

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

PRINTED: 11/10/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345384</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRUITTHEATH-FARMVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4351 SOUTH MAIN STREET</b> <b>FARMVILLE, NC 27828</b>		
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E 000	Initial Comments  An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/25/22 through 10/26/22. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# X4EH11	E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/25/22 through 10/26/22. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# X4EH11	F 000			
F 626	Permitting Residents to Return to Facility SS=D CFR(s): 483.15(e)(1)(2)	F 626		11/23/22	

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

TITLE

(X6) DATE

Electronically Signed

11/08/2022

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 626	<p>Continued From page 1</p> <p>§483.15(e)(1) Permitting residents to return to facility.</p> <p>A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.</p> <p>(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to allow the resident to return to the</p>	F 626	Resident # 2 was transferred out to hospital on 7/5/2022. They were then		

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F 626	<p>Continued From page 2</p> <p>facility after she requested to go to the Emergency Department (ED) for back and chest pain. This resulted in the resident being admitted to the hospital where she remained for 24 days while waiting for placement at another skilled nursing facility. This was for 1 of 1 resident (Resident #2) reviewed for transfer and discharge.</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility on 6/06/22 with diagnoses that included unspecified cord compression and bipolar disorder.</p> <p>The admission Minimum Data Set dated 6/20/22 revealed Resident #2 was cognitively intact. She had no physical, verbal behaviors, or rejection of care during the 7-day look back period.</p> <p>Nurses' Progress note dated 7/05/22 at 9:40 AM read in part that Resident #2 was on the telephone with her insurance company when they called 911 for her due to complaints of pain in her back and large muscles and also experiencing chest pain. Emergency Medical Services (EMS) arrived at facility and transported Resident #2 to the hospital for evaluation.</p> <p>An interview on 10/25/22 at 3:00 PM with the Pruitt Health Liaison revealed the previous Administrator had provided a letter to the hospital stating the facility could not meet her needs.</p> <p>A letter dated 7/08/22 and signed by the previous Administrator read in part that since her admission, Resident #2 had placed numerous calls to Police and 911 for various reasons</p>	F 626	<p>transferred to another facility and did not return to PruittHealth Farmville.</p> <p>All residents that are transferred out to the hospital have the potential to be affected by the alleged deficient practice. The Admission Director completed an audit of the last 60 days to see the re-admission status of any discharges to the hospital. The facility did not have any resident identified in the audit as being denied readmission to the facility.</p> <p>Education was provided to the Administrator, Director of Health Services and Social Worker by the Area Vice President on 10/26/2022: The education was that facilities are to have a policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. They must be allowed to return to their previous room, if available, or immediately upon the first available bed. The education on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave has been added to the general orientation for any newly hired Social Worker, Director of Health Services and/or Administrator.</p> <p>Administrator, Social Worker and Admissions director are to review any/all discharges/transfers to the hospital weekly x 4 weeks to ensure readmission occurs when resident is medically stable to return.</p> <p>The Administration will present the analysis of the discharge / transfer audits to the Quality Assurance and</p>		

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F 626	Continued From page 3 including stating "I heard people speaking very loudly and felt I was in danger" and "I know they are talking about me". Resident #2 has twice returned to the hospital. At this time, our Medical Director does not believe we can meet the needs of the resident and has declined to accept her as a returning resident.  An interview on 10/26/22 at 8:08 AM with the facility Administrator revealed she was not employed at the facility when Resident #2 was there. She stated she was unaware of the circumstances that led to Resident #2 not returning to the facility.  An interview on 10/26/22 at 1:20 PM with the Director of Nursing (DON) revealed she remembered Resident #2 and was unaware of any threats made by Resident #2 towards herself, the staff, or other residents. She stated the resident did call 911 and the police during her stay and had her insurance company call EMS so she could go to the hospital on 7/05/22 and that she had not returned to the facility.  An interview on 10/26/22 at 2:19 PM with the Medical Director who was employed at the facility at that time and had provided care for Resident #2 revealed he did not remember having a conversation with the previous Administrator about not being able to provide Resident #2's medical needs and stated he felt the facility could have provided her medical needs.	F 626	Performance Improvement Committee for review and revision in the plan or need for continued monitoring.  Compliance Date: 11/23/2022		
F 761 SS=E	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	F 761		11/23/22	

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F 761	<p>Continued From page 4</p> <p>labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§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.</p> <p>§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 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, record review and interviews with facility staff the facility failed to keep medications in a secured location when the medications were left unattended at the nursing station for 1 of 1 nursing station.</p> <p>The findings included:</p> <p>Upon entry into the unlocked facility front door on 10/25/22 at 9:30 AM a roll of prepackaged medications was observed sitting on the nursing station desk. The desk was located in the lobby of the facility approximately 6 feet to the right of the entrance door. The desk was 12 to 14 feet long with the middle 4 feet at desk height and the two opposite ends were 4 feet from floor level.</p>	F 761	<p>The medications that were sent from pharmacy were secured as appropriate in the medication carts.</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>The Pharmacy was educated by the Director of Health Services on 10/26/22 related to delivering the medications to the facility and making sure they are secured in the locked medication room and not to the nursing station. The DHS immediately started providing education to all licensed</p>		

