

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

PRINTED: 05/16/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/14/2022
NAME OF PROVIDER OR SUPPLIER GLENFLORA			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 FAYETTEVILLE ROAD LUMBERTON, NC 28360	
(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 was conducted on 04/11/2022 through 04/14/2022. The facility was found in compliance with CFR 483.73, Emergency Preparedness Event ID #9S6V1111.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 04/11/2022 through 04/14/2022. Event ID# 9S6V11. The following intakes were investigated NC00182880 and NC00178426. 4 of the 4 complaint allegations were not substantiated.	F 000		
F 761 SS=D	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	F 761		5/6/22

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

TITLE

(X6) DATE

Electronically Signed

05/06/2022

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>the Comprehensive Drug Abuse Prevention and 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 dispose of expired medications from the medication storage cabinet and medication refrigeration storage in one of 2 medication storage rooms observed and failed to date an inhalation medication when opened on 2 of 3 medication carts reviewed.</p> <p>Findings Included:</p> <p>On 04/12/22 at 9:00 AM an unopened bottle of Aspirin 81 milligrams with an expiration date of 01/21/22 was found in the stock medication cabinet in the medication storage room. In the medication refrigeration in the medication storage room an opened bottle of Magic Mouthwash (a liquid substance used orally by swishing the drug inside the mouth for a certain amount of time then spitting it out) was noted with instruction to dispose of the unused portion after the expiration date of 03/26/22.</p> <p>An interview was conducted with the Director of Nursing (DON) on 04/12/22 at 9:00 AM. The DON reported the medication room was checked for expired medications on 04/11/22 by the Pharmacist. The DON stated the medication rooms were also checked twice weekly by the night nurses. The DON stated the expired medications should have been seen by either the Pharmacist or the night nurse and should have</p>	F 761	<p>GlenFlora acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents.</p> <p>GlenFlora response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, GlenFlora reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F761 Label/Store Drugs and Biologicals</p> <p>The process that led to this deficiency was the facility failed to dispose of expired medications from the medication storage cabinet and medication refrigeration storage in one of 2 medication storage rooms observed and failed to date an inhalation medication when opened on 2 of 3 medication carts reviewed. The Director of Nursing (DON) immediately</p>		

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F 761	<p>Continued From page 2</p> <p>been removed from the stock rotation and the refrigerator.</p> <p>On 04/12/22 at 10:00 AM a package of Budesonide (an inhalant medication) 0.5/2 milliliters was noted to be opened but had no open date written on the package or the box.</p> <p>An interview with Nurse #4 on 04/12/22 at 10:00 AM stated she should have dated the box when she opened it.</p> <p>An interview with the DON on 04/14/22 at 4:10 PM revealed she expected her designated nursing staff to ensure the medication carts and the medication storage rooms were free of any expired medications and all medications that were opened had an open date written on them.</p>	F 761	<p>disposed of both medications that were expired upon notification on 4/12/22. Nurse #4 labeled the inhalation medication with an open date upon notification on 4/12/22.</p> <p>On 4/28/22, the DON audited the medication room and both medication carts for expiration dates of all medications and for open label dates on any medication open. The DON did not find any other expired medications or any opened medications without an open date on either cart.</p> <p>On 4/29/22, the Staff Development Coordinator (SDC) in-serviced all nurses on the Label/Store Drugs and Biologicals regulation including expired medications and labeling of open medications. All nurses will be in-serviced prior to their next scheduled shift.</p> <p>Any newly hired nurses will be in-serviced by the SDC regarding the Label/Storage Drugs and Biologicals regulation.</p> <p>The SDC or DON will audit the medication room and medication carts for expired medication or unlabeled medications utilizing the Medication Label/Store audit tool. The audit will begin on 5/9/22, and will occur three times per week for 3 weeks, and weekly for 3 weeks, then monthly for 2 months to ensure all medications are not expired and any open medication have an open date labeled.</p> <p>The Director of Nursing will forward the</p>		

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F 761	Continued From page 3	F 761	<p>results of the Minimum Data Set audits to the Executive Quality Improvement Committee monthly for 3 months. The Executive Quality Improvement Committee will review the audit tools to determine trends and/or issues that may need further interventions.</p> <p>The Executive Director and Director of Nursing will be responsible for the implementation of corrective actions to include all 100% audits, in-services, and monitoring related to the plan of correction.</p>		
F 849 SS=D	<p>Hospice Services CFR(s): 483.70(o)(1)-(4)</p> <p>§483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer.</p> <p>§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and</p>	F 849		5/6/22	

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F 849	Continued From page 4 to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following: (A) The services the hospice will provide. (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care. (D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death. (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided. (G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual	F 849			

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F 849	Continued From page 5 resident's needs. (H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions. (I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility. (J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation. (K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff. §483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the	F 849			

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F 849	Continued From page 6 LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident. The designated interdisciplinary team member is responsible for the following: (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services. (ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family. (iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians. (iv) Obtaining the following information from the hospice: (A) The most recent hospice plan of care specific to each patient. (B) Hospice election form. (C) Physician certification and recertification of the terminal illness specific to each patient. (D) Names and contact information for hospice personnel involved in hospice care of each patient. (E) Instructions on how to access the hospice's 24-hour on-call system. (F) Hospice medication information specific to each patient.	F 849			

