		ID HUMAN SERVICES			FORM APPROVED
					OMB NO. 0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
		345044	B. WING		C 10/19/2018
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE	
ST JOSEF	PH OF THE PINES HEALT	TH CENTER		103 GOSSMAN DRIVE PINEHURST, NC 28374	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 000	INITIAL COMMENTS		F 000		
F 607	conduct a complaint s 10/17/18. Additional 10/19/18. Therefore, t 10/19/18. Develop/Implement A	information was obtained on the exit date was changed to buse/Neglect Policies	F 607		11/16/18
SS=D	CFR(s): 483.12(b)(1)- §483.12(b) The facilit implement written pol				
	§483.12(b)(1) Prohibi neglect, and exploitat misappropriation of re	ion of residents and			
	§483.12(b)(2) Establis to investigate any suc	sh policies and procedures h allegations, and			
	paragraph §483.95,	training as required at is not met as evidenced			
		ew and staff interviews the igate the suspected		F607	
	nurses had reported t member discrepancie administration and ac 1 for 3 of 11 sampled Residents # 8, and Re	urse (Nurse # 1). Three to an administrative staff es in documented narcotic counting records by Nurse # residents (Residents # 7, esidents # 9), and also		Identification: Saint Joseph of the Pines Health Center does develop and implement written policies and procedures that investigate any such allegations related to misappropriation of property.	
	reported a missing Ox pill from the facility's e medications. The findings included			Corrective Action Allegation of misappropriation of prope was reported to appropriate state agen on 10-17-18.	-
	Review of the facility's	s policy, revised in 11/2017,		Investigation of alleged misappropriation	n
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE	(X6) DATE
Electroni	cally Signed				11/09/2018

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.

		ND HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 12/05/20 RM APPROVE O. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345044	B. WING		10	C)/19/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ST JOSEF	PH OF THE PINES HEAL	TH CENTER		103 GOSSMAN DRIVE PINEHURST, NC 28374		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 607	and Exploitation Prof would investigate any misappropriation of re- their investigation per 1. Resident # 7 reside from 7/26/18 to 8/15/ minimum data set (M 8/1/18, coded Reside The resident was not during the MDS asse- revealed Resident # for Oxycodone-Aceta medication) 5 mg-329 hours as needed for 7's August 2018 MAF Record) revealed the Oxycodone-Acetamir on the MAR as given 2018. The facility use Utilization Record" fo dates and times the 0 was removed from a narcotics. Review of medication utilization signed out 15 doses Oxycodone-Acetamir 8/2/18 and 8/9/18. An 8/12/18 report for supply of medications revealed Nurse # 1 "n Oxycodone-Acetamir on 8/12/18 at 5:36:46 emergency supply of	Neglect and/or Resident Funds or Property hibition," revealed the facility y alleged cases of esidents' property and report r state guidelines. ed on the rehabilitation unit 18. The resident's admission DS) assessment, dated ent # 7 as cognitively intact. coded as experiencing pain essment. Record review 7 had an order, dated 8/1/18, minophen (narcotic 5 (milligrams) every four pain. Review of Resident # R (Medication Administration ere were no nophen doses documented in the month of August, ed a "Controlled Medication r the nurses to document Dxycodone-Acetaminophen resident's supply of Resident # 7's controlled record revealed Nurse # 1 of nophen between the dates of the facility's emergency s was reviewed. This review returned" two nophen pills for Resident # 7 6 AM to the facility's medications. Nurse # 3	F 607	 included colleague interviews/ in addition, to the review of me pharmacy records was complet 10-24-18. Nurse #1 was susp during investigation. DON will be re-educated on w and procedure of investigation prevention of abuse, neglect, a misappropriation of property to reporting requirements by the administrator on or before 11-7 Resident #7 is discharged and record is closed. Resident #8 is discharged and record is closed. Resident #9 order for Hydrocodone-Acetaminophen clarified within electronic medii (EMR) on 9-26-18 from stating needed two times max" to "as every 12 hours". All current residents' will be re- accuracy between their current Medication Utilization Record a EMR on or before 11-16-18 by Director of Nursing (DON) or n supervisor. System change All licensed staff will be re-edu proper procedure of document administering as needed medi 	edical and eted on ended ritten policy for the and o include 16-18. I medical I medical Was cal record y "as needed viewed for t Controlled and the t the jursing	
	on 8/12/18 at 5:36:46 emergency supply of	AM to the facility's		proper procedure of document	ation of cation by fore	

Facility ID: 923467

If continuation sheet Page 2 of 29

		MEDICAID SERVICES				NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION		ATE SURVEY OMPLETED
						С
		345044	B. WING			10/19/2018
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	, ZIP CODE	
				103 GOSSMAN DRIVE		
ST JUSEP	PH OF THE PINES HEAL	IN CENTER		PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIN CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE ED TO THE APPROPRIATE ICIENCY)	(X5) COMPLETIO DATE
F 607	Continued From page	e 2	F	607		
	Nurse # 3 was interviewed on 10/16/18 at 1:15 PM and reported the following information. On the night shift which began at 6:00 PM on 8/11/18 and ended at 6:00 AM on 8/12/18, shortly before 6:00 AM, Nurse # 1 had requested Nurse # 3 cosign for the removal of two Oxycodone-Acetaminophen pills from the facility's emergency supply for Resident # 7. According to Nurse # 3, she witnessed two pills being removed and not replaced by Nurse # 1 from the emergency supply of medications. The following evening on 8/12/18 at approximately 4:30 PM, Nurse # 3 stated she spoke to Nurse # 4 and they both looked at Resident # 7's medication order and saw that Resident # 7 only had orders for one Oxycodone-Acetaminophen every 4 hours as			receiving education by receive prior to workin shift.		
				All licensed staff will b proper utilization of er dispense system (Om Development Coordin Pharmacy Account Ma Any licensed staff men education by 11-16-18 working next schedule All licensed staff misa property to include rep by the administrator, I before 11-16-18. Any	mergency medication inicell) by DON, Staff nator (SDC), or anager by 11-16-18. mber not receiving 8, will receive prior to ed shift. ppropriation of porting requirements DON or SDC on or plicensed staff	
	signed out 2 Oxycode from the emergency 5:36 AM on 8/12/18.	-		member not receiving 11-16-18, will receive scheduled shift.	•	
	the supervisor check supply of medications alert on the narcotic of supply for the numbe	nophen pills. It noted the		Monitoring The DON or nursing s before 11-16-18 will a needed medication Co Utilization Records an for the next three mon	udit all the as ontrolled Medication id the EMR weekly oths to determine	
	Oxycodone-Acetamir stated that there had in which she (Nurse #	hophen. Nurse # 3 also been other, recent instances # 3) noted a pattern of Nurse rootics to residents who		proper administration on the medication adr (MAR). The administrator or D	ninistration record	
	generally did not use reported that there w narcotic records whe	them. Nurse # 3 also ere times on the facility re Nurse # 1 had signed out		11-16-18 will audit the Date report from the C business day for the n	e Transactions by Omnicell every next three months to	
	Nurse # 3 stated she of Nursing (DON) in A	escribed for a resident. had reported to the Director August, 2018 that she had n made her suspicious that		review what controlled removed from the Om to the MAR to determinate administration and do	nicell and compare ine proper	

