PRINTED: 10/25/2017 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	E SURVEY PLETED
		345180	B. WING _				C / 21/2017
	NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM			100	REET ADDRESS, CITY, STATE, ZIP CODE 00 WESLEY PINES ROAD IMBERTON, NC 28358	, 53	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	3	F	000			
F 428 SS=E	complaint investigation 483.45(c)(1)(3)-(5) D REPORT IRREGULA		F∠	128			10/18/17
		view n of each resident must be ce a month by a licensed					
	brain activities assoc and behavior. These	ug is any drug that affects iated with mental processes e drugs include, but are not e following categories:					
	(i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic.						
	to the attending phys	ctor and director of nursing,					
	drug that meets the o	de, but are not limited to, any criteria set forth in paragraph an unnecessary drug.					
	during this review museparate, written repeattending physician a director and director minimum, the resider	noted by the pharmacist ust be documented on a ort that is sent to the and the facility's medical of nursing and lists, at a nt's name, the relevant drug, ne pharmacist identified.					
ABORATORY	 DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATU	IRF		TITLE		(X6) DATE

Electronically Signed 10/06/2017

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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED	
		345180	B. WING		C 09/21/2017	
	NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES ROAD LUMBERTON, NC 28358	00/2//2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 428	resident's medical reirregularity has been action has been take be no change in the physician should doo the resident's medical (5) The facility must and procedures for the review that include, the frames for the different steps the pharmacist identifies an irregular to protect the resident This REQUIREMENT by: Based on record reviacility staff interview maintain documental monthly Medication I within the facility and	ysician must document in the cord that the identified reviewed and what, if any, in to address it. If there is to medication, the attending tument his or her rationale in al record. develop and maintain policies he monthly drug regimen but are not limited to, time and steps in the process and must take when he or she rity that requires urgent action	F 42	Consultant pharmacist has been educated on documenting progress n in the resident s medical records. A change in consultant pharmacist will of the facility, and the new consultant be educated on the expectation of	occur t will	
	Findings included: 1. Resident #18 was 4/29/14, and her doc Atrial Fibrillation, Col Diabetes Mellitus, Harman Mellitus, Harman Mellitus, and Company of the resident's most of (MDS), a quarterly adocumented Resider assist for dressing armobility, transfers, to	admitted to the facility on umented diagnoses included ronary Artery Disease, allucinations and Dementia. Trecent minimum data set assessment dated 07/21/17, at #18 required extensive and limited assistance for bed illeting and hygiene. Her sely impaired. She received		documenting progress notes for each resident on a monthly basis. For each monthly review, consultant pharmacist will document a progress in each resident smedical record (ei in the chart or electronic system) brief outlining key findings and any irregularities/recommendations to be made to the facility and/or prescriber. Recommendations will be generated the consulting software and issued to facility in a separate report for follow the appropriate individual(s) at the eneach monthly review.	note ther fly from the up by	

` '		IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION . BUILDING			(X3) DATE SURVEY COMPLETED	
		345180	B. WING _				C 21/2017	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	21/2011	
					000 WESLEY PINES ROAD			
WESLEY I	PINES RETIREMENT CO	ММ			UMBERTON, NC 28358			
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 428	F 428 Continued From page 2		F 4	128				
	antipsychotic medical	tion and insulin for 7 out of 7						
		ssment look-back period and			Clinical Manager will perform an audit	to		
		cation for 1 out of 7 days.			assure that progress notes are being			
		•			documented on a monthly basis for thr	ee		
	The resident's plan of	f care dated 09/20/17			months, then as needed thereafter.			
