygen in her nose via NC. The oxygen concentrator was placed next to her bed and was set to deliver 3 liters of oxygen.<br><br>An interview was conducted with Nurse #4 on 02/01/24 at 9:36 a.m. Nurse #4 confirmed she had been assigned to care for Resident #6 on 01/30/24 from 7:00 a.m. until 7:00 p.m. Nurse #4 explained the resident often pulled the nasal canula out of her nose, however she has never known her to adjust the oxygen flow rate on the oxygen concentrator. Nurse #4 recalled on 01/30/24 she entered Resident #6's room, between 9:30 a.m. to 10:00 a.m., and noted her nasal canula to be in her nose and the oxygen flow rate on the oxygen concentrator had been set to 4 liters per minute as ordered. Nurse #4 stated she did not have any idea how the flow rate on the concentrator had been changed to 3 liters per minute.<br><br>An observation of Resident #6 was made on 01/31/24 at 9:28 a.m. Resident #6 was lying in her bed; her eyes were open and she was alert. She had oxygen in her nose via NC. The oxygen | F 695 | Director of Nursing will complete a 10% audit of oxygen concentrator setting 5x/week x2 weeks then weekly x2 weeks then monthly x1 month to ensure oxygen concentrators are set at the appropriate oxygen flow per physician orders. Any concerns identified will be immediately corrected by the nurse on duty.<br>Director of Nursing will present audit to QAPI committee for review X2 months.<br>QAPI committee will determine trends and/or issues that may warrant further monitoring. | |

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| F 695 | Continued From page 7 | F 695 | | |

concentrator was placed next to her bed and was set to deliver 3 liters of oxygen.

An interview was conducted with Nurse #3 on 01/31/24 at 9:35 a.m. Nurse #3 confirmed she had been assigned to care for Resident #6 on 01/31/24 from 7:00 a.m. until 7:00 p.m. Nurse #3 explained that when she checked on the resident during her rounds earlier, the resident's nasal canula was in her nose and the oxygen concentrator was set to 4 liters per minute as ordered. Nurse #3 stated she did not know how the resident's oxygen flow rate on the concentrator had been changed to 3 liters and indicated she would go check on Resident #6. Nurse #3 stated she had not known the resident to adjust the oxygen flow rate on the concentrator.

A second interview was conducted with Nurse #3 on 01/31/24 at 2:20 p.m. Nurse #3 explained after being interviewed earlier by this surveyor, she had returned to Resident #6's room and found the oxygen concentrator set to 3 liters per minute and the resident's oxygen saturation was 92%. Nurse #3 stated she had increased the oxygen flow rate on the concentrator to the ordered 4 liters per minute and Resident #6's oxygen saturation improved to 97%-98%.

An interview was conducted with the Medical Doctor (MD) on 02/01/24 at 10:51 a.m. The MD indicated that with Resident #6's medical history, an oxygen saturation of anything above 90% was fine. The MD explained an oxygen saturation of less than 90% would have been concerning.

An interview was conducted with the Director of Nursing (DON) on 02/01/24 at 11:17 a.m. The

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| F 695 | Continued From page 8<br>DON explained it was her expectation the nurses check on residents on oxygen therapy at least once a shift or more often if the resident was known to be noncompliant with the oxygen therapy, such as pulling the nasal canula out of their nose. The DON indicated she planned on discussing Resident #6's oxygen therapy orders with the MD in hopes the order will be changed to reflect titration of the oxygen flow rate to maintain the oxygen saturation within prescribed parameters. | F 695 | | |
| F 755 SS=E | Pharmacy Srvcs/Procedures/Pharmacist/Records<br>CFR(s): 483.45(a)(b)(1)-(3)<br><br>§483.45 Pharmacy Services<br>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.<br><br>§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.<br><br>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-<br><br>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.<br><br>§483.45(b)(2) Establishes a system of records of | F 755 | | |