Facility ID: 923467

If continuation sheet Page 3 of 29

		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 12/05/2018 FORM APPROVED OMB NO. 0938-039	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		345044	B. WING		C 10/19/2018	
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
				103 GOSSMAN DRIVE		
ST JOSEF	PH OF THE PINES HEAL	TH CENTER	1	PINEHURST, NC 28374		
(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 SHOUL) CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION	
F 607	Continued From page	a 3	F 607			
1 001			1 007			
	Nurse # 4 was intervi PM. Nurse # 4 report in her interview. Nurs 1 on the morning of 8 rehabilitation unit. Ne dayshift, Nurse # 4 lo Oxycodone-Acetamir had an order for only Oxycodone-Acetamir Nurse # 4 near the er (Nurse # 3) had cosig out two Oxycodone-A facility's emergency s AM on 8/12/18 for Re the facility's emergen was checked, and the Oxycodone-Acetamir emergency supply, w The DON came in to evening of 8/12/18 to emergency narcotic of stated the DON acce removed two Oxycod and used one for Res pay back Resident #8 # 8's supply of Oxyco Nurse # 4 stated if he card, he would have a the "paid back" pill ha Resident # 8's bubble stated the Oxycodono just missing. Nurse # never reported that th Oxycodone-Acetamir from Resident # 7 du	hophen. Nurse # 3 alerted and of the day shift that she gned when Nurse # 1 signed Acetaminophen pills from the supply shortly before 6:00 esident # 7. Nurse #4 noted acy supply of medications ere were missing hophen pills in the which were not accounted for. talk to the nurses on the		The administrator or DON on or befa 11-16-18 will interview at least one cognitively intact resident every bus day for the next three months to determine if resident has any conce related to medication administration The administrator or DON on or befa 11-16-18 will interview at least one licensed staff member every busines for one month, then weekly for two months to determine if staff member any concerns related to misappropri of property or medication administra The DON will report trends of these to the Mission Driven Quality Assura and Performance Improvement (MD-QAPI) Committee monthly for r and recommendation until substanti compliance is achieved or as directed the MD-QAPI Committee. The DON is responsible for attaining sustaining compliance. The facility alleges compliance effect 11-16-18.	iness iness iness iness iness ines iston iation ation. audits ance review ial ed by g and	

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 12/05/2018 MAPPROVED O. 0938-0391	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED	
		345044	B. WING			C 10/19/2018		
NAME OF P	ROVIDER OR SUPPLIER	•	•		STREET ADDRESS, CITY, STATE, ZIP CODE			
ST JOSEF	PH OF THE PINES HEAL	TH CENTER			103 GOSSMAN DRIVE PINEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 607	been no narcotic acco of Oxycodone-Acetar she also spoke to bot # 8 on 8/12/18. The r general questions ab asked what they had Nurse # 4 stated both # 8 reported they had Oxycodone-Acetamir which began at 6:00 on 8/12/18, and on w Oxycodone-Acetamir emergency supply for reported she had told that she suspected N pain medications. Nurse # 5 was an add was interviewed on 1 reported the following was called at home o Nurse # 3, who was v cosigned for a narcot missing after being si Nurse # 1 about the t Oxycodone-Acetamir had signed out from t supply on 8/12/18 at and this resident only # 5 was also aware th was that the extra pill # 8. Nurse # 5 reported back" pill found for Re current date of 10/16/ accounting for the "pa stated, "It was just mi	tic drawer, and there had bunting sheet for an extra pill ninophen. Nurse # 4 stated th Resident # 7 and Resident nurse stated she asked out pain management, and been using for pain control. In Resident # 7 and Resident I not taken any hophen on the night shift PM on 8/11/18 to 6:00 AM hich Nurse # 1 removed the hophen from the facility's r their use. Nurse # 4 the DON in August, 2018 urse # 1 of taking residents' ministrative nurse. Nurse # 5 0/16/18 at 10:30 AM and g. Nurse # 5 reported she n the evening of 8/12/18 by very upset about having ic medication that was gned out by Nurse # 1. that the DON had talked to	F	607				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 12/05/2018 MAPPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE COMP	SURVEY PLETED
		345044	B. WING		_		C 19/2018
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
ST JOSEP	PH OF THE PINES HEALT	TH CENTER		103 GOSSMAN DRIVE PINEHURST, NC 28374			
				,			0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	Continued From page	• 5	F 607				
	spoke to Resident # 7	and Resident # 8, who					
		hat they had not taken any					
		ophen on the shift which					
		1/18 and ended at 6 AM on ated she suspected Nurse #					
		s' narcotic medications. She					
		DON in August 2018 this					
		er concern that the 8/12/18					
	Oxycodone-Acetamin	opnen pills from the d been diverted by Nurse #					
		e DON had felt as if it was a					
		and not a diversion issue.					
		om audits following the date					
	of 8/12/18 to determin						
	documenting on the N	s. According to Nurse # 5					
		with the ongoing audits.					
		pattern where Nurse # 1					
		edications to residents who					
		for them when compared to					
	stated she gave the D	ses worked. Nurse # 5					
	The DON was intervie	ewed on 10/16/18 at 9:20					
		PM, and again on 10/17/18					
	at 1 PM. During these	Interviews the DON					
		the MAR at the same time					
		s from a resident's supply,					
		are administering them. He					
		Nurse # 3 on the week-end					
	-	at the facility's emergency					
		s showing a discrepancy in ne to the facility and did a					
		at time. He determined that					
		rtently entered she was					
	"returning" two Oxyco	done-Acetaminophen pills					
	when she had actually Therefore the facility's	y removed two pills. s emergency narcotic count					

Facility ID: 923467

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 12/05/2018 M APPROVED O. 0938-0391	
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		DNSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345044	B. WING				C / 19/2018	
NAME OF P	ROVIDER OR SUPPLIER		•	STRE	EET ADDRESS, CITY, STATE, ZIP CODE			
				103 (GOSSMAN DRIVE			
ST JOSEF	PH OF THE PINES HEAL	TH CENTER		PINE	EHURST, NC 28374			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
F 607	was showing the narce pills when it had not b Nurse # 1, Nurse # 3 are because the pills that 8/12/18 were intended an order for only one talked to Nurse # 1 are explained that she book when there was no not an Oxycodone-Aceta DON stated Nurse # resident from whom se acknowledged that it professional nursing p he did not think Nurse Oxycodone-Acetamin Nurse # 3 and Nurse #7 and Resident #8, y not requested or rece Oxycodone-Acetamin went from 6:00 PM or 8/12/18. He had not t himself because he d interviews reliable. Th had worked at the face did not think she wou medications and thou documentation issue. facility had converted for their electronic rece problems with multipl the administration of According to the DON from Nurse # 3 and N facility emergency na 8/12/18, and those we had obtained for inve	cotic count was short four been. The DON talked to and Nurse # 4 on that and # 4 were concerned Nurse # 1 had removed on d for Resident # 7, who had pill. The DON stated he had bout it, and she had prowed earlier in her shift urse to cosign for removal of minophen pill. Therefore, the 1 had "paid back" the she had borrowed. The DON was not an acceptable practice to do this, but stated e # 1 had taken the hophen. He was aware that # 4 had talked to Resident who had claimed they had eived the hophen on the shift which in 8/11/18 to 6:00 AM on alked to the residents id not consider resident he DON stated Nurse # 1 cility for many years, and he ld take residents' oght it was more of a According to the DON, the to a new computer system cords and there had been e nurses not documenting marcotics on the MAR. N, he had taken statements lurse # 4 in regards to the	F	607				