	included interventions	s for cognitive fluctuations						
		f confusion, fluctuations in			Respectfully submitted,			
		liagnosis of Dementia with						
	psychotic features. Behaviors included				Brad McKee, Pharm.D., BCGP			
hallucinations and delusion		lusions.			Clinical Manager			
	D	-H- Ot			Omnicare of North Carolina			
	Review of the resident's September 2017 medication administration record (MAR) revealed				The clinical manager will submit the			
		eiving Risperdal twice a day			The clinical manager will submit the results of the audits to the facility QAPI	l		
	-	osis and Trazodone to			committee for review at the next regula			
		on. The resident was also			scheduled meeting (last Tuesday of ea	-		
	receiving an anti-plate				month). After the first 3 audits, the DO			
	anti-hypertension me				or her designee will do a quarterly revie			
					of 5 randomly chosen charts to ensure			
	Review of Resident #	18's Medication Regimen			that the consultant pharmacist is writing	g a		
		ed that starting in December			monthly progress note on each resider			
		nber 2017 the facility's			The results of these quarterly audits wi			
		t only signed his name and			be shared with the QAPI Committee at			
		of his monthly visits rather			next regularly scheduled meeting. The			
		pitulation of his monthly			pharmacy manager will be notified in the			
		eviews (MRRs). The sheet sultant pharmacist reviewed			event that the pharmacist is found to not be charting a monthly progress note.	Σt		
	Resident #18's medic	•			be charting a monthly progress note.			
		3/07/17, 04/07/17, 05/04/17,						
		8/7/17, and 09/11/17.						
	At 3:30 PM on 09/19/	17 the assistant director of						
	nursing (ADON) state							
	-	the medication regimens of						
	-	However, she reported the						
		eft with the facility was						
	pharmacy recommen							
	completion of the mor	-						
	commented the pharmacist's actual monthly							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345180	B. WING				C / 21/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRE	ESS, CITY, STATE, ZIP CODE	03	12 1/20 1 /	
				1000 WESLEY	PINES ROAD			
WESLEY	PINES RETIREMENT C	СОММ		LUMBERTON	N, NC 28358			
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F 428	the pharmacist couprovide the informal analyzed during the ADON clarified that electronic or printed. At 1:00 PM on 09/2 Pharmacist stated with the assessed medications, gradu weights, past pharm sometimes perform calculation. He repleave with the facility page of the recommedocumented, "The reviewed and base available at the time the accuracy and conformation, it is my such time, the reside contained no new in SOM appendix PP commented that fol was a list of resider reviewed, but who recommendations. Pharmacist, the pharmacist, the pharmacist, the pharmacist, the pharmacist and then has a hard or electronic stated he felt his sign Medication Regime copies of recommended that the regulation which results on the property of the pharmacist and then has a hard or electronic stated he felt his sign Medication Regime copies of recommended that the regulation which results on the pharmacist and then has a hard or electronic stated he felt his sign Medication Regime copies of recommended that the regulation which results on the property of the property of the pharmacist was a pharmacist was a property of the pharmacist was a pharmacist	in his laptop/computer, and ld be contacted via phone to obtion which he gathered and obse monthly reviews. The at the facility did not have did copies of the MMRs on-site. 20/17 the facility's Consultant when he completed monthly did the residents' psychoactive all dose reductions, labs, macy recommendations, and sed a creatinine clearance forted he printed out reports to try each month, and the last mendations report following residents were did upon the information of the review, and assuming completeness of such professional judgment that at dents' medication regimens regularities (as defined in 483.60 (c))." The pharmacist lowing this statement there ints whose medications were	F	128				

AND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING			(X3) DATE SURVEY COMPLETED	
		345180	B. WING _			09/21/2017		
NAME OF PROVIDE	ER OR SUPPLIER	рмм		1000	ET ADDRESS, CITY, STATE, ZIP CODE WESLEY PINES ROAD BERTON, NC 28358	<u> </u>	21/2017	
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wish At 1 Dire Con revie MRI polic short an in state doce mini and com one revie He s on c Serv atte only to ac ther mor to re furth Con recc indic Dire infor mor Mar At 1 (DO	ctor of Pharmacy sultant Pharmacy sultant Pharmacy winto the compared sheet in the charmacy indicating how all document the advictual choice. The Consultant when the could not tell if shewed by looking stated the Consultant Pharmacy with the could not tell if shewed by looking stated the Consultant Pharmacy with the could not tell if shewed by looking stated the Consultant Pharmacy with the consultant Pharmacy with MRRs allow with the consultant Pharmacy with the could not tell in the consultant Pharmacy with the consultant Pharmacy with the could not tell in the consultant Pharmacy with the could not tell in the consultant Pharmacy with the could not tell in the could not	en. 21/17 the State