

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/24/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODBURY WELLNESS CENTER INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2778 COUNTRY CLUB DRIVE</b> <b>HAMPSTEAD, NC 28443</b>	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  A complaint investigation survey was conducted from 01/19/21 thru 01/21/21. Event ID#H0CO11.  2 of the 52 complaint allegations were substantiated resulting in deficiencies.  50 of the 52 complaint allegations were not substantiated.	F 000		
F 697 SS=D	Pain Management CFR(s): 483.25(k)  §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to provide pain medication according to physician's order for 1 of 1 resident reviewed for pain management. (Resident#1)  Findings included:  Resident #1 was admitted 04/13/2020 with diagnosis including Heart Failure, Chronic Obstructive Pulmonary Disease (COPD) and a Rectum Fissure. The quarterly Minimum Data Set (MDS) dated 10/08/2020 had Resident #1 coded as cognitively intact needing limited assistance with bowel movement, toileting, dressing, toilet use, personal hygiene, and supervision with eating.  The June Medication Administration Record	F 697	Tag F697 Pain Management  Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the January 21, 2021 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance  # 1 - Address how corrective action will be	2/12/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/09/2021

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.

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F 697	<p>Continued From page 1</p> <p>(MAR) had Lidocaine HCl cream 2%, Apply to fissure at rectum topically three times a day mix with Cardizem 0.2% three times a day (TID) and after bowel movements.</p> <p>Resident #1 did not receive administration of the cream on 06/18/2020, 06/22/2020, 06/24/2020, twice on 06/27/2020, and twice on 06/29/2020.</p> <p>Nurse #1's progress note dated 06/18/2020 read: Lidocaine HCl Cream 2 % Apply to fissure at rectum topically three times a day for to be mixed with Cardizem 0.2% TID and after BM's. Medication ran out.</p> <p>Nurse #2's progress note 06/22/2020 read: Lidocaine HCl Cream 2 % Apply to fissure at rectum topically three times a day for to be mixed with Cardizem 0.2% TID and after BM's. pending arrival from pharmacy, n/a in first dose Lidocaine HCl Cream 2 %.</p> <p>Nurse #1's progress note dated 06/24/2020 read: Lidocaine HCl Cream 2 % Apply to fissure at rectum topically three times a day for to be mixed with Cardizem 0.2% TID and after BM's. Awaiting arrival of more ointment from family/specialty pharmacy.</p> <p>Nurse #3's progress note dated 06/27/2020 read: Apply to fissure at rectum topically three times a day for to be mixed with Cardizem 0.2% TID and after BM's. awaiting new bottle.</p> <p>A nurses note dated 06/29/2020 read: Lidocaine HCl Cream 2 %. Apply to fissure at rectum topically three times a day for to be mixed with Cardizem 0.2% TID and after BM's. Medication not available and not available in first dose.</p>	F 697	<p>accomplished for those residents found to have been affected by the deficient practice;</p> <p>" For Resident #1, Attending Physician notified by Director of Nursing/Designee on January 21, 2021 of failure to acquire and administer physician ordered pain medication on 5 dates in June 2020.</p> <p>" All current active pain medication orders and Medication Administration Record for Resident #1 were audited by Director of Nursing/Designee on February 4, 2021 for the most recent 24 hours to ensure all ordered pain medications had been acquired and administered as per physician order.</p> <p>" Attending Physician for Resident #1 was notified by Director of Nursing/Designee on February 4, 2021 of any findings resulting from said audit.</p> <p>" Education provided to licensed nurse(s) assigned to resident #1 and all other licensed nurses on acquiring and administration of physician ordered pain medications. This education to be completed by Director of Nursing/Designee in conjunction with Long Term Care Pharmacy Consultant on February 10, 2021. Any licensed nurses not educated on this date will be educated on their next scheduled shift by Director of Nursing/Designee.</p> <p># - 2 Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p>		