Facility ID: 923467

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 12/05/2018 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345044	B. WING					0 19/2018
	ROVIDER OR SUPPLIER		I		STREET ADDRESS, CITY, STATE, ZIP CODE 103 GOSSMAN DRIVE	·		
	······································				PINEHURST, NC 28374			1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AP DEFICIENCY)	TIVE ACTION SHOULD BE COMPLET ICED TO THE APPROPRIATE DATE		
F 607	DON was interviewed personally talked to a suspected diversion, done so. The DON st by the NC Board of N requested more inform discrepancy in the fac medications. The DO this information to the the requested informa pattern of Nurse # 1 a that were not docume any other nurse. The narcotic documentation done, had shown a pu Interview with an adm 10/16/18 at 4:47 PM, the facility, revealed t that the facility notify narcotic diversion we stated the pharmacy develop a plan to inve diversion. Interview with the fac 10/17/18 at 8:30 AM aware there had been narcotics being divert he was aware the NC DON about a discrep emergency narcotics, explanation for the dis reported back to the f stated he thought the He had not considered an allegation of divers	/18 which he had taken. The d regarding whether he had iny residents regarding and he reported he had not itated he had been contacted lursing (NCBON), who had mation regarding the cility's emergency narcotic N stated he had supplied e NCBON, but in gathering ation he had not noticed a administering medications ented on the MAR more than DON did not feel the on audits, which were being roblem with Nurse # 1. Ininistrative pharmacist on for the pharmacy used by that it was their expectation them if allegations of re made. The pharmacist then works with the facility to estigate the possible ility Administrator on revealed he had not been in allegations of residents' ted. The Administrator stated CBON had contacted the	F	607	7			

Facility ID: 923467

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		MEDICAID SERVICES				D. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	· · ·	E SURVEY PLETED
		345044	B. WING			С
		345044	B. WING			/19/2018
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
ST JOSEP	H OF THE PINES HEAL	TH CENTER		103 GOSSMAN DRIVE PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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) COMPLETIO DATE
F 607	Continued From page	e 8	F 60)7		
		esidents' items was to be				
susp		investigation was to be done				
	and reported to the a	•				
		ninistrator, an investigation				
		t been done, since he had				
		e situation. According to the				
		stigation was warranted				
	based on their policy					
	On 10/17/18 at 11:30	AM Nurse # 1 was				
	interviewed via phone					
	Administrator were also present in the room as					
		o Nurse # 1. Nurse # 1				
	referred to taking car	e of Resident # 7 and				
		night shift which began on				
		nd ended at 6:00 AM on				
		eported that earlier in the				
		Resident # 7 one of Resident				
		etaminophen because she e to cosign for her from the				
		supply. Later she removed				
		aminophen pills from the				
		supply and "paid back"				
		1 stated there had been				
		ng on the new computer				
	electronic MARs the					
		g to the nurse at times you				
		N pain orders up on the				
	-	creen to see the order and had no explanation why				
		orted she had not received				
	•	e-Acetaminophen pills,				
	which Nurse # 1 had					
		n 8/12/18. Nurse # 1 stated				
	-	esident # 7. Nurse # 1 also				
		ad happened to the second				
	() www.aadama. Aaatamain	a a sa la a sa sa ili a la a sa aa a sa a l	1	1		1
	-	nophen pill she removed ergency supply to pay back				

Facility ID: 923467

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345044	B. WING _				C 19/2018
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
ST JOSEF	PH OF THE PINES HEALT	H CENTER					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 607	Administrator that the evidence the Oxycode which had been remo medication supply by 5:36 AM, were ever a or accounted for anyw acknowledged that if back" Oxycodone-Acc Resident # 8 then the extra Oxycodone-Acc change on 8/12/18 at been found. 2. Record review reve resided on the rehabil 8/24/18. Record revie the following. The res assessment, dated 8/ as cognitively intact.	PM it was verified with the facility could not produce one-Acetaminophen pills, ved from the emergency Nurse # 1 on 8/12/18 at dministered to any resident vay. The Administrator also there had been a "paid	F	607			
	5 mg-325 mg pills to hours as needed for p was decreased to one Oxycodone-Acetamin every four hours as n signed out for 16 of th Oxycodone-Acetamin the controlled medica 8/8/16 through 8/16/1 8/12/18 Nurse # 1 sig prescribed. During the times she signed as r Oxycodone-Acetamin resident's supply rath pill.	be administered every four bain. On 8/9/18 this order ophen 5 mg-325 mg pill eeded for pain. Nurse # 1 he 17 times the resident's ophen was signed out on tion utilization record from 8. From 8/10/18 through ned out more pills than were ese dates, on eight different emoving two					

Event ID: 7CBN11

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMF	E SURVEY PLETED
		345044	B. WING				C / 19/2018
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ST JOSEF	PH OF THE PINES HEALT	TH CENTER			103 GOSSMAN DRIVE PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 607	pills were documenter from his supply from a documented on the M Review of an 8/12/18 emergency supply of This review revealed Oxycodone-Acetamin 8/12/18 at 5:36:46 AM supply of medications According to an intervi- of Nursing) on 10/16/ 1 on 10/17/18 at 11:3 removed the pills and she signed for this tra Both the DON and Nu- pills was used for Res Resident #7. Nurse # the pill to Resident # # borrowed from his sup Nurse # 4 was intervi- PM. According to Nur Nurse # 1 for duty on # 4 stated there was in Resident #8 found on 6:00 AM on 8/12/18, a mentioned a "paid ba Nurse # 4 also stated Resident # 8 on the e # 4 reported he had m Oxycodone-Acetamin began at 6:00 PM on AM on 8/12/18. Nurse reported to the DON is suspected Nurse # 1	Oxycodone-Acetaminophen d by Nurse # 1 as removed B/8/18 to 8/12/18 were IAR. report for the facility's medications was reviewed. Nurse # 1 "returned" two tophen for Resident # 7 on A to the facility's emergency a. view with the DON (Director 18 at 9:20 AM and Nurse # 0 AM, Nurse # 1 had not returned them when unsaction for Resident #7. urse # 1 stated one of the sident # 8 instead of # 1 stated she "paid back" 8 because she had pply earlier in her shift. ewed on 10/16/18 at 2:30 se # 4 she had replaced 8/12/18 at 6:00 AM. Nurse no "paid back" pill for his card or in the drawer at and Nurse # 1 had never ck" pill during shift change. she had spoken to vening of 8/12/18 and Nurse tot taken any tophen on the shift which 8/11/18 and ended at 6:00 e # 4 stated she had n August, 2018 that she	F	607	7		

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 12/05/2018 M APPROVED D. 0938-0391	
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345044	B. WING				C / 19/2018	
NAME OF P	ROVIDER OR SUPPLIER	•		STR	EET ADDRESS, CITY, STATE, ZIP CODE			
				103	GOSSMAN DRIVE			
ST JUSEP	H OF THE PINES HEALT	IH CENTER		PIN	EHURST, NC 28374			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 607	accounting sheet, he never any "paid back" Nurse # 5 was intervi AM. Nurse # 5 also re work on 8/13/18 and reported to her that h Oxycodone-Acetamin began at 6 PM on 8/1 8/12/18. Nurse # 5 sta 1 was taking resident had expressed to the concern, along with h Oxycodone-Acetamin removed by Nurse # supply, had been dive there was no explana Oxycodone-Acetamin The DON was intervia AM, 10/16/18 at 4:30 at 1 PM. During these reported the following nurses document on they remove narcotics and the reason they a DON acknowledged to professional nursing p narcotics, but stated in had taken the Oxycoor residents or the emer talked to the residents suspected diversions consider resident inter stated Nurse # 1 had	nt # 8's nophen narcotic supply and would have seen there was " pill. ewed on 10/16/18 at 10:30 eported that she went into spoke to Resident # 8, who e had not taken any nophen on the shift which 11/18 and ended at 6 AM on ated she suspected Nurse # s' narcotic medications. She DON in August 2018 this per concern that the 8/12/18 nophen pills, which had been 1 from the emergency erted by Nurse # 1, and ation for the missing nophen. ewed on 10/16/18 at 9:20 PM, and again on 10/17/18 e interviews the DON g. It was his expectation that the MAR at the same time s from a resident's supply, are administering them. The that it was not an acceptable practice to "pay back" he did not think Nurse # 1 done-Acetaminophen from rgency supply. He had not s himself about any	F	607				
	residents' medication	s and he thought it was						