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| F 755 | Continued From page 9<br>receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and<br><br>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review and staff interviews, the facility failed to prevent medication diversion, keep an accurate account of control medications and safeguard Residents' controlled substance count records for 3 of 12 residents sampled for misappropriation of property (Resident #3, Resident #260, and Resident #261).<br><br>The findings included:<br><br>a. Resident #3 was admitted to the facility on 11/30/2020 with diagnoses including chronic pain.<br><br>The November 2022 Medication Administration Record (MAR) revealed an order for Norco (used to treat moderate to severe pain) tablet 5-325 milligrams (MG) every 12 hours as needed for pain.<br><br>A review of the controlled substance count record returned to facility by unidentified male dated 11/02/2022 revealed an order for 30 Norco tablets 5-325 MG for Resident #3. The last count on the count sheet indicated 6 tabs left.<br><br>b. Resident #260 was admitted to the facility on 12/08/2022 with diagnosis of joint replacement surgery. Resident #260 was discharged from the facility on 12/19/2022. | F 755 | Past noncompliance: no plan of correction required. | |

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| F 755 | Continued From page 10 | F 755 | | |

The December 2022 Medication Administration Record (MAR) revealed orders for Oxycodone-APAP (Acetaminophen) (used to treat moderate to severe pain) tablet 7.5-325 MG. Give 1 tablet by mouth every 6 hours for pain. The medication was administered as ordered.

A packing slip for Resident #260, from the pharmacy dated 12/08/2022 revealed RX (a medical prescription) #17060261 had 120 oxycodone/APAP tabs 7.5 MG ordered.

A review of the controlled substance count record RX#17060261 for 120 Oxycodone/APAP 7.5 MG-325 MG, 30 count each sheet, #1 of 4 dated 12/08/2022 revealed all tabs were given. There were no sheets found for #2 of 4, #3 of 4 and #4 of 4.

c. Resident #261 was admitted to the facility on 12/01/2022 with diagnoses including nondisplaced fracture of right foot. Resident #261 was discharged from the facility on 12/13/2022.

The December MAR revealed an order for Oxycodone (used to treat moderate to severe pain) 10 MG, one tab four times a day. The order was followed.

A review of the controlled substance count record that was returned to facility by unidentified male dated 12/08/2022 revealed Resident #261s order for Oxycodone 10 mg, sheet 2 of 4, with a start of 30 medications with no medications signed out.

A controlled substance count record dated 12/08/2022 revealed an order for 120 oxycodone 10 MG, 30 each sheet for Resident #261

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numbered 1 of 4, 3 of 4 and 4 of 4. The control substance count record for 2 of 4 was missing. The other sheets were returned to the pharmacy.

Review of the investigational summary dated 12/30/2022 revealed at approximately 1:30 PM, an unidentified male called the facility and spoke with the Nurse Supervisor. He reported that he attended a party the previous night and an unidentified female, who worked for the facility was observed with a "handful of what looks like oxycodone". The male caller stated the female appeared to be Hispanic, but caller declined to give name of female staff. Initial review of narcotics on hand did not identify any concerns. At approximately 7:00 PM, an unidentified male arrived at the facility and spoke with Nurse #1 and Nurse #2. The male provided the nurse with two resident narcotic count sheets, one for Resident #3 for 6 Norco tablets 5-325 MG and one for Resident #261 for 30 tablets of Oxycodone 10 MG. The male did not provide medications to accompany the sheets. The nurse questioned the male who declined to give a name but stated the facility had an employee he was familiar with who had an addiction problem and needed help. When asked who the employee was, he pointed to a signature of Medication Aide (MA #1) on the narcotic sheet. The nurse verified the name the male was pointing to as MA #1 and the male confirmed. During initial audits of all residents with controlled substances, 90/120 Oxycodone/APAP tablets 7.5-325 MG dated 12/08/2022 were missing for Resident #260 and had not been returned to the pharmacy after they discharged.

Review of witness statement from the Nurse Supervisor dated 12/30/2022 revealed an

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unidentified male called the facility and stated a girl (MA #1) from the facility was giving out pills at a small party the night before. He stated the girl worked at the facility. The male also stated he saw a "count sheet". He was informed that the police would have to be called and asked if he had any other information and he stated "No".