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F 761	Continued From page 5 The roll of packaged resident medications observed on the desk was approximately 2 feet in diameter. No staff members were present in the lobby area or within sight of the medications. There were no visitors or residents observed in the lobby. There were 2-3 residents observed in the dining room which joined with the lobby. After 3 minutes an unidentified staff member appeared, asked what the surveyors needed and went to the back of the dining area (located next to the lobby) to get the Administrator. The Administrator and Director of Nursing (DON) came out of a closed room off of the back left side of the dining room. On 10/26/22 at 1:45 PM Nurse #3 stated the pharmacy delivered prepackaged medications to the facility at 9:30 PM each night. She stated the medications arrived in totes and the medications were removed from the tote and placed on the nursing station desk. Nurse #3 reported the nurse had to sign the receipt for the medications. She said the delivery driver took the empty tote back when the driver left the building. The nurse said the narcotic medications were immediately counted and locked into the medication cart on the hall based on the room number where the resident was assigned. She stated the rest of the medications remained at the nursing station desk and were separated and placed in the medication cart whenever the nurse had sufficient time to do it. Nurse #3 added if the 3:00 PM to 11:00 PM nurses were not able to put away the medications then the 11:00 PM to 7:00 AM nurse was to separate them and put them into the correct medication cart. The nurse said she saw the roll of medications on the nursing station desk on 10/25/22 during her 7:00 Am to 3:00 PM shift. She said she was not at the desk when the surveyors arrived but went to the lobby after the survey team was escorted through the dining	F 761	staff related to storage of medications and the education continued through 11/4/2022. Education occurred prior to nurses working their shift. The education will occur during orientation for all newly hired nurses. Nurses not educated prior to 11/4/2022 will be removed from the schedule until education is completed.  The Director of Health Services will randomly audit the securement of medications / storage of medications throughout the facility weekly for 4 weeks. The Director of Health Services will present the analysis of the medication security / storage to the Quality Assurance and Performance Improvement Committee monthly for review and revision of plan or need for continued monitoring.  Compliance Date: 11/23/2022		

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F 761	<p>Continued From page 6</p> <p>room. She said the medications observed at the nursing station on 10/25/22 were the ones which were delivered the night before (10/24/22) at 9:30 PM.</p> <p>On 10/26/22 at 2:20 PM the DON stated the pharmacy delivery person brought the medications which had been ordered and placed them on the nursing station desk. She said the medications were to be separated and put into the appropriate medication cart by the 11:00 PM to 7:00 AM nurse. She said she was hired as a staff nurse in May 2022 and the practice had been that the medications were always just left on the nursing desk.</p> <p>On 10/26/22 Nurse #2 stated he worked the 3:00 PM to 11:00 PM shift on 10/24/22. He stated he did not remember if he signed for the medication delivery or if Nurse #3 signed for them. He said the medications would typically be put into the locked medication room or they may be left out on the nursing station desk for a while until someone put them into the locked medication room. Nurse #2 stated the roll of medications left on 10/24/22 was about 18 inches across. He added the medications were brought into the facility by the pharmacy driver and were in totes. Nurse #2 reported the driver usually took the medications out of the tote and took the tote back with him when he left the facility.</p> <p>A review of the Manifest of the medications dated 10/24/22 at 9:37 PM revealed there were 2 tote ID numbers. The first tote contained 281 packets of medications and the second tote listed an additional 29 packets of medications. The Manifest was signed by Nurse #3.</p> <p>An additional interview with Nurse #3 on 10/26/22 at 3:25 PM revealed she did not remember if she signed for the medications on 10/24/22. She said the medications were always left at the nursing</p>	F 761			

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F 761	Continued From page 7 station for the 11:00 PM to 7:00 AM shift to divide them and put them into the appropriate medication cart. She said if the 11:00 PM to 7:00 AM shift did not put the medications into the locked medication carts the following 7:00 AM to 3:00 PM shift would do it. On 10/26/22 at 3:45 PM the Administrator reported she saw the roll of medications on the nursing station desk at 9:35 AM as she came to greet the survey team. She said the medications should have been within sight of a nurse or secured but not left on the nursing station desktop.	F 761			
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)  §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and	F 883		11/23/22	

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F 883	<p>Continued From page 8</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff, Responsible Party (RP) and physician interviews the facility failed to provide a pneumococcal vaccine after obtaining RP informed consent for the vaccine. This was for 1 of 5 residents, (Resident #11) reviewed for immunizations.</p> <p>Findings included:</p>	F 883	<p>Resident # 11 received their Pneumovac on 10/27/2022.</p> <p>All residents have the potential to be affected by the alleged deficient practice. A 100% audit was conducted through 11/4/2022 for Pneumococcal vaccinations</p>		