Facility ID: 923467

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED
STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			OMB NO. 0938-0391 (X3) DATE SURVEY	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG _			C
		345044	B. WING				_ 19/2018
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
ST JOSEF	PH OF THE PINES HEALT	TH CENTER			103 GOSSMAN DRIVE PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 607	more of a documenta DON, the facility had computer system for the there had been proble documenting the adm the MAR. According taken nurses' stateme back" pill on 8/12/18 of about any suspected Interview with an Adm 10/16/18 at 4:47 PM, the facility, revealed the that the facility notify the narcotic diversion we stated the pharmacy to develop a plan to invest diversion. Interview with the faci 10/17/18 at 8:30 AM m aware there had been narcotics being divert Administrator, any em of misappropriating re- suspended and a full and reported to the ag According to the adm and reporting had not not been aware of the administrator an invest based on their policy. During the interview w at 11:30 AM, Nurse # been experiencing co documenting PRN pa on residents' MARs. A	tion issue. According to the converted to a new their electronic records and ems with multiple nurses not inistration of narcotics on to the DON, he had not ents about the missing "paid or contacted the pharmacy diversion. ninistrative Pharmacist on for the pharmacy used by hat it was their expectation them if allegations of re made. The pharmacist then works with the facility to estigate the possible lity Administrator on revealed he had not been n allegations of residents' ed. According to the ployee who was suspected esidents' items was to be investigation was to be done opropriate agencies. inistrator, an investigation to been done, since he had e situation. According to the stigation was warranted with Nurse # 1 on 10/17/18 1 also reported she had imputer problems in in medication administration According to Nurse # 1, she	F	607			
	of misappropriating re- suspended and a full and reported to the app According to the adm and reporting had not not been aware of the administrator an invest based on their policy. During the interview w at 11:30 AM, Nurse # been experiencing co documenting PRN pa	vith Nurse # 1 on 10/17/18 1 also reported she had mputer problems in in medication administration					

Facility ID: 923467

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	-	ID HUMAN SERVICES				FORM	APPROVED
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPL	LE CONSTRUCTION	(X3) DATE	0. 0938-0391 SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING	i	COMP	PLETED
							С
		345044	B. WING			10/	19/2018
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ST JOSEF	PH OF THE PINES HEALT				103 GOSSMAN DRIVE		
					PINEHURST, NC 28374		
(X4) ID			ID		PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		DATE
					DEFICIENCY)		
F 607	Continued From page	e 13	F	607	7		
	Oxycodone-Acetamin	ophen pills, which she had					
		ergency supply on 8/12/18,					
		nurse stated she had "paid					
	· ·	Resident #8. The nurse had					
		the missing "paid back"					
	Oxycodone-Acetamin	iophen nad gone.					
	On 10/19/18 at 3:00 F	PM it was verified with the					
		facility could not produce					
		one-Acetaminophen pills,					
	which had been remo	oved from the facility's					
		Nurse # 1 on 8/12/18 at					
		dministered to any resident					
	-	vay. The Administrator also					
	back" Oxycodone-Ac	there had been a "paid					
	•	re should have been an					
		etaminophen pill at shift					
	-	6:00 AM, and it had never					
	been found.						
		admitted to the facility on					
		's MDS assessment, dated					
	7/16/18, coded the re	sident as cognitively it was not coded as having					
		sment period. Resident # 9					
		ated 4/26/18, for Norco					
		ours via gastrostomy tube as					
	needed for pain. Rev						
	monthly physician or	lers revealed the Norco					
		o the resident's facility					
	electronic record as						
	-	ninophen 5-325 mg (which is					
		orco) to be administered two N) for severe pain. There					
		mes max" written in place of					
	time frequency. Revi						
	-	utilization record for the					
		inophen revealed it was					

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		ID HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 12/05/2018 RM APPROVED IO. 0938-0391
	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING		(X3) DAT	TE SURVEY MPLETED
		345044	B. WING		1	C 0/19/2018
NAME OF PR	OVIDER OR SUPPLIER	I	STR	EET ADDRESS, CITY, STATE, ZIP CO		
ST JOSEP	H OF THE PINES HEALT	TH CENTER	103	GOSSMAN DRIVE		
			PIN	EHURST, NC 28374		
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 607	September, 2018. Tw Nurse # 1 within a 5.7 times were 9/21/18 at 5:15 AM. There was r resident's MAR to coi the Hydrocodone-Ace resident's narcotic su Nurse # 5 was an adr was interviewed on 10 reported the following Nurse # 1 was taking medications and she August, 2018 about h thought it was more of and requested audits #9 was an example of up on their audit. Acc 1 did not routinely wo September, Nurse # 1 on Resident #9's unit that night Nurse # 1 m narcotics twice that mi According to Nurse # Resident # 9's past hi she was concerned. A had been doing audit had given the audit w #9 to the DON in Sep The DON was intervio AM, 10/16/18 at 4:30 at 1:00 PM. During th reported the following nurses document on the	0 times during the month of 10 to of these times were by 17 hour time period. The 11:30 PM and 9/22/18 at 10 documentation on the 10 ply by Nurse # 1. 10 ministrative nurse. Nurse # 5 10/16/18 at 10:30 AM and 10 Nurse # 5 suspected 10 residents' narcotic 10 had spoken to the DON in 11 er suspicions and the DON 12 of a documentation issue, 13 Nurse # 5 stated Resident 15 a resident who had shown 16 ording to Nurse # 5, Nurse # 17 rk on Resident # 9's unit. In 11 had been required to work 16 in September one night. On 17 emoved Resident # 9's 16 ight from his supply. 15 this did not match 15 this did not match 16 According to Nurse # 5, she 17 s since August, 2018. She hich pertained to Resident	F 607			

Facility ID: 923467

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY PLETED
		345044	B. WING				C 19/2018
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
ST JOSEF	PH OF THE PINES HEALT	TH CENTER			103 GOSSMAN DRIVE PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 607	Nurse # 1 was taking he thought it was mor and no diversion was DON, the facility had computer system for t there had been proble documenting the adm the MAR. He had req following the date of 8 aware Nurse # 1 had September, 2018 aud Resident # 9's floor. T 9 had cyclical times in required pain medicat 9's audit, he had dete order was not clear, a prove she had diverte to the DON he was st reviewing them. The I some of the nurses had claimed they had not Nurse # 1 had signed narcotics. According t resident interviews co had not personally sp reported this. The DO notified the facility's p suspected drug divers involved the pharmac investigation.	narcotics. The DON stated re of a documentation issue, occurring. According to the converted to a new their electronic records and ems with multiple nurses not inistration of narcotics on uired audits be done 8/12/18. The DON was been flagged in a lit when she was pulled to The DON stated Resident # in which he yelled out, and tion. In looking at Resident # mined the computerized and therefore could not ad the medication. According ill accumulating audits and DON was also aware that ad spoken to residents who received narcotics which out from their supply of to the DON, he did not find impletely credible, and he oken to residents who had N also stated he had not harmacy that there was sion, and he had not y in any type of	F	607	7		