Review of witness statement from Nurse #1 dated 12/30/2022 revealed an unidentified male was in the front lobby and asked for the Nurse Supervisor and handed 2 control substance sheets to another nurse, Nurse #2. He was asked how he got the sheets and he stated he was a family friend of an employee and pointed to MA #1's name on the control sheet and left the facility without giving his name.

Review of witness statement from MA #1 dated 12/30/2023 revealed MA #1 stated she did not know how controlled substance count sheets were found in her home, they are thick paper, and it would be hard to put in her pocket. Her ex-husband had been to the facility several times and the last time being 2 weeks ago and wanted to scare her and make her understand he wanted her home with the kids more. MA #1 stated she did not take any pills.

Review of the Police Officer's report dated 12/30/2022 for property missing Norco 5-325 MG tab belonging to Resident #3, Oxycodone 10 MG belonging to Resident #261 and Oxycodone/APAP 5-325 MG belonged to Resident #260. The Police Department received a call to go to Croatan Ridge due to possible larceny by employee from elderly or disabled adult at the facility. Upon arrival, the officer met with the Administrator and was informed an

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anonymous male subject spoke with Nurse Supervisor first by phone, then in person at facility. The male had two controlled substance count record sheets but no medications. There were 120 Oxycodone/APAP and 6 Norco pills unaccounted for. All residents received their ordered medication. MA #1 was asked about the missing pills, and she stated she did not take any medication and believed her ex-husband was the anonymous caller and was trying to ruin her life. The police report concluded no arrest, and the case was closed.

A review of clinical refence laboratory test dated 01/01/2023 revealed MA #1's urine test was negative for amphetamines, barbiturates, benzodiazepines, methadone, propoxyphene, cocaine, opioids, and PCP.

A review of the controlled substance count record returned to facility by unidentified male dated 11/02/2022 revealed an order for 30 Norco tablets 5-325 mg for Resident #3. The last count on sheet were 6 tabs left. The count record showed Med aide #1 signed out narcotics on 11/10/22 at 9:12 AM.

A review of the MA #1's attendance punch report for November 2022 revealed she did not work on 11/10/2022.

An interview with the Director of Nursing (DON) was conducted on 02/01/2024 at 12:02 PM. The DON stated she was a part of the investigation of drug diversion involving 3 residents. Resident #3, Resident #260, and Resident #261. It was found that the control sheets of Resident #3 and Resident #261 were brought in by an unknown male that turned out to be an ex-husband of MA

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#1. MA #1 was suspended during the investigation. The investigation was substantiated, and MA #1 was terminated and reported. MA #1's attendance sheet for November 2022 was pulled and it showed she signed a medication as administered and she did not work on the date it was documented. The missing medications were unnoticed because the narcotic sheets were the nurses' document the count and the medications were taken.

A telephone interview with the former Administrator was conducted on 02/01/2024 at 6:09 PM. The Administrator stated on 12/30/2022 an anonymous call from somebody saying that they felt like they needed to check on one of their staff because they were stealing meds. So, after the call she checked the medications of residents in the facility, and they did not see anything out of the ordinary because the counts were equal. The same afternoon the unidentified male came to the facility and 2 nurses witnessed him having 2 control substance sheets. One belonging to Resident #3 with 6 tabs of Norco 5-325 MG left on count sheet and a 30-count control sheet of Resident #26Is Oxycodone 10 MG. The nurses asked where he got the narcotic control sheets and he said he got them from a staff member's house and was bringing it back to the facility. The nurses told him how serious this was, and they would have to call the police and then he pointed to MA #1's signature on one of the sheets and left without giving his name. The Administrator was made aware and began the investigation. The Administrator stated they filed a 24-hour report and a five-day summary investigation with the state agency. The investigation revealed the unknown male was the ex-husband of MA #1. Staff reported they had only seen him once in the

