STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345312		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		A. BUILDI	A. BUILDING			C	
		B. WING			04/27/2017		
NAME OF P	ROVIDER OR SUPPLIER	•		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN CT	R HEALTH & REHAB/HE	ENDERSONVILLE			70 PISGAH DRIVE		
	1			HE	ENDERSONVILLE, NC 28791		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETIOI DATE
F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS		F 2	281			5/17/17
	(b)(3) Comprehensiv	e Care Plans					
	The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-						
	(i) Meet professional This REQUIREMENT by:	standards of quality. Γ is not met as evidenced					
	Based on record review, and staff, pharmacist,				Criteria 1		
		ews the facility failed to one-Acetaminophen (pain			The Nurse Supervisor completed a Medication Variance Report on 4/15/17	for	
		ed for 1 of 3 residents			the administration error of Oxycodone f		
		ion errors (Resident #1).			Resident #1. The Physician was notified by the Charge Nurse as required by		
	Findings included:				4/15/17.The Pharmacy Manager completed an investigation of the		
		nitted to the facility on es that included crushing			occurrence by 5/17/17. Resident #1 wa discharged to home on 4/20/17.	S	
		chopneumonia, and atrial					
	fibrillation.				Criteria 2 All residents receiving narcotic pain		
	Review of the physic	ian orders for Resident #1			medications have the potential to be		
	revealed an admission	on order dated 4/12/17 for			affected by this alleged deficient practic	e.	
		ninophen 5-325 milligrams			The Director of Nursing and Nurse		
		every 4 hours as needed for			Managers conducted an audit of narcot		
	4 hours as needed for	ive 2 tablets by mouth every or severe pain.			medications currently stored in medicat carts to validate medication are availab		
		slip dated 4/13/17 revealed			according to the physicians order. This audit will be completed by 5/17/17.		
	delivered to facility fo	nophen 5-325 mg, 60 tablets r Resident #1.			Opportunities were corrected as identified by the Director of Nursing and Nurso Managor		
	Review of the Medica	ation Administration Record			Director of Nursing and Nurse Manager	э.	
	for Resident #1 for A				Criteria 3		
	-	ninophen 5-325 mg was			The Director of Nursing, Nurse Manage	er	
	given on 4/14/17 at 9	:24 PM by Nurse #1.			or Area Staff Development Director will		

Electronically Signed

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.

05/17/2017

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345312		(X2) MULTI	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED		
		A. BUILDIN B. WING	C		
	ROVIDER OR SUPPLIER	040012		STREET ADDRESS, CITY, STATE, ZIP CODE	04/27/2017
	NOVIDER ON SUIT LIER			1870 PISGAH DRIVE	
BRIAN CT	R HEALTH & REHAB/HE	ENDERSONVILLE		HENDERSONVILLE, NC 28791	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETIO
F 281	Continued From page	e 1	F 28	81	
	revealed Oxycodone- given on 4/14/17 at 9 AM by Nurse #1. Review of the facility for April 2017 revealed Resident #1 on 4/14// 3:00 AM. The report if received Oxycodone- given on 4/14/17 at 9 AM instead of the ord Hydrocodone-Acetam An interview with the 12:49 PM revealed at 4/12/17 for Hydrocod mg and on 4/13/17 th Oxycodone-Acetamin facility. The pharmacin made an error in send A telephone interview the physician for Res Nurse #2 called and if medication error he con Hydrocodone-Acetamin the resident tolerated physician also indicated physician stated the resident colors narcotics.	hinophen 5-325 mg. pharmacist on 4/27/17 at n order was written on one-Acetaminophen 5-325 he pharmacy delivered hophen 5-325 mg to the ist confirmed the pharmacy ding the wrong medication. y on 4/27/17 at 1:32 PM with ident #1 revealed that when informed him about the shanged the order from hinophen 5-325 mg to hophen 5-325 mg because the medication. The ted the resident had no om receiving hophen 5-325 mg. The medications were in the ss and were both mild		re-educate Licensed Nurses and Medication Management with a fe the 5 rights of Medication Admini to include reading the Physician's and validating the medication del from the pharmacy matches the medication ordered for administra This education was completed by The Director of Nursing or Nurse managers will randomly observe or Certified Medication Aides com medication pass, weekly for 12 w validate adherence to the 5 Right Medication Administration. Oppo will be corrected daily as identifie Criteria 4 The Director of Nursing will repor results of these observations to th committee monthly for 3 months. committee will evaluate effectiven the plan and make recommendat required	bocus on stration s Order ivered ation . 7 5/17/17. 5 Nurses npleting a reeks to ts of ortunities d. t the ne QAPI The ness of
	same medication class narcotics. A telephone interview				