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	
		345044	B. WING _				C (19/2018
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ST JOSEP	PH OF THE PINES HEALT	H CENTER			03 GOSSMAN DRIVE PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	Continued From page	9 16	F	607			
F 755 SS=E	aware there had beer narcotics being divert Administrator, any em of misappropriating re suspended and a full and reported to the ap According to the Adm and reporting had not not been aware of the administrator an inves based on their policy. Pharmacy Srvcs/Proc CFR(s): 483.45(a)(b)(§483.45 Pharmacy Se The facility must prov drugs and biologicals them under an agreen §483.70(g). The facil personnel to administ permits, but only unde a licensed nurse. §483.45(a) Procedure pharmaceutical servic that assure the accura dispensing, and admi	revealed he had not been allegations of residents' ed. According to the aployee who was suspected esidents' items was to be investigation was to be done opropriate agencies. inistrator, an investigation been done, since he had e situation. According to the stigation was warranted edures/Pharmacist/Records (1)-(3) ervices ide routine and emergency to its residents, or obtain ment described in ity may permit unlicensed	F	755			11/16/18
		onsultation. The facility the services of a licensed					
	§483.45(b)(1) Provide aspects of the provisi	es consultation on all on of pharmacy services in					

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 12/05/2018 FORM APPROVED OMB NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		345044	B. WING		10/19/2018
NAME OF PI	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE	
ST JOSEP	PH OF THE PINES HEALT	TH CENTER		103 GOSSMAN DRIVE PINEHURST, NC 28374	
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 755	Continued From page the facility.	9 17	F 755		
		shes a system of records of n of all controlled drugs in able an accurate			
	order and that an acc is maintained and per	nines that drug records are in ount of all controlled drugs riodically reconciled. is not met as evidenced			
	facility failed to assur- narcotic accounting for and #9) of three samp facility's emergency s findings included:	iew and staff interviews the e a system of accurate or three (Residents # 7, # 8, oled residents and for the upply of narcotics. The		F755 Identification St. Joseph of the Pines does have a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation.	
	resided on the rehabi 8/15/18.	ealed Resident # 7 had litation unit from 7/26/18 to		Corrective Action Resident #7 is discharged and medic record is closed.	al
	cognitively intact. The	(1/18, coded Resident # 7 as e resident was not coded as ring the MDS assessment.		Resident #8 is discharged and medic record is closed.	al
	order, dated 8/1/18, fo Oxycodone-Acetamir			Resident #9 order for Hydrocodone-Acetaminophen was clarified within electronic medical reco (EMR) on 9-26-18 from stating "as needed two times max" to "as needed every 12 hours".	
	(Medication Administr there were no Oxycor documented on the M August, 2018.	# 7's August 2018 MAR ration Record) revealed done-Acetaminophen doses IAR as given in the month of tes from 8/1/18 to 8/15/18		All current residents' will be reviewed accuracy between their current Contr Medication Utilization Record and the EMR on or before 11-16-18 by the DO nursing supervisor.	olled

Event ID: 7CBN11

Facility ID: 923467

		ID HUMAN SERVICES MEDICAID SERVICES				I	NTED: 12/05/2018 FORM APPROVEI <u>B NO. 0938-039</u> 2	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPF AND PLAN OF CORRECTION IDENTIFICATION I					(X3) DATE SURVEY COMPLETED		
		345044	B. WING				C 10/19/2018	
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE	-		
				10	03 GOSSMAN DRIVE			
OT JOOLI				Р	INEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 755			F	755				
	times of Oxycodone-/ administration. The facility used a "C Utilization Record" fo dates and times the C was removed from a narcotics. Review of f medication utilization signed out 15 doses of Oxycodone-Acetamin 8/2/18 atd 8/9/18. The follows: 8/2/18 at 6:10 PM 8/2/18 at 6:10 PM 8/2/18 at 10:00 PM 8/3/18 at 1:40 AM 8/3/18 at 5:30 AM 8/5/18 at 6:15 PM 8/5/18 at 6:15 PM 8/6/18 at 10:00 PM 8/6/18 at 10:05 PM 8/6/18 at 10:05 PM 8/7/18 at 1:45 AM (the through the date and explanation; the pill w the descending count 8/7/18 at 5:20 AM 8/8/18 (no time docum 8/8/18 at 6:20 PM 8/8/18 at 10:00 PM 8/9/18 at 1:35 AM No other nurse signed Oxycodone-Acetamin Interview with the Dire 10/17/18 at 1 PM reve	ere was a line drawn time of this entry with no vas still noted as removed on th			System change All licensed staff will be re-educated proper procedure of documentation of administering as needed medication administrator or DON on or before 11-16-18. Any licensed staff member receiving education by 11-16-18, will receive prior to working next schedur shift. All licensed staff will be re-educated proper utilization of emergency medi- dispense system (Omnicell) by DON SDC, or Pharmacy Account Manage 11-16-18. Any licensed staff member receiving education by 11-16-18, will receive prior to working next schedur shift. Monitoring The DON or nursing supervisor on or before 11-16-18 will audit all the as needed medication Controlled Medic Utilization Records and the EMR wer for the next three months to determine proper administration and document on the medication administration rec (MAR). The administrator or DON on or befor 11-16-18 will audit the Transactions ID Date report from the Omnicell every business day for the next three month review what controlled substance war removed from the Omnicell and com- to the MAR to determine proper administration and documentation.	of by er not l led on ication l, er by er not l led r cation ekly ne ation cord by ths to as		

Facility ID: 923467

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 12/05/2018 MAPPROVED D: 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		345044	B. WING				C 19/2018
NAME OF PI	ROVIDER OR SUPPLIER	L		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1	
ST JOSEP	H OF THE PINES HEAL	TH CENTER					
				Р	INEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 755	Continued From page	a 10		755			
F 755	According to the DOM experiencing problem system for medication documentation. In the DON felt there was a involved and not a div DON, if a nurse enco MAR computer syste they should enter the administration in the f Nurse # 5 was intervi AM. Nurse # 3 was in 1:15 PM. Nurse # 4 w at 2:30 PM. During th nurses stated they su taking residents' narco pattern they had with medicated residents of pain medication from three stated there had Oxycodone- Acetamii (milligrams) pill which the facility's emergen been removed by Nu According to the nurse medication transactio 7. According to the th Oxycodone-Acetamir without any evidence administered to anyo records for it.	Attered on a resident's MAR. A, the facility had been as with their new computer a administration instances noted above, the documentation issue version. According to the untered problems with the m, it was his expectation date and time of narcotic nursing notes. ewed on 10/16/18 at 10:30 atterviewed on 10/16/18 at vas interviewed on 10/16/18 as interviewed on 10/16/18 as estinterviews, these three ispected Nurse # 1 was totic medications based on a essed in which Nurse # 1 who did not generally ask for other nurses. They also all d been an unaccounted nophen 5 mg-325 a was unaccounted for from cy supply, and which had rse # 1 on 8/12/18. These the emergency on was made for Resident # hree nurses, the nophen pill was missing of documentation it was ne or any accounting the facility's emergency s was reviewed. This review		755	The DON will report trends of these a to the Mission Driven Quality Assuran and Performance Improvement (MD-QAPI) Committee monthly for re- and recommendation until substantial compliance is achieved or as directed the MD-QAPI Committee. The DON is responsible for attaining a sustaining compliance. The facility alleges compliance effecti 11-16-18.	ce view I by and	
		nophen for Resident # 7 on It to the facility's emergency					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345044	B. WING				C 19/2018
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
ST JOSEP	PH OF THE PINES HEALT	TH CENTER			103 GOSSMAN DRIVE PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 755	medication supply. A documented in the nat this transaction on the supply. During an interview w 9:20 AM, the DON rep DON came to the fact 8/12/18 and did a rev emergency medication He determined that N entered she was "retu Oxycodone-Acetamin actually removed two emergency medication the narcotic count wa not been. Nurse # 1 r removed two pills inst for Resident # 7 beca another resident's nat shift. Therefore, the D "paid back" the reside borrowed, with the ex from the emergency r DON acknowledged t professional nursing p he did not think Nurse Oxycodone-Acetamin Nurse # 1 was intervit AM. Nurse # 1 stated resident's narcotic me which was from 6:00 8/12/18. The nurse st narcotic for a "female she then removed two Oxycodone-Acetamin	A discrepancy notice was incotic count report following e emergency medication with the DON on 10/16/18 at ported the following. The ility on the evening of iew of the facility's in supply entries at that time. urse # 1 had inadvertently urning" two tophen pills when she had pills. Therefore the facility's in supply count was showing is short four pills when it had eported to the DON she had tead of the one pill ordered use she had borrowed from rootic supplies earlier in the DON stated Nurse # 1 had ent, from whom she had tra pill she had removed medication supply. The hat it was not an acceptable practice to do this, but stated e # 1 had taken the tophen. ewed on 10/17/18 at 11:30 she had borrowed a "male" edication earlier on her shift, PM on 8/11/18 to 6:00 AM of ated she used the borrowed " resident. Nurse # 1 stated	F	755	,		
	narcotic for a "female she then removed two Oxycodone-Acetamin emergency medicatio	" resident. Nurse # 1 stated o ophen pills from the facility's					