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facility and it was to give MA #1 lunch and left. So, it was concluded MA #1 would be the logical choice as the where he got the sheets. Police were called and they investigated and closed the case stating they could not prove MA #1 took the medications. The DEA was notified. The Health and Care Personnel investigations (HCPI) was notified. The HCPI substantiated the investigation. The Administrator also stated audits were completed of all residents with narcotic medications from November 2022 to December 2022. During the audit, a residents' medication was identified as missing. Resident #260s 7.5/325 MG of Norco was missing 90 of the 120 tablets that were ordered. The medication was not returned to the pharmacy. She also indicated, all nurses were in-serviced for drug diversion education, and Health Insurance Portability and Accountability Act (HIPPA) violations because the sheets had residents' names on them in the community. The Administrator also stated they completed a full plan of correction (POC) that was completed 01/02/2023. The Administrator also stated she audited the narcotics control sheets and pharmacy deliveries at least twice a week after the drug diversion and spontaneously observed shift changes to insure the nurses were completing their counts completely and accurately. The Administrator also stated it was unknown when the medications were originally missing because the control sheet and the medications were taken at the same time.

An interview with Nurse #1 was conducted on 02/01/2024 at 6:51 PM. The nurse stated she recalled the incident on 12/30/2022. She and Nurse #2 was in the hall and an unknown male came into the facility and stated he received 2 controlled substance count sheets from a former

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employee and handed the sheets to the nurse. One with 6 tabs left of Norco tablets 5-325 MG and an empty sheet with a count of 30 tabs of Oxycodone 10 MG. The nurse did not recall the residents' names on the cards. The nurse also stated the unknown male did not return any medications. He pointed to a staff's signature on the sheet, and it was MA #1. The male was made aware how serious these allegations were and he left the facility without leaving his name. The nurse stated she did not know how the male had the sheets because it is a document only staff would have access to. It was reported to the former administrator, and it was investigated. The nurse also stated it was undetected because the control sheets and medication were taken from the facility, and you would need one or the other to notice a discrepancy. The police were involved, and there was no arrest made. The nurse further stated she did not have any suspicions of MA #1 prior to this happening. The nurse also stated they had in-services for drug diversion after the incident happened.

The Police Officer in charge of the investigation did not return phone messages for an interview.
The Nurse Supervisor did not return phone messages for an interview.
Nurse #2 did not return phone messages for an interview.
MA #1 did not return phone messages for an interview.

POC included:
On 12/30/2022, the Administrator initiated an audit of all current residents Medication Administration Records (MARs), narcotic emergency replacement forms and Controlled Substance Count Sheets from 11/1/2022 to

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12/30/2022. This audit is to ensure the nurse or medication aide signed out the narcotics on the residents Control Substance Count Sheet to include quantity start, date given, time given, quantity given, given by, or destroyed by, quantity destroyed, witnessed by if destroyed, quantity remaining at the time of pulling the controlled substance and signed the electronic MAR that the narcotic was administered. The DON and/or Administrator will address all concerns identified during the audit. Audit will be completed by 12/2/2023.

On 12/30/2022, DON initiated an audit of all pharmacy packing slips for controlled substances and pharmacy Return of Control Substance Forms. This audit is to ensure there were no discrepancies in the Controlled Substance Count Sheets and that pharmacy received all medications per the Controlled Substance Return Form. The DON will address all concerns identified during the audit. The audit will be completed by 1/2/2023.

On 12/30/2022, the DON and/or Floor Nurses assessed all residents who are not able to report for pain for signs and symptoms of pain to include but not limited to increase in behaviors, facial grimaces, moaning or crying during movement or care. No concerns identified. Audit will be completed by 12/31/2022.

On 12/30/2022, the Nurse Supervisor initiated an audit of the shift change Control Substances Count Check from 11/1/2022 to 12/30/2022. This audit is to ensure staff completed narcotic count at change of shift to include date, shift, nurse's signature, number of narcotic count sheets and explanation for changes in sheet count. The DON will address all concerns identified during the audit to include education of nurses and medication aides. Audit will be completed by