Clinical of Services stated the st could either enter his uter or write it on the monthly art. He stated there was no the Consultant Pharmacist information and that it was The Clinical Director also t Pharmacist could choose to oces. He indicated that at a expect there to be a signature of Consultant Pharmacist had of the acknowledged that comething was missed or not at a signature and a date. Itant Pharmacists were not eat a signature and a date. Itant Pharmacists were not eat and they would consultant. He indicated the eathermacy Services was able ecommendations made by macist and not the reviews mical Director stated the eather Pharmacy Consultant that needed follow-up. He ere to be utilized by the sist to see if eeded to be made. He eticians, and Activity es some of the same RR by looking at behavior	F	128				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345180	B. WING		C 09/21/2017
	NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES ROAD LUMBERTON, NC 28358	1 03/21/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
F 428	resident. She also re documentation to be use in making medication residents. 2. Resident #1 was 102/17/17, and her do included Chronic Kid Hypercholesterolemic Mellitus, Hypothyroid disease, and Depres The resident's most re (MDS), a quarterly adocumented Resider assist for activities of for eating. Her cognized in the cognized in the consideration administration administration administration and in the medication and in the medication and insulation and insulation and insulation in the resident wanti-platelet medication and insulation and insulation and insulation in the resident wanti-platelet medication and insulation and insulation and insulation in the resident platelet medication and insulation and insulation and insulation in the consultant pharmacis documented the date than providing a recamedication regiment in documented the consultant pharmacis documented the consulta	monthly MRR for each eported she expected this readily available for staff to all and care decisions for the readmitted to the facility on cumented diagnoses ney Disease Stage 3, a, Hypertension, Diabetes iism, Cereberal Vascular sion. The ecent minimum data set assessment dated 09/11/17, at #1 required extensive daily living and supervison attion was intact. She diuretics for 7 out of 7 days and look-back period and cation for 6 out of 7 days. The september 2017 attion record (MAR) revealed beiving Lasix and potassium me and Lyrica to manage was also receiving an on, an anti-hypertension	F 42	28	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER	1 0.0.00		STREET ADDRESS, CITY, STATE, ZIP CODE	09/21/2017	
WESLEY PINES RETIREMENT	СОММ		1000 WESLEY PINES ROAD LUMBERTON, NC 28358		
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O7/06/17, 08/7/17, At 3:30 PM on 09/1 nursing (ADON) sta pharmacist reviewe all residents month only information he pharmacy recomme completion of the ne commented the pharmacist couprovide the informat analyzed during the ADON clarified that electronic or printer At 1:00 PM on 09/2 Pharmacist stated of MRRs he assessed medications, gradule weights, past pharm sometimes perform calculation. He repleave with the facilit page of the recommented, "The reviewed and base available at the tim the accuracy and of information, it is my such time, the reside contained no new it SOM appendix PP commented that for was a list of resider reviewed, but who	9/17 the assistant director of ated that the consultant at the medication regimens of a left with the facility was endations made after nonthly reviews. She armacist's actual monthly in his laptop/computer, and ald be contacted via phone to ation which he gathered and one monthly reviews. The at the facility did not have decopies of the MMRs on-site. 20/17 the facility's Consultant when he completed monthly at the residents' psychoactive all dose reductions, labs, macy recommendations, and and a creatinine clearance forted he printed out reports to the did upon the information are of the review, and assuming completeness of such a professional judgment that at dents' medication regimens regularities (as defined in 483.60 (c))." The pharmacist allowing this statement there are the whose medications were	F 42	28		

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		345180	B. WING _			C 09/21/2017
	ROVIDER OR SUPPLIER	DMM		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES ROAD LUMBERTON, NC 28358	I	03/21/2017
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F 428	would not allow him a documenting a review system and then have a hard or electronic of stated he felt his sign Medication Regimen copies of recommendeach month, met the regulation which requavailable to staff mer wished to review them. At 11:19 AM on 09/2 Director of Pharmacy Consultant Pharmacy Consultant Pharmacy Consultant Pharmacy in the comp MRR sheet in the chapolicy indicating how should document the an individual choice, stated the Consultant document in both plaminimum he would eand date to show the completed the review one could not tell if s reviewed by looking and the stated the Consultant on call 24 hours a das Services could be consulted to show the consultant tell if s reviewed by looking and the stated the Consultant on call 24 hours a