Facility ID: 923467

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INTERMENT OF DESIGNATION INTERPORTATION INTERPORT INTERPORT INTERPORT AND PLAN OF CORRECTION INTERPORT 345044 INTERPORT INTERPORT AND PLAN OF CORRECTION 345044 INTERPORT INTERPORT INTERPORT INVECOF PROVIDER OR SUPPLIER 345044 INTERPORT INTERPORT INTERPORT INVECOF PROVIDER OR SUPPLIER SUMAMPY STATEMENT OF DEFICIENCIES INTERPORT INTERPORT INTERPORT INVECTOR SUMAMPY STATEMENT OF DEFICIENCIES INTERPORT INTERPORT INTERPORT INTERPORT INVECTOR SUMAMPY STATEMENT OF DEFICIENCIES INTERPORT INTERPORT INTERPORT INTERPORT INVECTOR SUMAMPY STATEMENT OF DEFICIENCIES INTERPORT INTERPORT INTERPORT INTERPORT INVECTOR SUMAMPY STATEMENT OF DEFICIENCIES SUMAMPY STATEMENT OF DEFICIENCIES INTERPORT INTERPORT INTERPORT INVECTOR SUMAMPY STATEMENT OF DEFICIENCIES SUMAMPY STATEMENT OF DEFICIENCIES INTERPORT INTERPORT INVECTOR SUMAMPY STATEMENT OF DEFICIENCIES SUMAMPY STATEMENT OF DEFICIENCIES INTERPORT INTERPORT INVECTOR SUMAMPY STATEMENT OF DEFICIENCIES INTERPORT INTERPORT INTERPORT INTERPORT SUMAMPY STATEMENT OF D			ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
145044 10/19/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE. 2P CODE ST JOSEPH OF THE PINES HEALTH CENTER STREET ADDRESS. CITY. STATE. 2P CODE (24) ID SUBJECT OF THE PINES HEALTH CENTER STREET ADDRESS. CITY. STATE. 2P CODE TOSEPH OF THE PINES HEALTH CENTER STREET ADDRESS. CITY. STATE. 2P CODE TOSE STATE ADDRESS. CITY. STATE. 2P CODE (24) ID Summary Stream To DESCRIPTIONS PINEHURST, NC 28374 (24) ID Summary Stream To DESCRIPTIONS INFORMATION) PINOTRES NAM OF CORRECTION Construct A corrons Houlds be Construct A corrons Houlds be Construct A corron SHOULD BE COMPARES NAM OF CORRECTION 7755 Continued From page 21 F 755 F 755 F 755 F 715 F 715 F 715 F 715 F 715 F 712/12/18 at 53.64 M and for which the nurse indicated she had gone. F 712/12/18 at 53.64 M and for which the nurse indicated she had "paid him back." F 715 F 712/18 at 53.64 M and for which the nurse indicating that the for the 20x point of pills per his order F 715 F 712/18 at 53.64 M and for which the for the 20x point of pills per his order F 716	STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER STIDEEPH OF THE PINES HEALTH CENTER STIDEET ADDRESS, CITY, STATE, 2IP CODE (M) ID PHETIX ISUMMARY STATEMENT OF DEFICIENCIES (CACH OFFICIENCY WIST SET REFORCEDED BY FULL RECOLLATORY OR LSC IDENTIFYING INFORMATION) ID ID PRETIX PROVIDERS HAV OF CORRECTION (CACH OFFICIENCY WIST SET REFORCEDED BY FULL RECOLLATORY OR LSC IDENTIFYING INFORMATION) ID ID PRETIX PROVIDERS LITY, STATE, 2IP CODE Comment- ion F 755 Continued From page 21 resident and then "paid back" the male resident. She stated the male resident, for whom she borrowed, had resided in the room in which Resident # 8 resided. The nurse did not know where the "paid back" F 755 Review of Resident # B's narcotic records, MAR, and nursing notes revealed no accounting record for the Oxycodone-Acetaminophen had gone. F Review of Resident # 8's narcotic records, MAR, and nursing notes revealed no accounting record by Nurse # 1 on 8/12/18 at 5:36 AM and for which the nurse indicated she had "paid back" F Norse # 1 on 8/12/18 at 5:36 AM and for which the maximum number of plils per his order allowed by 5:20 AM on 8/12/16; indicating that the "paid back III" would not have been administered by Nurse # 1 on 10/17/18 at 2:30 PM revealed she had should have shown up somewhere. Interview with Murse # 4 on 10/16/18 at 2:30 PM revealed she had poid concerting of paid back" Oxycodone-Acetaminophen plil for Resident # 8, nor was three an accounting sheet for it. Interview with the facility administrator on 10/17/17/18 at 6:30 AM revealed been aware there had been allegations of residents narcotics being diverted. The admininistrat		345044 B					-	
ST JOSEPH OF THE PINES HEALTH CENTER PINEHURST, NC 28374 (04) [D] PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOU	NAME OF PF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
Prefixer LEACH DEFICIENCY MUST BE RRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFix TAG CEACH OBSERT CHARMENT & COMPACTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 755 Continued From page 21 resident and then "paid back" the male resident. She stated the male resident, for whom she borrowed, had resided in the room in which Resident # 8 resided. The nurse did not know where the "paid back" Oxycodone-Acetaminophen pail removed by Nurse # 1 on 8/12/18 at 5:36 AM and for which the nurse indicated she had "giald him back." Review of Resident #8's controlled Medication Utilization Record revealed Nurse # 1 had signed out the maximum number of pills per his order allowed by 5:20 AM on 8/12/18, indicating that the "paid back # 1 on 8/12/18, indicating that the "paid back M" Oxycodone-Acetaminophen pill removed by Nurse # 1 and should have shown up somewhere. Interview with Nurse # 4 on 10/16/18 at 2:30 PM revealed she had "paid be addication supply at 5:36 AM and hir 2:30 PM revealed she had replaced Nurse # 1 on 8/12/18 at 6:00 AM, and there was no "paid back" Oxycodone-Acetaminophen pill removed by Nurse # 1 and should have shown up somewhere. Interview with Nurse # 4 on 10/16/18 at 2:30 PM revealed she had replaced Nurse # 1 on 8/12/18 at 6:00 AM, and there was no "paid back" Oxycodone-Acetaminophen pill for Resident # 8, nor was there an accounting sheet for it. Interview with the facility administrator on 10/17/178 at 8:30 AM revealed he had not been aware there had been allegations of residents" narcotics being diverted. The administrator of nortotics being diverted. The administrator of narcotics being diverted an accurate	ST JOSEP	H OF THE PINES HEALT	TH CENTER					
resident and then "paid back" the male resident. She stated the male resident, for whom she borrowed, had resided in the room in which Resident # 8 resided. The nurse did not know where the "paid back" Oxycodone-Acetaminophen had gone. Review of Resident # 8's narootic records, MAR, and nursing notes revealed no accounting record for the Oxycodone-Acetaminophen pill removed by Nurse # 1 on 8/12/18 at 5:36 AM and for which the nurse indicated she had "paid him back." Review of Resident #8's Controlled Medication Utilization Record revealed Nurse # 1 had signed out the maximum number of pills per his order allowed by 5:20 AM on 8/12/18. The "paid back" pill was removed from the emergency medication supply at 5:36 AM on 8/12/18; indicating that the "paid back pill" would not have been administered by Nurse # 4 on 10/16/18 at 2:30 PM revealed she had replaced Nurse # 1 on 8/12/18 at 6:00 AM, and there was no "paid back" Oxycodone-Acetaminophen pill for Resident # 8, nor was there an accounting sheet for it. Interview with Nurse # 4 on 10/16/18 at 2:30 PM revealed she had replaced Nurse # 1 on 8/12/18 at 6:00 AM, and there was no "paid back" Oxycodone-Acetaminophen pill for Resident # 8, nor was there an accounting sheet for it. Interview with the facility administrator on 10/17/18 at 8:30 AM revealed he had not been aware there had been allegations of residents' narcoits being diverted. The administrator was unable to show that the facility's current system of documenting the removal and administration of narcoits being diverted. The administration of	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI	x	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
On 10/19/18 at 3 PM it was verified with the administrator that the facility could not produce evidence the Oxycodone-Acetaminophen pills,	F 755	resident and then "pa She stated the male r borrowed, had reside Resident # 8 resided. where the "paid back" Oxycodone-Acetamin Review of Resident # and nursing notes rev for the Oxycodone-Ac by Nurse # 1 on 8/12/ the nurse indicated sh Review of Resident # Utilization Record rev out the maximum nun allowed by 5:20 AM op pill was removed from supply at 5:36 AM on "paid back pill" would by Nurse # 1 and sho somewhere. Interview with Nurse # revealed she had rep at 6:00 AM, and there Oxycodone-Acetamin nor was there an acco Interview with the faci 10/17/18 at 8:30 AM r aware there had beer narcotics being divert unable to show that the documenting the rem narcotic medications accounting of narcotic On 10/19/18 at 3 PM administrator that the	id back" the male resident. resident, for whom she d in the room in which The nurse did not know " ophen had gone. 8's narcotic records, MAR, realed no accounting record cetaminophen pill removed (18 at 5:36 AM and for which he had "paid him back." 8's Controlled Medication realed Nurse # 1 had signed nber of pills per his order on 8/12/18. The "paid back" of the emergency medication 8/12/18; indicating that the not have been administered uld have shown up # 4 on 10/16/18 at 2:30 PM laced Nurse # 1 on 8/12/18 e was no "paid back" ophen pill for Resident # 8, bounting sheet for it. Ility administrator on revealed he had not been n allegations of residents' ed. The administrator was he facility's current system of oval and administration of provided an accurate cs.	F	755			