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F 697	<p>Continued From page 2</p> <p>During an interview with Nurse#1 on 01/20/2020 at 8:09 PM Nurse#1 stated she has worked with Resident#1 and on June 18, 2020 she was out of her medication for pain relief from a fissure and when the residents are out the fill out a form and give it to day shift to reorder them. On June 24, 2020 Nurse#1 stated she documented that Resident#1 was out of her medication but found it later and then applied it and forgot to change it to given.</p> <p>During an interview with Nurse #2 on 01/19/2021 at 2:44PM, Nurse #2 stated she is the Treatment Nurse (TN) but works on the hall as needed and worked with Resident#1 on 06/22/2020 and remembers there was an order for Lidocaine to relieve pain from a fissure on her rectum and there was an issue with the order from the pharmacy. Nurse #2 was not aware what the issue was but the medication was not administered.</p> <p>During an interview with Nurse #3 on 01/20/2020 at 3:42 PM Nurse # stated she doesn't recall that medication for Resident #1.</p> <p>During an interview with Resident#1 on 01/20/2021 at 3:12 PM, Resident#1 stated she doesn't remember being in pain in June or having any issues with missing medications but that doesn't mean it did not happen.</p> <p>During an interview with the Physician Assistant (PA) on 01/21/2021 at 9:35 AM, the PA stated Resident #1 was prescribed Lidocaine HCI cream 2% with Cardizem 0.2% for a fissure on her rectum topically three times a day mix three times a day (TID) and after bowel movements. It was expected to be administered as ordered for pain</p>	F 697	<p>" Director of Nursing/Designee reviewed all in house residents active pain medication orders and Medication Administration Records on February 4, 2021 for the most recent 24 hours to ensure all ordered pain medications had been acquired and administered as per physician order.</p> <p>" Attending Physician notified by Director of Nursing/Designee February 4, 2021 of any findings resulting from said audit.</p> <p>" Education provided to licensed nurse(s) assigned to resident #1 and all other licensed nurses on acquiring and administration of physician ordered pain medications. This education to be completed by Director of Nursing/Designee in conjunction with Long Term Care Pharmacy Consultant on February 10, 2021. Any licensed nurses not educated on this date will be educated prior to start of next scheduled shift by Director of Nursing/Designee.</p> <p># -3 Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>" Facility Policy Ordering Medications reviewed by Director of Nursing on February 5, 2021, to ensure inclusion of standard facility protocols to acquire (pain) medications and administration of such medication .</p> <p>" All Licensed Nurses to be inserviced by Pharmacy Consultant/Designee on</p>		

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F 697	<p>Continued From page 3 relief and healing.</p> <p>During an interview with the Medical Director (MD) on 01/21/2021 at 11:21 AM, the MD stated Resident#1 was being treated for a fissure on her rectum and was prescribed an analgesic and a cream to heal it in a combination cream. The medication was supposed to be administered as ordered to help with discomfort and to aid in healing.</p> <p>During an interview with the Director of Nursing (DON) on 01/21/2021 at 11:34 AM, the DON stated all medications are expected to be administered as ordered.</p> <p>During an interview with the Administrator on 01/21/2021 at 12:11 PM, the Administrator stated all medications are expected to be administered as ordered.</p>	F 697	<p>February 10, 2021 on Facility Policy Ordering Medication , to include acquiring and administering physician ordered medications, to include pain medications. Any Licensed Nurses not inserviced by this date will be inserviced on their next scheduled work date.</p> <p># - 4 Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and Include dates when corrective action will be completed.</p> <p>" Woodbury Wellness Shift to Shift Nurse Audit Report for MAR for F697 Audit Tool developed by Director of Nursing on February 4, 2021 to be used by licensed nursing staff to conduct shift to shift audit of all inhouse residents acquisition and administration of pain medication as per physician order daily times 7 days.</p> <p>" Director of Nursing/Designee began inservicing of licensed nursing staff on newly developed audit tool on February 5, 2021 and then shift to shift with implementation of seven ( 7) day audit tool beginning at 7 AM shift change on February 6, 2021 to continue for a minimum of seven (7) calendar days.</p> <p>" Woodbury Wellness Weekly Audit Report for MAR for F697 Audit Tool developed by Director of Nursing on February 4, 2021 to be used by Director of Nursing/Designee weekly effective week of February 8, 2021 to audit all inhouse residents pain medication orders to ensure proper acquisition and administration of such medication. Audits</p>		

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F 697	Continued From page 4	F 697	will be conducted weekly for 25 % of inhouse residents <input type="checkbox"/> times 4 weeks until 100% of inhouse resident audits are completed. " Any discrepancies noted on weekly audits will be reported to Attending Physician for affected resident by Director of Nursing/Designee " Administrator will review audits weekly times 4 weeks. " Results of all audits will be reviewed in the next scheduled monthly Quality Assurance Performance Improvement Committee meetings. The Quality Assurance Committee will assess and modify the action plan as needed and evaluate any ongoing needed to ensure continued compliance.		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure 1 of 1 resident (Resident #12) was free of medication errors when medications that were supposed to be administered were found in her tissue box and pouch.  Findings included:  Resident #12 was admitted 04/13/2020 with diagnosis including Heart Failure, Congestive Obstructive Pulmonary Disease (COPD). The	F 760	Tag F760 Residents are Free From Significant Med Errors  Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the January 21, 2021 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the	2/12/21	

