STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. BUILDING _____ B. WING _____	C 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HEALTH CARE CENTER	1987 HILTON STREET BURLINGTON, NC 27217

(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 The survey team entered the facility on 3/31/21 to conduct an unannounced complaint investigation. Additional information was obtained offsite on 4/1/21, 4/5/21 and 4/6/21. Therefore, the exit date was 4/6/21. 2 of the 8 complaint allegations were substantiated resulting in deficiencies. Event ID #0QJ311.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide 2 staff members during wound care which resulted in a fall from the bed that required emergency department transfer and treatment for a facial laceration for 1 of 1 sampled resident (Resident #1). The findings included: Resident #1 was admitted to the facility on 2/10/21. The resident diagnoses included quadriplegia, pressure ulcers and chronic pain. The admission Minimum Data Set (MDS) dated 2/23/21 indicated Resident #1 was cognitively intact and totally dependent on staff to accomplish activities of daily living (ADL) to include dressing, toileting, bed mobility, and	F 689	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility□s allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. F689	5/4/21

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

Electronically Signed | 04/23/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. BUILDING _____ B. WING _____	C 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HEALTH CARE CENTER	1987 HILTON STREET BURLINGTON, NC 27217

(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 689	Continued From page 1 transfers. The MDS also indicated he required two-person physical assist. The MDS further revealed Resident #1 was quadriplegic and utilized a motorized wheel chair. Resident #1's care plan dated 3/26/21 indicated he was at risk for falls due to quadriplegia. Interventions included anticipate and meet needs, place call light within reach and ensure assist bars are in place. Two staff to assist in turning resident during wound care was added as an intervention on 3/31/21. A nursing note dated 3/9/21 indicated Resident #1 was in bed lying on his side for a dressing change. He proceeded to roll off the bed when Nurse #6 went to the bathroom to get paper towels to clean him up. The nursing note indicated Resident #1 stated he was starting to fall, and Nurse #6 walked back to the bedside and held onto him, but he slipped and rolled to the floor. He sustained a small 2 centimeter (cm) laceration to the left side of his head. He also reported pain to his back after the fall. Emergency Management Services (EMS) were contacted who transported Resident #1 to the Emergency Department (ED) for further evaluation. An incident note dated 3/9/21 indicated Resident #1 was quadriplegic and was unable to position himself without help. The recommendation from the incident was there should always be 2 staff members in the room while providing any type of care at all times for Resident #1. During an interview on 4/1/21 at 8:35 am, Nurse #6 indicated she was getting ready to change Resident #1's sacral dressing when she realized she needed to clean him up first. She left the	F 689	Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; Resident #1 has been care planned to have two person assist with all wound care on 3/31/2021 Fall care plan and 4/20/2021 on Wound care plan. Address how the facility will identify other residents having the potential to be affected by the same deficient practice; All residents have been evaluated and anyone identified as a quadriplegic or paraplegic with wounds have been care planned to have two person assist with wound care if applicable. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; Education will be provided by Staff Development Nurse or Director of Nursing or designee to all Licensed nurses that all quadriplegic or paraplegic residents will have two person assist with wound care if applicable. Completion 05/04/2021 All new Licensed nurses will receive education in orientation by Staff Development Nurse or Director of Nursing or designee that all quadriplegic or paraplegic residents will have two person assist with wound care if applicable. Any Licensed nurse that has not received education by Staff Development Nurse or Director of Nursing or designee that all quadriplegic or paraplegic residents will have two person assist with wound care if applicable by 05/04/2021 will not be allowed to work until receive education.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. BUILDING _____ B. WING _____	C 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HEALTH CARE CENTER	1987 HILTON STREET BURLINGTON, NC 27217