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345044	B. WING				C 19/2018
NAME OF P	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE		
ST JOSEF	PH OF THE PINES HEALT	TH CENTER			103 GOSSMAN DRIVE PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 755	 which had been remo at 5:36 AM, were ever resident or accounted administrator also ack been a "paid back" Of pill for Resident # 8 th an extra Oxycodone-/ change on 8/12/18 at been found. 2. Record review rever resided on the rehabil 8/24/18. Record reviet the following. The resident's admiss dated 8/21/18, coded intact. Resident # 8 had an of Oxycodone-Acetamin be administered every pain. On 8/9/18 this of Oxycodone-Acetamin every four hours as not Resident # 8 also had Tylenol 650 mg every pain. Review of Resident # documented as receiv Oxycodone-Acetamin 	ved by Nurse # 1 on 8/12/18 r administered to any l for anyway. The knowledged that if there had xycodone-Acetaminophen hen there should have been Acetaminophen pill at shift 6:00 AM, and it had never ealed Resident # 8 had litation unit from 8/8/18 to w for Resident #8 revealed sion MDS assessment, the resident as cognitively order, dated 8/8/18, for two ophen 5 mg-325 mg pills to y four hours as needed for order was decreased to one ophen 5 mg-325 mg pill eeded for pain. I an order, dated 8/8/18, for six hours as needed for 8's MAR revealed he was	F	75	5		

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		ND HUMAN SERVICES MEDICAID SERVICES					RM APPROVE 10. 0938-03
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					TE SURVEY MPLETED
		345044	B. WING _			1	C 0/19/2018
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS,	, CITY, STATE, ZIP CODE		
	H OF THE PINES HEAL			103 GOSSMAN DR	RIVE		
JI JUSEP		GENTER		PINEHURST, NC	28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	I CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETIO DATE
F 755	Continued From page	e 23	F 7	55			
	The facility used a "C						
	5	or the nurses to document					
		Oxycodone-Acetaminophen					
	was removed from a						
	medication utilization	Resident # 8's controlled					
		e-Acetaminophen was					
	•	pply of narcotics 22 times					
	without documentation	on on the MAR. Nine times					
		f 8/10/18 and 8/12/18, two					
		nophen pills were signed out					
	rather than the presc	ich did not appear on the					
	MAR are as follows:						
	8/8/18 at 6:40 PM-(N	lurse # 1 signed out two)					
		(Nurse # 1 signed out two)					
	•	lurse # 1 signed out two)					
		lurse # 1 signed out two)					
		Nurse # 1 signed out two) -(Nurse # 1 signed out two)					
		Nurse # 1 signed out two)					
		Nurse # 1 signed out two)					
		Nurse # 1 signed out two)	(x2) MULTIPLE CONSTRUCTION (x3) DATE A. BUILDING				
		urse # 1 signed out two)			OMB N ON (X3) DATE COM (X3) DATE		
		Nurse # 1 signed out two)					
		Nurse # 1 signed out two) urse # 6 signed out two)					
	-	Nurse # 1 signed out one)					
		Nurse # 1 signed out one)					
	8/16/18 at 6:20 PM-(Nurse # 1 signed out one)					
		(Nurse # 1 signed out one)					
		Nurse # 1 signed out one)					
		Nurse # 7 signed out one)					
		rse # 7 signed out one) urse # 7 signed out one)					
	-	-(Nurse # 8 signed out one)					
	Intonyious with the Di-	ector of Nursing (DON) on					

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	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES MEDICAID SERVICES				FORM): 12/05/2018 // APPROVED). 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345044	B. WING				C 19/2018
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
ST JOSEF	PH OF THE PINES HEALT	'H CENTER			103 GOSSMAN DRIVE PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 755	that nurses document narcotics are adminis According to the DON experiencing problem program for medicatic documentation. In the DON felt there was a involved and not a div DON, if a nurse encour MAR computer system they should enter the administration in the r Further review of the the resident's nursing 8/24/18, there were not time, date, and admin Oxycodone-Acetamin on which a nurse doc notes about Resident residency, the nurses whether they had admin Oxycodone-Acetamin 3. Record review revea admitted to the facility The resident's MDS a coded the resident as resident was not code assessment period. Record review revealed initiated on 4/13/18, fo Hydrocodone-Acetamin administered two time pain. This order rema on 9/26/18, which was	the date, time, and reason tered on a resident's MAR. I, the facility had been s with their new computer on administration instances noted above, the documentation issue rersion. According to the untered problems with the m, it was his expectation date and time of narcotic nursing notes. record revealed that within notes, dated from 8/8/18 to o notations documenting the istration of the ophen. On any occasions umented in the nursing #8's pain during his did not distinguish between ninistered Tylenol or ophen. ealed Resident # 9 was on 1/14/18. ssessment, dated 7/16/18, cognitively impaired. The ed as having pain during the ed an electronic order, or inophen 5-325 mg to be es max (PRN) for severe ined in effect until an order	F	755			