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1/2/2023.
On 12/30/2022, the DON initiated questionnaires with all alert and oriented residents regarding pain to include:
1. In the past week, have you experienced any pain?
2. When you are having pain, does your nurse provide pain medication?
3. Is your pain medication effective?
The DON will address all concerns identified during the questionnaires. Questionnaires will be completed by DON.
On 12/31/2022, the SDC initiated an audit of all nurses and medication aides' license verification and HCPR to include medication aide #1. The Administrator/ DON will address all concerns identified during the audit. The audit will be completed by 12/31/2022.
On 12/30/2022. the DON notified the Medical Director, Clinical Consultant Pharmacy Consultant and Director of Pharmacy Clinical Services aware of possible drug diversion.
On 12/31/2022, the Administrator sent a 24-hour report of diversion of resident drugs to the Health Care Personnel Registry.
On 12/30/2022, the Police department was notified of the possible drug diversion by the Administrator and came to the facility to investigate.
On 12/31/2022, the Administrator suspended medication aide #1 pending investigation.
On 1/2/2023, The DEA was contacted by the Administrator of possible drug diversion.
On 12/31/2022. The Nurse Supervisor initiated an audit of all medication carts. This audit is to ensure medications were available per physician orders for all residents. The RN Supervisor/ DON will address all concerns identified during the audit to include ordering medications when

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indicated. Audit will be completed by 12/31/2022.
On 12/30/2022, the Administrator, initiated in-service with all nurses and medication aides in regards to (1) Controlled Substance Diversion to include: what is drug diversion, signs of diversion, following the chain of custody, declining count sheets, delivery manifest, and Controlled Substance Return Forms, narcotic counts between shifts, reporting discrepancies, and documentation of narcotic administration and (2) HIPPA with emphasis on securing resident medical information, types of HIPPA violations. In-services will be completed by 1/2/2023. After 1/2/2023, any nurse or medication aide who has not received the in- services will complete prior to next schedule work shift. All newly hired nurses and medication aides will be in-serviced during orientation by the Staff Facilitator regarding Controlled Substance Diversion and HIPPA.
On 12/30/2022, the Administrator initiated an in-service with all staff regarding Misappropriation to include diversion of resident medications. In-service will be completed by 1/2/2023. After 1/2/2023, any staff who has not received the in-service will complete prior to next schedule work shift. All newly hired staff will be in-serviced during orientation by the Staff Facilitator regarding Misappropriation to include diversion of resident medications.
Monitoring
The DON will audit Controlled Substance Count Sheets for completed documentation and compare to the resident's e-MAR for 10% of residents receiving narcotic medications to all three shifts and weekend 3 x per week for 2 weeks then weekly x 2 weeks utilizing the Controlled Substance Audit Tool to ensure that the administration record is accurate, and no diversional activity has occurred. Re-training and

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Physician notification will be conducted by DON immediately for any identified areas of concern. DON will review and initial the Controlled Substance Audit Tool 3 times a week x 2 weeks then weekly x 2 weeks to ensure all areas of concern were addressed.
The SOC will complete 5 observations of shift change narcotic count to include all shifts and weekends weekly x 4 weeks utilizing Shift Count Audit Tool. The SOC/ DON will address all concerns identified during the observation to include re- training of staff.
The Director of Nursing will forward the Controlled Substance Audit and Shift Count Audit Tool to the QAPI Committee Meeting monthly x 1 month. The QAPI Committee will meet and review the Controlled Substance Audit and Shift Count Audit Tool monthly x 1 month to identify any potential trends and determine the need for action and/or frequency of continued monitoring.
The resolution Date 01/2/2023
The POC verified on 02/02/2024:
1. Inservice's were completed, and nurses interviewed stated they received the education and could express understanding of the training.
2. Audits and assessments were completed for the residents affected by this incident and all residents in the facility to prevent this occurrence in the future.
3. Observation of medication count shift change narcotic count on 02/01/2024 at 7:00 PM revealed the nurses counted all narcotic medications and assured the count matched the medications. Medication administration observations during the 4-day survey revealed the nurses were educated on medication diversion and documented when and why a narcotic was administered.
4. QAPI was reviewed and completed as stated

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| F 755 | Continued From page 21<br>in POC.<br>5. An interview with the Administrator was conducted on 02/02/2024 at 9:03 AM. She stated they are continuing to monitor all narcotics when delivered to ensure all medications are logged as received. All new nurses receive the in-service on medication diversion on hire. They are spontaneously checking the nurses' carts to count narcotics. The Administrator also stated they do not hire medication aides any longer in their facility. The Administrator also stated those interventions are in place to ensure drug diversions do not happen again in the facility. | F 755 | | |