If continuation sheet Page 2 of 6

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 05/18/2017 MAPPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345312	B. WING _				C 27/2017
NAME OF PF	OVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN CT	R HEALTH & REHAB/HE	NDERSONVILLE			870 PISGAH DRIVE IENDERSONVILLE, NC 28791		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	x	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETION DATE
F 281	Continued From page	2	F2	281			
	for Resident #1 when						
	•	ophen 5-325 mg instead of					
	the ordered dose of	ninophen 5-325 mg. Nurse					
		he pharmacy and it was					
	confirmed that the ph	armacy had delivered the					
	-	the facility on 4/13/17. Nurse					
	adverse reactions fro	sident did not have any m taking the					
		ophen 5-325 mg and the					
		e order for Resident #1 to					
	receive Oxycodone-A	cetaminophen 5-325 mg.					
	Nurse #1 (the nurse v	who administered the wrong					
	medication) was not a the time of the investi	available for an interview at gation.					
		ed with the Director of					
		27/17 at 4:53 PM revealed e for the nurses to read the					
		he electronic medical record					
		rect medication was given.					
		there was a question about urse was supposed to stop					
		r call the pharmacy prior to					
	administering the me	dication.					
F 425 SS=D	483.45(a)(b)(1) PHAR ACCURATE PROCE	RMACEUTICAL SVC - DURES, RPH	F 4	125			5/17/17
	(a) Procedures. A fac						
	•	ces (including procedures					
		ate acquiring, receiving, nistering of all drugs and					
		ne needs of each resident.					
		ion. The facility must					
	employ or obtain the pharmacist who	services of a licensed					
	-						

Facility ID: 922985

If continuation sheet Page 3 of 6

		ID HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 05/18/2017 RM APPROVED O. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
		345312	B. WING		04	C 4/27/2017
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CO		
	R HEALTH & REHAB/HE			1870 PISGAH DRIVE		
DIVIAN				HENDERSONVILLE, NC 28791		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 425	Continued From page	e 3	F 42	25		
	provision of pharmac This REQUIREMENT by: Based on record rev and physician intervie dispense Hydrocodor milligrams (mg) (pain 1 of 3 residents revier (Resident #1). Findings included: Resident #1 was adm 4/12/17 with diagnose injury of left hip, brom fibrillation. Review of the physici revealed an admissio Hydrocodone-Acetam one tablet every 4 ho pain and give 2 tablet needed for severe pat Review of a script fax 4/12/17 at 10:20 PM (generic for Hydrocod tablet every 4 hours a 2 tablets every four h moderate and severe A pharmacy delivery four Name and the narcoti	es that included crushing chopneumonia, and atrial an orders for Resident #1 in order dated 4/12/17 for hinophen 5-325 mg. Give urs as needed for moderate ts by mouth every 4 hours as in. ted to the pharmacy at indicated Lorcet 5-325 mg done-Acetaminophen) one as needed for mild pain and ours as needed for pain. slip dated 4/13/17 revealed hophen 5-325 mg, 60 tablets		 The RN Supervisor comp Medication Variance Report the administration error of O: Resident #1. The Physician by the Charge nurse as requi- 4/15/17. The Pharmacy Man completed an investigation of occurrence by 5/17/17. Resid Discharged to home on 4/20 Residents receiving narcoor medication's have the potent affected by this alleged defice The Pharmacy Manager com audit of the retroactive repor Physician's orders for Percoor orders to validate accurate d This audit was completed by Opportunities were corrected Pharmacy Manager as ident Order Entry Staff and Pha have been re-educated by th Manager on the importance of illegible orders stamped "void dispensing, to call the Facility to clarify if there is doubt or When the Pharmacist speak prescriber or nurse to clarify full name of the person along date and time stamp will be o in the pharmacy's electronic This education was completed The Pharmacy Manager will 	by 4/15/17 for xycodone for was notified ired by ager of the dent #1 was /17. tic pain tial to be ient practice. npleted an t for active cet and Lorcet ispensing. 5/17/17. d by the ified. rmacists ne Pharmacy of verifying all d" prior to y or Physician concern. s with the the order, the g with the documented health record. ed by 5/17/17.	