das Services could be consultant the stated the Consultant tell if s reviewed by looking and the stated the Consultant tell if s reviewed by looking and tell it is stated the Consultant tell if s reviewed by looking and tell it is stated the Consultant tell if s reviewed by looking and tell it is stated the Consultant tell if s reviewed by looking and tell it is stated the Consultant tell if s reviewed by looking and tell it is stated the Consultant tell if s reviewed by looking and tell it is stated the Consultant tell if s reviewed by looking and tell it is stated the Consultant t	macy for which he worked to do double work by w in the pharmacy computer ing to provide the facility with copy of his assessments. He nature and date on the Review, coupled with the dations he left with the facility intent of the federal uired MRRs be readily inbers and regulators who m. 21/17 the State Clinical of Services stated the set could either enter his uter or write it on the monthly eart. He stated there was no the Consultant Pharmacist information and that it was The Clinical Director also to the Pharmacist could choose to inces. He indicated that at a expect there to be a signature of Consultant Pharmacist had w. He acknowledged that comething was missed or not at a signature and a date. Itant Pharmacists were not y, however, Pharmacy intacted, and they would	F	428		
	only documentation I to access were the re the Consultant Pharr themselves. The Cli monthly MRRs allow to review any issues	Pharmacy Services was able ecommendations made by macist and not the reviews hical Director stated the ed the Pharmacy Consultant that needed follow-up. He ere to be utilized by the				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 428	indicated Nurses, Di- Directors could acce information on the M monitoring sheets, n management offices At 12:45 PM on 09/2 (DON) stated it was Consultant Pharmac regarding his or her resident. She also re documentation to be	ist to see if seded to be made. He eticians, and Activity ss some of the same RR by looking at behavior otebooks kept in , and nursing notes. 1/17 the Director of Nursing her expectation that the	F4	28			
	04/10/14, and his do included brain neople (PBAuncontrollable hypertension, cerebrand psychosis. The resident's most (MDS), a 07/25/17 q documented Residenterm memory impairs in decision making, was taff member for a received all his nutrit received antianxiety	recent minimum data set uarterly assessment, nt #57 had short and long ment, was severely impaired was completely dependent on Il his activities of daily living, ion through tubefeeding, and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES ROAD LUMBERTON, NC 28358	, <u> </u>	0/21/2011
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F 428	potential drug-related to) antidepressant ar includes combative prosonnia" was identifus antidepressant medical side effects to MD (proposition of the problem included "Adantidepressant medical side effects to MD (proposition of the problem included "Adantidepressant medical side effects to MD (proposition of the proposition of the proposition of the reside medication administrate he was currently receanately and trazador. The resident was als medication, medication arcotic pain medical medication. Review of the reside physician order recaporders to draw labs with blood counts, compressed of the proposition of th	ck period. ctropic Drug Use with decomplications r/t (in regard and antianxiety use. Diagnosis sychosis, anxiety, and fied as a problem in Resident reventions to address this diminister antianxiety and cations as ordered. Report hysician). When resident has attempt to find cause and the september 2017 ation record (MAR) revealed eiving ativan to manage his de to manage his depression. To receiving an anti-platelet on for PBA control, a tion, an anti-hypertension or sheet revealed he had which included complete ehensive metabolic panels, at 57's Medication Regimen ed that starting in December of the starting in December of the signed his name and the of his monthly visits rather apitulation of his monthly reviews (MRRs). The sheet sultant pharmacist reviewed	F 4	28		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345180	B. WING		C 00/24/2047	
	NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES ROAD LUMBERTON, NC 28358	09/21/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 428	Review of the facilit recommendation re pharmacist provided recommendations on 01/0 08/07/17. At 3:30 PM on 09/1 nursing (ADON) stapharmacist reviewer all residents monthlonly information her pharmacy recommended the pharmacy recommended the pharmacist could provide the information analyzed during the ADON clarified that electronic or printed At 1:00 PM on 09/2 Pharmacist stated with MRRs he assessed medications, gradual weights, past pharm sometimes perform calculation. He repleave with the facilities of 0.1/10/10/10/10/10/10/10/10/10/10/10/10/10	y's pharmacy vealed that the consultant d the facility with egarding Resident #57's 09/17, 02/09/17, 06/07/17, and 9/17 the assistant director of ted that the consultant d the medication regimens of y. However, she reported the left with the facility was endations made after conthly reviews. She armacist's actual monthly in his laptop/computer, and d be contacted via phone to tion which he gathered and se monthly reviews. The the facility did not have I copies of the MMRs on-site. 0/17 the facility's Consultant when he completed monthly the residents' psychoactive al dose reductions, labs, nacy recommendations, and ed a creatinine clearance orted he printed out reports to y each month, and the last	F 42			