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F 849	<p>Continued From page 7</p> <p>(G) Hospice physician and attending physician (if any) orders specific to each patient.</p> <p>(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.</p> <p>§483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to have all hospice information including progress notes and care plan available in the medical record to assure that the services provided were coordinated for 1of 2 residents (Resident #7) reviewed.</p> <p>The findings included:</p> <p>Resident #7 was readmitted to the facility from the hospital on 10/25/21. Resident #7 ' s diagnoses included congestive heart failure, venous insufficiency, chronic kidney disease, and chronic pain.</p> <p>Review of Resident #7 ' s medical record revealed a physician order dated 10/25/21 for referral to hospice services. On 10/26/21 Hospice services which included skilled nursing, chaplain, nursing assistant (NA) and social worker began.</p> <p>Review of Resident #7 ' s medical record revealed a hospice plan of care for period of</p>	F 849	<p>F849 Hospice Services</p> <p>The process that led to this deficiency was the facility to have all hospice information including progress notes and care plan available in the medical record to assure that the services provided were coordinated for one of 2 residents. On 4/13/22, the facility received, and scanned Resident #7 current progress notes and care plan provided from the hospice provider.</p> <p>On 5/3/22, the Medical Records clerk audit all current hospice resident records to include Resident #7, to ensure the facility had scanned in all hospice information including progress notes and care plans. On 5/6/22, the facility had received and scanned all hospice notes and documentation into the electronic</p>		

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F 849	<p>Continued From page 8</p> <p>10/26/21 through 1/23/22. Review of the hospice plan of care indicated that Resident #7 was to receive skilled nursing visits weekly, nursing assistant visits five times per week, social worker visits monthly and chaplain services two times per month.</p> <p>Review of Resident #7 ' s medical record revealed the last hospice nursing progress note was dated 12/2/21. The Director of Nursing (DON) obtained a progress note dated 1/13/22 from the hospice provider which indicated hospice provided weekly skilled nursing visits. DON verified that there were no other notes in the facility that had not been placed in the medical record. DON was unable to obtain more recent notes or notes from any other disciplines from the hospice provider.</p> <p>Review of Resident #7 ' s Quarterly Minimum Data Set (MDS) assessment dated 2/1/22 revealed received Hospice services and a condition or chronic disease resulting in six month or less life expectancy.</p> <p>Review of Resident #7 ' s care plan dated 2/4/22 revealed that resident was receiving hospice services with a goal of through next ninety days.</p> <p>Interview on 4/13/22 at 11:45 AM with Nurse #2 revealed she was not aware that Resident #7 was on hospice services and was not aware where or how hospice staff document on the residents.</p> <p>Interview with DON on 4/13/22 at 2:17 PM revealed that her expectation was that hospice provide their documentation in a timely manner. DON further indicated that there is no specific time frame for when hospice sends their notes to</p>	F 849	<p>medical record.</p> <p>On 5/3/22, the Executive Director (ED) collaborated with both hospice companies to resolve this issue. Moving forward, both hospice providers will provide the facility with weekly clinical notes.</p> <p>On 5/4/22, the ED in-serviced the medical records clerk on the important of receiving and scanning all hospice notes into the electronic medical record in a timely fashion.</p> <p>Any newly hired medical records clerk will be in-serviced on the important of receiving and scanning all hospice notes into the electronic medical record in a timely fashion.</p> <p>The ED will audit 50% of hospice records utilizing the Hospice Information audit tool to ensure that any hospice information to include progress notes and care plans are received by the facility and scanned into the EMR timely. The audit will begin on 5/9/22, completed weekly for 8 weeks, then monthly for 2 months to ensure the facility has all information from our hospice providers.</p> <p>The ED will forward the results of the Hospice Information audits to the Executive Quality Improvement Committee monthly for 3 months. The Executive Quality Improvement Committee will review the audit tools to determine trends and/or issues that may need further interventions.</p>		

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F 849	<p>Continued From page 9</p> <p>the facility to be placed in the medical record. Hospice developed a Plan of Care within the first week of admission. DON was not aware of when the facility received a copy of the Hospice plan of care. DON stated that the facility care plan should include Hospice services and interventions. The DON indicated that she was designated as responsible for coordinating care for resident ' s receiving hospice services.</p> <p>Interview with MDS Nurse on 4/13/22 at 2:20 PM revealed that progress notes from Hospice were left at the facility, but she was unaware of when or how this occurred. MDS Nurse did not know why the last documentation from Hospice in Resident #7 ' s medical record was dated 12/2/21. MDS Nurse stated hospice care was listed in the facility care plan but not specific interventions or services.</p> <p>Interview on 4/14/22 at 2:30 PM with the administrator revealed that he expected that all hospice documentation including progress notes and care plan would be available in the medical record. The administrator indicated that he was not aware that the hospice provider was not providing timely documentation for residents receiving hospice services.</p>	F 849	The ED and Director of Nursing will be responsible for the implementation of corrective actions to include all 100% audits, in-services, and monitoring related to the plan of correction.		