Facility ID: 922985

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345312		(X2) MULTI	IPLE (OMB NO. 0938-03 (X3) DATE SURVEY			
		IDENTIFICATION NUMBER:	A. BUILDIN	A. BUILDING			PLETED
		B. WING			C 04/27/2017		
NAME OF P	ROVIDER OR SUPPLIER	0.00.1			TREET ADDRESS, CITY, STATE, ZIP CODE	04/	21/2017
BRIAN CT	R HEALTH & REHAB/HE	ENDERSONVILLE			70 PISGAH DRIVE ENDERSONVILLE, NC 28791		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETIO DATE
F 425	Continued From page	e 4	F 4	25			
F 425	Continued From page 4 given on 4/14/17 at 9:30 PM and 4/15/17 at 3:00 AM by Nurse #1. Review of the Medication Administration Record for Resident #1 for April 2017 indicated Hydrocodone-Acetaminophen 5-325 mg was given on 4/14/17 at 9:24 PM by Nurse #1. Review of the facility Medication Variance Report for April 2017 revealed a medication error for Resident #1 on 4/14/17 at 9:30 PM and 4/15/17 at 3:00 AM. The report indicated Resident #1 received Oxycodone-Acetaminophen 5-325mg given on 4/14/17 at 9:30 PM and 4/15/17 at 3:00 AM instead of the ordered dose of Hydrocodone-Acetaminophen 5-325mg. An interview with the pharmacist on 4/27/17 at 12:49 PM revealed an order was written on 4/12/17 for Hydrocodone-Acetaminophen 5-325 mg and on 4/13/17 the pharmacy delivered Oxycodone-Acetaminophen 5-325 mg to the		F 4	25	review 5 residents receiving narcotic p medications to validate accurate dispensing according to the Physician' Orders. This monitoring will occur wee for 4 weeks then monthly for 2 months Opportunities will be corrected as identified by the Pharmacy Manager. 4. The Director of Nursing will report the results of these observations to the QA committee monthly for 3 months. The committee will evaluate the effectivened of the plan and make recommendation as required.	s kly ne API ess	
	The pharmacist went and reported the erro pharmacist also indic medication error was the physician change Hydrocodone-Acetami Oxycodone-Acetamir pharmacist further inc performed at the pha from happening agair A telephone interview the physician for Res Nurse #2 called and i	reported for Resident #1, ed the order from ninophen 5-325 mg to nophen 5-325 mg. The dicated that education was rmacy to prevent the error					

		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 05/18/201 FORM APPROVE OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345312		(X1) PROVIDER/SUPPLIER/CLIA	· /	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		B. WING _		C 04/27/2017	
	ROVIDER OR SUPPLIER	ENDERSONVILLE		STREET ADDRESS, CITY, STATE, ZI 1870 PISGAH DRIVE HENDERSONVILLE, NC 2879	IP CODE
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE COMPLETION TO THE APPROPRIATE DATE
F 425	Hydrocodone-Acetami Oxycodone-Acetami the resident tolerated physician also indicat detrimental effects fro Oxycodone-Acetamir physician stated the re- same medication class narcotics. A telephone interview Nurse #2 indicated sh for Resident #1 when Oxycodone-Acetamir the ordered dose of Hydrocodone-Acetamir the ordered dose of Hydrocodone-Acetamir the ordered dose of Hydrocodone-Acetamir galso stated the resi adverse reactions fro Oxycodone-Acetamir physician changed the receive Oxycodone-A Nurse #1 (the nurse wincorrect medication) interview at the time of An interview conduct Nursing (DON) on 4/2 her expectations were physician order and to to ensure that the con The DON indicated if the medication, the n	hinophen 5-325 mg to hophen 5-325 mg because If the medication. The ted the resident had no om receiving hophen 5-325 mg. The medications were in the ss and were both mild of on 4/27/17 at 1:51 PM with the found a medication error in he received hophen 5-325 mg instead of hinophen 5-325 mg. Nurse the pharmacy and it was harmacy had delivered the the facility on 4/13/17. Nurse sident did not have any im taking the hophen 5-325 mg and the se order for Resident #1 to Acetaminophen 5-325 mg. who administered the was not available for an of the investigation. ed with the Director of 27/17 at 4:53 PM revealed e for the nurses to read the he electronic medical record rect medication was given. If there was a question about urse was supposed to stop or call the pharmacy prior to	F 4		

If continuation sheet Page 6 of 6