(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 689	Continued From page 2 resident lying on his side and went into the bathroom to grab paper towels and while she was getting the paper towels the resident stated he was starting to fall. Nurse #6 walked back to the bed and attempted to hold Resident #1. He continued to slip and fell to the floor hitting his head. She indicated Resident #1 could not hold onto the assist bars since he was quadriplegic. Nurse #6 verbalized she knew there should have been two people in the room to assist with wound care, but she proceeded with care on her own. An interview on 4/1/21 at 12:30 pm with Nurse #7 revealed he was the primary nurse for Resident #1 when he fell on 3/9/21. He indicated he became aware of the fall after Nurse #6 called for assistance from Resident #1's doorway. When he walked into the room Resident #1 was on the floor, he was bleeding from the left side of his head and reported back pain. EMS were contacted and transported Resident #1 to the ED. An ED provider note dated 3/9/21 revealed Resident #1 was seen at the ED on 3/9/21 for a fall. Resident #1 had a forehead laceration that measured 2 centimeters in length by 2 millimeters in depth. The laceration was repaired by tissue adhesive. No further treatment was provided. Resident #1 returned back to the facility the same day. During an interview on 4/1/21 at 9:25 am with the Director of Nursing (DON), she indicated Resident #1 required extensive to total assistance with ADL care and was care planned for 1 to 2 person assist prior to the 3/9/21 fall. She communicated staff should follow the plan of care for Resident #1's required assistance level when care was being rendered.	F 689	All new admissions will be reviewed by Director of Nursing or Unit Manager or designee on admission or next business day to ensure that all quadriplegic or paraplegic residents will have two person assist with wound care identified on their wound care plans if applicable Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; Director of Nursing or Unit Manager or designee will observe 10% of quadriplegic and/or paraplegic residents wound care for compliance with two person assist daily Monday through Friday X 4 weeks, weekly X 4 weeks and monthly X 1. Completion date: 05/04/2021	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. BUILDING _____ B. WING _____	C 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HEALTH CARE CENTER	1987 HILTON STREET BURLINGTON, NC 27217

(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 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to follow facility pharmacy procedures for receiving controlled substances. Staff did not check the delivered medication, sign	F 755	F755 " Address how corrective action will be accomplished for those residents found to	5/4/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. BUILDING _____ B. WING _____	C 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HEALTH CARE CENTER	1987 HILTON STREET BURLINGTON, NC 27217

(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 755	Continued From page 4	F 755		

the delivery manifest, fax it to the pharmacy or immediately log the accepted Hydrocodone-Acetaminophen, a controlled substance, into the facility's controlled medication inventory system. Two staff did not verify and count and then store the controlled substance according to the facility's Pharmacy Services and Procedure Manual. This failure involved four of four nurses who worked on 2/11/21 (Nurse #1, Nurse #2, Nurse #3 and Nurse #4).

The findings included:

The facility Pharmacy Services and Procedure Manual last revised 6/8/20 indicated controlled substances were only to be delivered to a licensed facility staff member who would take responsibility for the receipt, proper storage, and distribution of the delivered medication. The manual further indicated the facility should immediately log accepted controlled substances into facility-controlled medication inventory system.

A Pharmacy Shipment Detail dated 2/11/21 indicated 60 tablets of Hydrocodone-Acetaminophen 325 milligrams (mg) was delivered to the facility on 2/11/21 at 10:22 pm and Nurse #1's name was entered in the electronic device by the delivery driver.

During an interview on 4/1/21 at 11:10 am, Nurse #1 revealed he was the one who received the delivery bag from the pharmacy delivery driver at the facility entrance on 2/11/21 at approximately 10:20 pm. He indicated he gave the delivery driver his name and showed her his badge to verify his identity when he received the package. Nurse #1 also indicated he did not verify the

have been affected by the deficient practice;
Resident #2 medications in question were replaced by facility on 2/16/2021 and resident #2 was provided medication out of emergency medication stock with no doses missed.
" Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
A MAR to Cart audit for all current residents as of 3/15/2021 and 03/15/2021 was completed by Omnicare pharmacy nurse consultant on 3/15/2021 and 03/16/2021 and all narcotic medications were accounted for at that time.
" Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
All licensed nurses were in serviced on 02/16/2021 on the procedure of receiving narcotics from the pharmacy by Director of Nursing or Staff Development nurse, or designee. Completion 05/04/2021
All new hire Licensed nurses will be educated on the procedure of receiving narcotics from the pharmacy by the Staff Development nurse or designee.
Any licensed nurse who has not received education by 05/04/2021 will not be allowed to work until education completed. Completion 05/04/2021
" Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;
Director of Nursing or Staff Development nurse or Unit Manager or designee will audit 5% of each unit to validate correct

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. BUILDING _____ B. WING _____	C 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HEALTH CARE CENTER	1987 HILTON STREET BURLINGTON, NC 27217