	reviewed and based available at the time the accuracy and co information, it is my	iollowing residents were dupon the information e of the review, and assuming pempleteness of such professional judgment that at ents' medication regimens				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	` '	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER PINES RETIREMENT CO	DMM		STREET ADDRESS, CITY, STATE, ZIP CO 1000 WESLEY PINES ROAD LUMBERTON, NC 28358	DDE	03/21/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 428	SOM appendix PP 4 commented that followas a list of resident reviewed, but who direcommendations. A Pharmacist, the pharwould not allow him to documenting a review system and then have a hard or electronic of stated he felt his sign Medication Regimen copies of recommence each month, met the regulation which requavailable to staff mer wished to review the At 11:19 AM on 09/2 Director of Pharmacy Consultant Pharmacy Consultant Pharmacy Consultant Pharmacy indicating how should document the an individual choice. stated the Consultant document in both plaminimum he would eand date to show the completed the review one could not tell if s	egularities (as defined in 83.60 (c))." The pharmacist wing this statement there is whose medications were do not have any according to the Consultant amacy for which he worked to do double work by which in the pharmacy computer and the pharmacy computer ingoto provide the facility with acopy of his assessments. He nature and date on the Review, coupled with the dations he left with the facility intent of the federal wired MRRs be readily intent of the federal wired MRRs be readily intent of the federal wired makes and regulators who in the consultant Pharmacist information and that it was the Clinical Director also it Pharmacist could choose to be a signature of Consultant Pharmacist had whe acknowledged that comething was missed or not	F4	428			
	He stated the Consu on call 24 hours a da Services could be co attempt to call the Co	at a signature and a date. Itant Pharmacists were not y, however, Pharmacy ntacted, and they would onsultant. He indicated the Pharmacy Services was able					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES ROAD LUMBERTON, NC 28358	03/21/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 428	the Consultant Pharm themselves. The Climonthly MRRs allow to review any issues further stated they we Consultant Pharmaci recommendations neindicated Nurses, Die Directors could accessinformation on the M monitoring sheets, no management offices, At 12:45 PM on 09/2 (DON) stated it was I Consultant Pharmaci regarding his or her resident. She also redocumentation to be	ecommendations made by macist and not the reviews nical Director stated the ed the Pharmacy Consultant that needed follow-up. He ere to be utilized by the est to see if edded to be made. He eticians, and Activity as some of the same RR by looking at behavior of the books kept in and nursing notes.	F 428			
	02/07/17 with diagno	s readmitted to the facility on ses of non-Alzheimer's corder, and depression.				
	Minimum Data Set (No revealed the resident	t received an antianxiety, diuretic on each of the 7				
	A review of Resident medical records reve	#65's paper and electronic aled the consultant				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		345180	B. WING		C 00/24/2047
	NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES ROAD LUMBERTON, NC 28358	09/21/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 428	Review (MRR) on 1 were not available to 2016, January 2017, April 2017, May 2018 August 2017, or Se review, the MRR consignature of the consultant pharmac regimens of all resignation and the area of the completed the only in facility was any pharmacle after completed the commented the medication regimens of all resignation and the area of the ADON clarified electronic or printed medication regimens. At 1:00 PM on 09/2 pharmacist stated with medication regimens the residents' psychological pharmacist stated with the province pharmacist stated with the province pharmacist stated with the ph	red a Medication Regimen 1/15/16. However, MRR's for the months of December 7, February 2017, March 2017, 17, June 2017, July 2017, ptember 2017. Instead of a contained a date and the resultant pharmacist. 19/17 the ADON stated that the resist reviewed the medication dents monthly. However, she formation he left with the rmacy recommendations reviews were stored in his reviews on-site. 10/17 the facility did not have 11 copies of the monthly 12 reviews on-site. 10/17 the facility's consultant 13 reviews (MRRs) he assessed 14 reviews (MRRs) he assessed 15 reviews (MRRs) he assessed 16 reviews (MRRs) he assessed 17 reviews (MRRs) he assessed 18 reviews (MRRs) he assessed 19 reviews (MRRs) he assessed 10 reviews (MRRs) he assessed	F 42	8	