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F 760	<p>Continued From page 5</p> <p>quarterly Minimum Data Set (MDS) dated 10/08/2020 had Resident #12 coded as cognitively intact needing limited assistance bowel movement, toileting, dressing, toilet use, personal hygiene, and supervision with eating.</p> <p>The care plan dated 01/18/2021 has focuses of Resident #12 needing activities of daily living (ADL) self-care performance deficit related to (r/t) weakness. She requires assist with her activities of daily living due to chronic leg and feet pain r/t Diabetic neuropathy.</p> <p>Record reviews read: Nurse #4 on 05/25/2020, Resident observed hiding medication in between legs and down her bra and when confronted denied. 06/27/2020 Resident was observed putting pain pill in tissue box and acting like she was taking it, later when resident went to bingo this nurse went into her room to try to recover her pain pill and found 9 hydrocodone and 13 Mucinex wrapped inside a tissue in the side pocket of her recliner. this nurse was witnessed by another nurse during search and recovery. pills were taken to the med room where they were counted, and supervisor was notified. pills were sealed and left in med fridge locked until management returns on Monday. Unit Manager also aware. 06/29/2020 Director of Nursing (DON): This RN had been informed of resident having numerous medications in room. This RN took medications nurses found over weekend and asked where she had gotten them. Resident denied stating "I take all of my medicines; I don't know where these came from". RN also had Unit Manager (UM) present during conversation. Resident was asked about one of her "pouches" which had them in it- resident stated, " Look through whatever you want, I don't have</p>	F 760	<p>deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance</p> <p># 1 - Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>" For Resident #12, Attending Physician and Responsible Party notified by Director of Nursing/Designee on June 29, 2020 of staff observation of resident hiding medications following Medication Administration. New ordered received from Attending Physician on June 29, 2020.</p> <p>" There have been no additional reported incidents of this nature for Resident # 12 since this date.</p> <p>" Attending Physician notified by Director of Nursing/Designee on June 29, 2020 of Medication Errors related to events from May/June 2020 and was notified again by Director of Nursing/Designee on January 21, 2021.</p> <p>" Audit Tool Developed by Director of Nursing on February 6, 2021 for observation of licensed nursing staff by Director of Nursing/Designee to ensure compliance with Facility policy Oral Medication Administration.</p> <p>" Audit Tool implemented on 2/7/2021 by Director of Nursing for randomly selected observation of licensed nurses three (3) times weekly times four (weeks), Resident #12 will be included on at least 2</p>		

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F 760	<p>Continued From page 6</p> <p>anything". UM looked through pouch on rear of motorized wheelchair and discovered a tan medicine bottle (unlabeled) with 28 oval pills U02 written on them. Resident acted like she did not even know where they came from. This RN advised resident taking any medications other than prescribed by the PCP could be dangerous for her health and even lead to death. Resident was informed that the PCP would be contacted and her responsible party as well. Resident was asked if she had given any of the medications to anyone inside or outside of the Facility, resident "denied both". Resident was also noted to have approximately \$500 on her person, resident stated was for "daughter for Church Prom". This RN called PCP which has decreased the frequency of the Hydrocodone which was the same medication noted in the tan unlabeled medicine bottle. The other pills (white round with A 1 5 which was Tylenol and the other blue and white which was Mucinex. This RN called daughter- Cathy and Cathy asked that this RN also call son and inform him.</p> <p>The May and June Medication Administration Record (MAR) included Norco Tablet 7.5-325 MG Give 1 tablet by mouth five times a day for Pain and Mucinex Tablet Extended Release 12 Hour 600 MG Give 1 tablet by mouth every 12 hours as needed for Thick Secretions. The medications were coded as administered as ordered.</p> <p>The facilities procedures for medication administration dated 07/2019 read: #16. Allow resident to swallow oral tablets or capsules medication at his or her comfortable pace...#21. Remain with resident while all medications are taken.</p>	F 760	<p>of these opportunities of audits, to ensure compliance with facility policy Oral Medication Administration. Any concerns noted on Audit will be addressed by Director of Nursing and reported to the Attending Physician.</p> <p># - 2 Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>" For Resident #12 and all other inhouse residents, EHR Nurse progress notes for most recent fourteen (14) days to be reviewed by Director of Nursing/Designee by February 10, 2021 to ensure no documentation to indicate concern with licensed nurse compliance with Facility Policy Oral Medication Administration, specific to procedure #16, Allow resident to swallow oral tablets or capsules/medication at his or her comfortable pace, and procedure #21, Remain with resident while all medications are taken.</p> <p>" Any concerns found on audit will be reported to the Attending Physician by Director of Nursing/Designee.</p> <p># -3 Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>" Facility Policy Oral Medication Administration reviewed by Director of Nursing on February 5, 2021 to ensure</p>		

