

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

PRINTED: 08/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/30/2021
NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2778 COUNTRY CLUB DRIVE HAMPSTEAD, NC 28443		
(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	
E 000	Initial Comments An unannounced recertification survey and complaint investigation was conducted on 07/26/21 through 07/30/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #2M4411.	E 000			
F 000	INITIAL COMMENTS An unannounced recertification and complaint investigation survey was conducted from 07/26/21 - 07/30/21, Event 2M4411.	F 000			
F 761 SS=D	5 of the 5 complaint allegations were not substantiated. Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and	F 761		8/13/21	

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

TITLE

(X6) DATE

Electronically Signed

08/12/2021

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 761	<p>Continued From page 1</p> <p>Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to remove expired medications from 1 of 2 medication rooms (Long-Term Care Medication Room) and from 1 of 3 medication carts (200-300 Hall Medication Cart).</p> <p>The findings included:</p> <p>Accompanied by Nurse #1, an observation of the Long-Term Care Medication room was conducted on 07/28/21 at 2:31 p.m. The observation revealed a denture cup with Resident #37's name handwritten across the top of the lid. Inside the denture cup were two 2.5 milliliter bottles of latanoprost ophthalmic solution 0.005% (an eye drop used to treat high pressure in the eye). The bottles were not labeled and each had an expiration date of 03/2021. Nurse #1 confirmed the expiration date.</p> <p>Accompanied by Nurse #2, an observation of the 200-300 Hall Medication Cart was conducted on 07/28/21 at 2:38 p.m. The observation revealed a ProAir HFA 90 microgram inhaler (an inhaled medication to treat bronchospasm in the lungs) labeled for Resident #56 with an expiration date of 02/2021. The observation also revealed an Epi-Pen 2-Pak 0.3 milligrams (an autoinjector of epinephrine often used to treat severe allergic reactions) labeled for Resident #85 with an expiration date of 05/2021. Nurse #2 confirmed the expiration dates.</p>	F 761	<p>Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 07/30/21 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</p> <p># 1 - Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <ul style="list-style-type: none"> For Resident # 37 the denture cup containing 2 bottles of unlabeled and expired eye drop medications were properly discarded by QA Nurse/Designee on 07/28/21 For Resident # 56 the expired inhaler medication was properly discarded by QA Nurse/Designee on 07/28/21 For Resident # 85 expired autoinjector medication was properly discarded by QA 		

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F 761	Continued From page 2 During an interview with Nurse #1 (who also is the facility's Quality Assurance Nurse) on 07/28/21 at 3:30 p.m., Nurse #1 stated all nurses are expected to check the medication rooms and medication carts every day to make sure there are no expired medications. During an interview with the Director of Nursing (DON) on 07/28/21 at 3:39 p.m., the DON stated it was her expectation the nurses check medications for expiration dates before administering them and to remove expired medications from the medication carts and medication rooms.	F 761	Nurse/Designee on 07/28/21 • Education provided to Nurse # 1 and Nurse #2 by Director of nursing on 7/28/21 on proper labeling and storing of medications. # - 2 Address how the facility will identify other residents having the potential to be affected by the same deficient practice; " All medication carts and medication rooms were audited by 7/30/21 by QA Nurse/Designee to ensure no other unlabeled or expired medications were present. Any findings were properly discarded and reported to Director of Nursing. # -3 Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; " Facility Policy Storage of Medications and Medication Checklist for Med Carts reviewed and updated if necessary by Director of Nursing on 7/30/21. " All Licensed Nurses inserviced by August 10, 2021 by Director of Nursing/Designee on facility policy Storage of Medications and Medication Checklist for Med Carts to include proper labeling of medications and proper disposal of expired medications. " Any newly hired Licensed Nurses will be inserviced on facility policy Storage of Medications and Medication Checklist for		

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F 761	Continued From page 3	F 761	<p>Med Carts by Staff Development Coordinator/Designee during orientation process.</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 August 5, 2021 to audit medication carts and medication rooms for unlabeled or expired medications.</p> <p>" Director of Nursing/Designee will complete audit 2 times weekly times 4 weeks and weekly ongoing to ensure that medications are labeled and stored as per facility policy Storage of Medications and Medication Checklist for Med Carts. Director of Nursing to review audit results weekly.</p> <p>" Results will be reviewed and discussed in the monthly Quality Assurance Performance Improvement Committee meetings. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance.</p>		