	reviewed and based available at the time the accuracy and or information, it is my	•			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345180	B. WING _			C 09/21/2017	
NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP COD 1000 WESLEY PINES ROAD LUMBERTON, NC 28358		332112011		
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 428	SOM appendix PP 48 commented that followas a list of residents reviewed, but who did recommendations. A pharmacist, the pharm would not allow him to documenting a review system and then have a hard or electronic costated he felt his sign Medication Regimen copies of recommence each month, met the regulation which requavailable to staff men wished to review ther. In a telephone intervithe State Clinical Direstated the consultant enter his review into the monthly Medication sheet in the chart. Hindicating how the condocument the information individual choice. The stated the consultant document in both pla minimum he would exand date to show the completed the review one could not tell if so reviewed by looking a He stated the consultant call 24 hours a day.	egularities (as defined in 33.60 (c))." The pharmacist wing this statement there is whose medications were do not have any according to the consultant macy for which he worked to do double work by in the pharmacy computer ing to provide the facility with opy of his assessments. He atture and date on the Review, coupled with the dations he left with the facility intent of the federal aired MRRs be readily inbers and regulators who m. Bew on 09/21/17 at 11:19 AM ector of Pharmacy Services pharmacist could either the computer or write it on on Regimen Review (MRR) attended there was no policy insultant pharmacist should attended that at a pharmacist could choose to ces. He indicated that at a expect there to be a signature consultant pharmacist had at a signature and a date. The acknowledged that the mething was missed or not at a signature and a date. The acknowledged that omething was missed or not at a signature and a date. The acknowledged that of the would attempt to call the would attempt to call as the would attempt to call the would attempt to call the work of the	F 4	28			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345180	B. WING		C 09/21/2017	
	ROVIDER OR SUPPLIER PINES RETIREMENT C	ОММ		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES ROAD LUMBERTON, NC 28358	03/21/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 428	to access were the the consultant phanitself. The Clinical I the monthly MRR with pharmacist was abluneeded follow-up. It be utilized by the correcommendations in indicated nurses, di could access some the MRR by looking sheets, notebooks and nursing notes. In an interview on 9 Director of Nursing expectation that the document a note remedication review for the medication review for the consultant phase in the comment and the	ge 15 rmacy services would be able recommendations made by macist and not the review Director stated the purpose of ras so that the consultant e to review any issues that He further stated they were to insultant pharmacist to see if reeded to be made. He eticians, and activity directors of the same information on at behavior monitoring kept in management offices, //21/17 at 12:45 PM the (DON) stated that it was here consultant pharmacist garding his or her monthly or each resident. She also mentation to be readily	F 428			
	09/7/11. Her cumul congestive heart fai hypertension (HTN) respiratory failure.	as admitted to the facility on ative diagnoses included lure (CHF), diabetes (DM), , dementia, and acute				
	Minimum Data Set					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345180	B. WING		C 09/21/2017	
	NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES ROAD LUMBERTON, NC 28358	03/21/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 428	medication, diuretic, Review of Resident Review sheet revea 2017 through Septe consultant pharmaci documented the dat than providing a rec medication regimen documented the cor Resident #36's med 03/6/17, 04/7/17, 05 08/7/17, and 09/11/ At 3:30 PM on 09/15 nursing (ADON) stat pharmacist reviewed all residents monthly only information he i pharmacy recomme completion of the me commented the pha medication regimen laptop/computer, an contacted via phone which he reviewed of The ADON clarified electronic or printed medication regimen At 1:00 PM on 09/20 pharmacist stated w medication regimen the residents ' psyc dose reductions, lab	and insulin. #36's Medication Regimen led that starting in January mber 2017 the facility's st only signed his name and e of his monthly visits rather apitulation of his monthly reviews (MRRs). The sheet isultant pharmacist reviewed ications on 01/9/17, 02/9/17, /4/17, 06/6/17, 07/6/17, 17. 9/17 the assistant director of ited that the consultant of the medication regimens of ////////////////////////////////////	F 428			

STREET ADDRESS, CITY, STATE, ZIP CODE C 09/21/201		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345180	B. WING _			
WESLEY PINES RETIREMENT COMM 1000 WESLEY PINES ROAD LUMBERTON, NC 28358				1000 WESLEY PINES ROAD	, ,	0/21/2011
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	EFIX (EACH DEFICIEN	ICIENCY MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF	HOULD BE	(X5) COMPLETION DATE