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F 760	<p>Continued From page 7</p> <p>During an interview with Resident #12 on 01/19/2021 at 11:02 AM, Resident #12 stated she was receiving Norco Tablet 7.5-325 MG and Mucinex 600 MG and was keeping some of her medications in her tissue box and hand pouch. The nurses would rush out the room and leave the medications on her table and she would keep them. Resident #12 also stated she did not know she could not keep the medications and when the DON came to speak with her, she hadn't done it anymore.</p> <p>During an interview with Nurse #4 on 01/19/2021 at 11:45 AM, Nurse #4 stated she was suspicious of Resident #12 not taking her medications and thought she saw her hide medications on 05/25/2020 but was not sure. On 06/27/2020 Nurse #4 stated she actually saw Resident #12 put medications in her tissue box. She waited until she went to Bingo and she and another nurse looked in the tissue box and found the medications wrapped in tissue. Resident#12 stated she was not aware and denied hiding her medications. Nurse #4 also stated she reported it to the DON.</p> <p>During a telephone interview with the Unit Manager (UM) on 01/20/2021 at 3:52 PM, the UM stated Nurse#4 reported that she found medications in Resident#12's room. Nurse#4 brought them out showed her and they were taken to the medication room and it was stored and reported to the DON. The UM also stated she recalled speaking with the resident and finding additional medications.</p> <p>During an interview with the Medical Director (MD) on 01/21/2021 at 11:21 AM, the MD stated Resident#12 was on Norco Tablet 7.5-325 MG</p>	F 760	<p>inclusion of standard facility protocols related to allowance of resident to swallow oral tablets or capsules/medication at his or her comfortable pace and that licensed staff should remain with resident while all medications are taken, with any needed revisions competed at that time.</p> <p>" Education provided to licensed nurse(s) assigned to resident #12 and all other licensed nurses on facility policy oral Medication Administration to include procedure #16, Allow resident to swallow oral tablets or capsules medication at his or her comfortable pace, and procedure # 21, Remain with resident while all medications are taken, in addition to review of general nursing procedure of no medications to be left at bedside without physician order to do so. This education to be completed by Director of Nursing/Designee in conjunction with Long Term Care Pharmacy Consultant on February 11, 2021. Any licensed nurses not educated on this date will be educated on their next scheduled shift by Director of Nursing/Designee.</p> <p># - 4 Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and Include dates when corrective action will be completed.</p> <p>" Audit Tool Developed by Director of Nursing on February 6, 2021 for observation of licensed nursing staff by Director of Nursing/Designee to ensure compliance with Facility policy Oral Medication Administration.</p>		



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F 760	<p>Continued From page 8</p> <p>Give 1 tablet by mouth five times a day for Pain and Mucinex Tablet Extended Release 12 Hour 600 MG Give 1 tablet by mouth every 12 hours as needed for Thick Secretions and he expected nursing staff to make sure residents are taking their medications before leaving the residents bedside.</p> <p>During an interview with the Director of Nursing (DON) on 01/21/2021 at 11:34 AM, the DON stated all medications are expected to be administered according to facility policy and procedures.</p> <p>During an interview with the Administrator on 01/21/2021 at 12:11 PM, the Administrator stated all medications are expected to be administered according to facility policy and procedures.</p>	F 760	<p>" Audit Tool implemented on February 7, 2021 by Director of Nursing for randomly selected observation of 3 licensed nurses (3) times weekly times four (weeks) to ensure compliance with facility policy Oral Medication Administration.</p> <p>" Any discrepancies noted on weekly audits will be reported to Attending Physician for affected resident by Director of Nursing/Designee and addressed by Director of Nursing/Designee accordingly.</p> <p>" Administrator will review audits weekly times 4 weeks.</p> <p>" Results of all audits will be reviewed in the next scheduled monthly Quality Assurance Performance Improvement Committee meetings. The Quality Assurance Committee will assess and modify the action plan as needed and evaluate any ongoing needed to ensure continued compliance.</p>		