(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 755	Continued From page 5 contents of the bag when he handed it to Nurse #2 and asked her to take it to the Teal Unit. He further revealed he had not been trained on the facility procedure for handling narcotics until after the narcotics were missing. Attempts to interview Nurse #2 on 4/1/21 at 11:27 am and 4:30 pm were unsuccessful. During an interview on 4/1/21 at 1:35 pm, Nurse #3 indicated she had received a bag of medication from Nurse #2 on 2/11/21. Nurse #3 voiced that Nurse #2 informed her the medication belonged to Resident #2. She did not recall if anything was written on the delivery bag. She handed the bag of medication to Nurse #4. She also indicated Nurse #4 placed the medication bag on top of her medication cart. Nurse #3 revealed she did not verify the contents of the bag with either Nurse #2 or Nurse #4. An attempt to contact Nurse #4 on 4/1/21 was unsuccessful. The phone number provided by both the facility and agency to reach Nurse #4 was disconnected. During an interview on 4/1/21 at 3:30 pm, the Pharmacist revealed 60 tablets of Hydrocodone were delivered to Nurse #1 at the facility entrance on 2/11/21 and Nurse #1's name was entered in the electronic device when he accepted the delivery. The Pharmacist indicated the facility was to check the delivered medication, sign the delivery manifest and fax it to the pharmacy within 24 hours. The pharmacist revealed the pharmacy never received a delivery manifest from the facility for the 60 tablets of Hydrocodone that was delivered	F 755	narcotic count, daily Monday through Friday X 2 weeks, weekly X 4 weeks, monthly X 1. " Completion date: 05/04/2021	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. BUILDING _____ B. WING _____	C 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HEALTH CARE CENTER	1987 HILTON STREET BURLINGTON, NC 27217

(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 755	Continued From page 6	F 755		

to the facility on 2/11/21.

An interview on 4/6/21 at 9:25 am with the Director of Nursing (DON) revealed the narcotics were to be signed for when delivered at the facility. She indicated two licensed nurses were to count and double sign the delivery manifest that would be faxed to the pharmacy. She also indicated the narcotics were to be locked up after verification. The DON revealed the nurses that handled the 60 tablets of Hydrocodone delivered to the facility on 2/11/21 did not verify, count, and lock up the Hydrocodone. She indicated the nurses that handled the hydrocodone should have followed the pharmacy policy. Through the facility investigation the DON communicated the drug diversion occurred on 2/11/21.

A facility Initial Allegation Report dated 2/15/21 revealed Resident #2's Hydrocodone-Acetaminophen 60 pills were missing. The Initial Allegation Report indicated the medication went missing between 2/11/21 and 2/15/21. The allegation report indicated Nurse #5 discovered the medication was missing when she called pharmacy to order the hydrocodone and pharmacy indicated the medication had been delivered to the facility on 2/11/21.

Attempts to interview Nurse #5 on 4/1/21 at 11:47 am and 3:00 pm were unsuccessful.

The facility's investigation dated 2/16/21 revealed Nurse #1 received a bag of medication from the pharmacy delivery driver on 2/11/21 at 10:22 pm and handed it to Nurse #2. No count or verification was conducted between the two nurses. Nurse #2 handed the medication to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. BUILDING _____ B. WING _____	C 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HEALTH CARE CENTER	1987 HILTON STREET BURLINGTON, NC 27217

(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 755	Continued From page 7	F 755		

Nurse #4 and no count or verification was conducted by these two nurses either. The investigation also indicated Nurse #3 witnessed Nurse #2 handing the bag of medication to Nurse #4 and no count or verification was witnessed. Through facility investigation the drug diversion was determined to have occurred on 2/11/21.

An interview on 4/1/21 at 1:55 pm with the Staff Development Coordinator revealed prior to 2/11/21, the facility did not train nurses on verifying, counting, and signing delivery manifests for narcotics delivered to the facility. She indicated prior to the missing Hydrocodone, she trained nurses during orientation on medication in general and nothing specific on narcotics. All nurses were trained on 2/16/21 on the procedure for medications delivered to the facility. The procedure included opening the medication packages, verifying the count, and signing the delivery manifest and narcotic cards by two nurses. The narcotic card must be put in the card count and the manifest sent to pharmacy. The nurses were to also count the narcotic cards and narcotics every shift and report any shortage immediately to the unit manager or DON.

An interview on 3/31/21 at 4:25 pm with Administrator and DON revealed the facility did not have a 4-point plan of correction in place at that time. The DON provided the survey team with a process improvement guide sheet titled Project Improvement Project (PIP) on 4/1/21. The goal of the PIP was to prevent other instances of narcotic diversion. The process improvement plan indicated 2 nurses were to sign the delivery manifest, fax the delivery manifest to pharmacy and create a count sheet for narcotics delivered to the facility. Nurses were trained on the policy of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. BUILDING _____ B. WING _____	C 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HEALTH CARE CENTER	1987 HILTON STREET BURLINGTON, NC 27217

(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 755	Continued From page 8 receiving narcotics on 2/16/21 and new nurses would be provided with the education as well. Monthly audits of all narcotic carts would be completed by DON or designee to validate ongoing implementation. The PIP did not address how the facility corrected the deficient practice for the resident and all the residents that might be impacted. The DON did not provide any auditing of the narcotics.	F 755		