F 428 Continued From page 17 report documented, "The following residents were reviewed and based upon the information available at the time of the review, and assuming the accuracy and completeness of such information, it is my professional judgment that at such time, the residents' medication regimens contained no new irregularities (as defined in SOM appendix PP 483.60 (c))." The pharmacist commented that following this statement there was a list of residents works among the reviewed, but who did not have any recommendations. According to the consultant pharmacist, the pharmacy for which he worked would not allow him to do double work by documenting a review in the pharmacy computer system and then having to provide the facility with a hard or electronic copy of his assessments. He stated he felt his signature and date on the Medication Regimen Review, coupled with the copies of recommendations he left with the facility each month, met the intent of the federal regulation which required MRRs be readily available to staff members and regulators who wished to review them. In a telephone interview on 09/21/17 at 11:19 AM the State Clinical Director of Pharmacy Services stated the Consultant Pharmacist could either enter his review into the computer or write it on the monthly Medication Regimen Review (MRR) sheet in the chart. He stated there was no policy indicating how the Consultant Pharmacist should document the information and that it was an individual choice. The Clinical Director also stated the Consultant Pharmacist should document the information and that it was an individual choice. The clinical Director also stated the Consultant Pharmacist should and the animirum me would expect there to be a signature and date to show the Consultant Pharmacist and in minimum he would expect there to be a signature and date to show the Consultant Pharmacist and	report documented, reviewed and based available at the time the accuracy and co information, it is my such time, the reside contained no new irr SOM appendix PP 4 commented that folk was a list of resident reviewed, but who d recommendations. A pharmacist, the pharmacist, the pharmacist, the pharmacist, the pharmacist, the pharmacist and then have a hard or electronic stated he felt his sign Medication Regiment copies of recommene each month, met the regulation which requive available to staff me wished to review the lin a telephone interview the State Clinical Director the State Clinical Director the monthly Medicate sheet in the chart. Hindicating how the Condocument the informindividual choice. The stated the Consultar document in both plasminimum he would eminimum he woul	atted, "The following residents were assed upon the information time of the review, and assuming and completeness of such any professional judgment that at esidents' medication regimens are irregularities (as defined in PP 483.60 (c))." The pharmacist to following this statement there idents whose medications were tho did not have any ms. According to the consultant pharmacy for which he worked him to do double work by review in the pharmacy computer in having to provide the facility with ponic copy of his assessments. He is signature and date on the immendations he left with the facility et the intent of the federal in required MRRs be readily for members and regulators who withem. Interview on 09/21/17 at 11:19 AM all Director of Pharmacy Services sultant Pharmacist could either into the computer or write it on dication Regimen Review (MRR) art. He stated there was no policy the Consultant Pharmacist should information and that it was an e. The Clinical Director also sultant Pharmacist could choose to th places. He indicated that at a build expect there to be a signature	F	128		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \ \	IPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED	
		345180	B. WING_			C	
NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES ROAD LUMBERTON, NC 28358	•	99/21/2017		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 428	one could not tell if so reviewed by looking a He stated the Consult on call 24 hours a day Services could be con attempt to call the Co only documentation F to access were the rethe Consultant Pharmitself. The Clinical Ditthe monthly MRR was Consultant was able to needed follow-up. He be utilized by the Correcommendations neindicated Nurses, Die Directors could access information on the MF monitoring sheets, no management offices, An interview with the PM, she stated that it the consultant pharmiregarding his or her new services and the consultant pharmiregarding	mething was missed or not at a signature and a date. It as signature and a date. It and Pharmacists were not any, however, Pharmacy of the end and they would ansultant. He indicated the pharmacy Services was able commendations made by macist and not the review rector stated the purpose of a so that the Pharmacy or review any issues that the further stated they were to issultant Pharmacist to see if eded to be made. He ticians, and Activity as some of the same RR by looking at behavior the books kept in and nursing notes. DON, on 9/21/17 at 12:45 was her expectation that acist document a note nonthly medication review e also reported that she	F	128			