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMF	
		345044	B. WING				_ 19/2018
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	10/2010
AT 10055					103 GOSSMAN DRIVE		
ST JUSEP	PH OF THE PINES HEALT	HCENTER			PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
F 755	Continued From page needed for severe pa It was clarified with th at 3 PM that the inten April, 2018 was for th Hydrocodone-Acetarr every 12 hours as ner administrator stated v medical records, the norder had inadvertent rather than every twe provided a copy of a p which had been sent was dated 4/26/18, for prescription was for Hydrocodone-Acetarr every 12 hours as ner Review of the Reside October, 2018 Medica (MAR) revealed the re receiving the Hydroco eleven times between 10/16/18. The facility used a "C Utilization Record" for dates and times the Hydrocodone-Acetarr a resident's supply of Resident # 9's contro record revealed the re Hydrocodone-Acetarr	e 25 in. e administrator on 10/19/18 t of the physician's order in e ninophen to be administered eded for pain. The with the new computerized hurse who had entered the dy put two times maximum live hours. The administrator ohysician's prescription, to the pharmacy and which or Resident # 9. The ninophen to be administered eded for pain. nt's September and ation Administration Record esident was documented as odone-Acetaminophen in the dates of 9/4/18 and ontrolled Medication r the nurses to document ninophen was removed from narcotics. Review of lled medication utilization		758	DEFICIENCY)		
	documentation on the to 6 of the 17 times it were as follows: On 9/4/18 at 9 AM (N On 9/11/18 at 10 AM	was removed. The times was removed. The times urse # 9 removed one pill) (Nurse # 9 removed one pill) PM (Nurse # 1 removed one					

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 12/05/20 FORM APPROVE OMB NO. 0938-039
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		345044	B. WING		10/19/2018
NAME OF P	ROVIDER OR SUPPLIER	•	ST	REET ADDRESS, CITY, STATE, ZIP CO	
ST JOSEP	H OF THE PINES HEAL	TH CENTER		3 GOSSMAN DRIVE	
				NEHURST, NC 28374	
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE COMPLETION E APPROPRIATE DATE
F 755	Continued From page	e 26	F 755		
	pill) On 9/22/18 at 5:15 A pill)	M (Nurse # 1 removed one			
	On 10/9/18 at 10 AM pill)	(Nurse # 9 removed one			
	On 10/16/18 at 12:00 one pill)	PM (Nurse # 9 removed			
	10/17/18 at 1 PM rev	ector of Nursing (DON) on ealed it was his expectation			
	narcotics are adminis	t the date, time, and reason stered on a resident's MAR. N, the facility had been			
		ns with their new computer			
	DON felt there was a	e instances noted above, the documentation issue			
	DON, if a nurse enco	version. According to the untered problems with the m, it was his expectation			
	they should enter the	ate and time of narcotic nursing notes for accounting			
	9/4/18 to 10/16/18 ren noting the administra				
		ninophen for the six times it e resident's narcotic supply on the MAR.			
F 759 SS=D	Free of Medication E CFR(s): 483.45(f)(1)	rror Rts 5 Prcnt or More	F 759		11/16/18
	§483.45(f) Medication The facility must ensu				
	§483.45(f)(1) Medica percent or greater;	tion error rates are not 5			

Event ID: 7CBN11

Facility ID: 923467

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	IO. 0938-039	
STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345044	B. WING		1	C 0/19/2018	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
				103 GOSSMAN DRIVE			
51 JUSEP	PH OF THE PINES HEAL			PINEHURST, NC 28374			
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 759	Continued From page	o 97	F 75	50			
1 100	_	Γ is not met as evidenced					
	by:						
		on, record review, and staff ailed to assure it was free of		F759			
		s less than 5%. Two nurses		Identification			
		s seven units were observed		St. Joseph of the Pines does e	nsure the		
		medications. There were		medication error rate is not five			
	-	s made out of twenty-five		greater.			
	opportunities for error resulting in an eight						
		rror rate. The findings		Corrective Action			
	included:			Nurse #9 was re-educated on	•		
				procedure of administering me			
		10/16/18 revealed Resident		include list of most common me			
		der for Nifedipine Extended		not-to-crush by DON on or before 11-16-18	bre		
	Release 30 mg (millig hypertension and heat						
				The DON or nursing superviso			
		rved as she administered		all current residents' medication			
		sident # 11 on 10/16/18 at was observed to crush the		identify and correct any pharma			
		dication, and administer it to		label that was illegible on or be 11-16-18.	lore		
	the resident. Immedia			11-10-10.			
		upply of Nifedipine Extended		System Change			
		was observed again with		All licensed staff will be re-edu	cated on		
		lifedipine Extended Release		proper procedure of administer			
		, there was a pharmacy label		medications to include list of m	-		
	-	ation should not be crushed.		common medications not-to-cr	•		
		part of this label had not		DON, SDC, or Pharmacy Acco			
		by making all the letters in		Manager by 11-16-18. Any lice			
	the label not complet	ely legible.		member not receiving educatio	-		
	Intonyiow with the own	rse on 10/16/18 at 8:47 AM		11-16-18, will receive prior to w scheduled shift.	orking next		
		ine Extended Release					
		ation revealed she had not		Monitoring			
	seen the label.			The DON, SDC, or nursing sup	ervisor on		
				or before 11-16-18 will observe			
	Crushing of an exten	ded release medication		administer medications to five			
	resulting in a medicat			daily for one month, then one r	urse		
				administer medication to one re			

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION	(X3) DA	<u>NO. 0938-039</u> TE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	A. BUILDING			
					С	
		345044	B. WING			0/19/2018
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COI 103 GOSSMAN DRIVE	JE	
ST JOSEF	PH OF THE PINES HEAL	TH CENTER		PINEHURST, NC 28374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 759	Continued From page	<u>- 28</u>	F 75			
	 F 759 Continued From page 28 2. Record review revealed Resident # 11 had an order, dated 6/15/18 for Isosorbide Mononitrate Extended Release 30 mg (milligrams) to be given every morning for a diagnosis of cerebrovascular disease. Nurse # 9 was observed as she prepared and administered morning medications to Resident #9 on 10/16/18 at 8:30 AM. Nurse # 9 was observed to prepare seven medications for administration for Resident # 11. Nurse # 9 was not observed to prepare and administer Resident # 9's Isosorbide Mononitrate Extended Release medication before she moved onto her next resident at 8:50 AM. Record review revealed the nurse signed she gave the Isosorbide Mononitrate Extended Release medication with Resident # 9's other seven medications. This resulted in an error of omission. 			 daily for one month, and ther administer medication to one weekly for one month. The DON will report trends o to the MD-QAPI Committee r review and recommendation substantial compliance is ach directed by the MD-QAPI Co The DON is responsible for a sustaining compliance. The facility alleges compliance 11-16-18. 	e resident f these audits monthly for until nieved or as mmittee. attaining and	
	were discussed with a According to the DON experiencing problem computer medication regards to how the sy screen what medicati DON did not know if a contributed to Nurse aware there had been system. The omission error w on 10/16/18 at 2:20 F any contributing factor	AM the medication errors the Director of Nursing. N, some nurses had been as with the facility's new administration system in ystem populated on the tons needed to be given. The a computer problem had # 9's omission error, but was in reported issues with the as discussed with Nurse # 9 PM to determine if there were ors to the medication error. ble to recall the details of				

Facility ID: 923467

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