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F 883	<p>Continued From page 9</p> <p>A review of the Advisory Committee on Immunization Practice (ACIP) recommendations titled "Use of 15-Valent Pneumococcal Conjugate Vaccine (PCV) and 20-Valent PCV Among U.S. Adults: Updated Recommendations of the Advisory Committee on Immunization Practices" dated 1/28/2022 revealed in part, "Recommendations for use of 15-valent PCV in series with 23-valent pneumococcal polysaccharide vaccine (PPSV) or 20-valent PCV in PCV-naïve adults aged ≥19 years; Adults aged ≥65 years who have not previously received PCV or whose previous vaccination history is unknown should receive 1 dose of PCV (either PCV20 or PCV15). When PCV15 is used, it should be followed by a dose of PPSV23".</p> <p>A review of the facility's policy titled "Pneumococcal Vaccinations" last revised on 12/10/2021 revealed in part "Administration: Adults aged 65 years of age or older who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown should receive a pneumococcal conjugate vaccine (either PCV20 or PCV25). If PCV 15 is used, this should be followed by a dose of PPSV23.</p> <p>Resident #11 was admitted to the facility on 6/21/2022 with a diagnosis of diabetes mellitus. A review of Resident #11's quarterly Minimum Data Set (MDS) assessment dated 9/22/22 revealed he was over 65 years old. He was severely cognitively impaired. His pneumococcal vaccine was not up to date because the pneumococcal vaccine had not been offered. A review of Resident #11's Admission Packet document revealed a pneumococcal vaccine information sheet and the signature of Resident #11's Responsible Party (RP) dated 6/22/22</p>	F 883	<p>status for all residents. Any resident that had consent obtained for flu, pneumonia or covid vaccine had an order obtained by the nursing department and are to have the vaccine given or scheduled to be given by 11/11/2022 (Those scheduled are due to not being able to administer all three together and needing a timeframe between doses)</p> <p>Education was provided to the SW (social worker) and DHS (Director of Health Services) by the Administrator as to the process of admission consents and relaying information to the nursing department so that the appropriate pneumococcal vaccinations are administered upon admission.</p> <p>Education was provided to licensed nurses by the DHS related to the process on admission related to obtaining an order for vaccines when consent is given by resident or Responsible Party on admission and then nursing administering the vaccine as ordered. Education related to obtaining consents and physician orders for the vaccination has been added to the general orientation for newly hired Nurses.</p> <p>Administrator will audit all Admissions weekly x 4 weeks to ensure any pneumococcal vaccine consented for was administered per MD order by the nursing department. The results of this audit regarding pneumococcal will be brought through QAPI for review and need for adjustment in plan</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>PRUITTHEATH-FARMVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4351 SOUTH MAIN STREET</b> <b>FARMVILLE, NC 27828</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 883	<p>Continued From page 10</p> <p>indicating she wanted Resident #11 to be offered the pneumococcal vaccine on his admission to the facility. The signature of the facility Social Worker (SW) was also present on this document as a witness.</p> <p>A review of Resident #11's medical record did not reveal any evidence Resident #11 was offered and administered or offered and refused a pneumococcal vaccine.</p> <p>On 10/25/2022 at 3:33 PM an interview with the SW revealed she was also the Admissions Coordinator at the facility. She stated when residents were admitted, she obtained their pneumococcal vaccine history. She stated if a resident had no history of receiving a pneumococcal vaccine, informed consent or refusal was obtained from the resident or their RP. She went on to say this was documented in the Admissions Packet. She further indicated once the Admissions Packet was completed, she uploaded the Packet into the facility's electronic medical record system. The SW stated she was supposed to notify the Director of Nursing (DON) or a nursing support supervisor that the resident or RP had given consent for the vaccine and the nurse would get an order from the physician to administer it. She went on to say although she had been the SW when Resident #11 was admitted, she had not been aware of this process at that time. She further indicated she had not notified the DON or a nursing support supervisor Resident #11's RP had signed the consent and wanted him to receive a pneumococcal vaccine.</p> <p>On 10/25/2022 at 3:35 PM an interview with the DON indicated there was no documentation in Resident #11's medical record that he received a pneumococcal vaccine. She stated if Resident #11's RP signed a consent indicating she wanted him to receive one on admission, a nurse should</p>	F 883	Compliance Date: 11/23/2022		

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

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F 883	Continued From page 11 have gotten an order from the physician to administer it. On 10/25/2022 at 3:49 PM a telephone interview with Resident #11's RP indicated she recalled completing Resident #11's Admissions packet with the SW on 6/22/22. She stated she was not aware of Resident #11 having a pneumococcal vaccine in the past so she had given her consent for him to receive one at the facility. She stated she would have expected Resident #11 to receive the vaccine after she gave her consent. On 10/26/22 at 11:20 AM an interview with Resident #11's physician indicated she started at the facility in July 2022. She stated things were a bit unorganized at first and she was working closely with the facility to get things back on track. She went on to say she did not think Resident #11 experienced any harm from the delay in receiving a pneumococcal vaccine and he would get one soon.	F 883			