STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345149	A. BUILDING ______ B. WING ______	C 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT WINSTON SALEM	4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106

(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 was conducted from 11/21/22 through 11/22/22. Event ID# 3EH211. The following intake was investigated NC00194977. 1 of the 3 complaint allegations was substantiated resulting in deficiencies.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-	F 580		12/3/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 12/01/2022

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 580	Continued From page 1 (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, resident, staff, Medical Director, and Nurse Practitioner interviews, the facility failed to notify the medical provider of missed administrations of prescribed medications (Resident #1). This was for 1 of 3 residents reviewed for pharmacy services. The findings included: Resident #1 was admitted to the facility on 11/4/22 with diagnoses that included chronic pain syndrome, acute cholecystitis (inflamed gallbladder) with surgical intervention, coronary artery disease (CAD), history of a stroke, fibromyalgia, anxiety disorder and depression. The November 2022 physician orders included the following orders dated 11/4/22:	F 580	F580 1.Resident #1 no longer residents in the facility. 2. On 11-20-22 the Director of Nursing audited current residents medication administration record to verify no missed administrations of prescribed medications. Upon reviewing the medication administration record the medical director and/or nurse practitioner were notified immediately. 3. On 11-25-22 the Staff Development Coordinator and/or designee educated current license nurses and medication aides on if a medication is not available in the medication cart and/or emergency medication system they are to call the medical director and/or nurse practitioner	

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F 580 Continued From page 2

" Trazodone (a medication used to treat depression and relieve insomnia) 150 milligrams (mg) one tablet by mouth at bedtime for insomnia associated with depression.
" Ciprofloxacin (an antibiotic) 500 mg one tablet by mouth two times a day for acute cholecystitis for 14 days
" Metronidazole (a medication used to treat infection) 500 mg one tablet by mouth three times a day for acute cholecystitis for 14 days.
" Gabapentin 600 mg one tablet by mouth two times a day for Neuropathy and 300 mg one tablet by mouth in the afternoon for neuropathy.
" Lexapro (an antidepressant medication) 20 mg one tablet by mouth one time a day for depression.
" Plavix (a medication used to prevent heart attacks and strokes in a person with heart disease) 75 mg one tablet by mouth one time a day for blood clot prevention.
" Methadone 10 mg one tablet by mouth three times a day for pain.

Review of the Hospital Discharge Medication List dated 11/4/22 indicated the next dose due for:
" Trazodone would be 11/4/22.
" Ciprofloxacin would be 11/4/22.
" Metronidazole would be 11/4/22.
" Gabapentin would be 11/4/22.
" Lexapro would be 11/5/22.
" Plavix would be 11/5/22.
" Methadone would be 11/4/22.

Review of the November 2022 Medication Administration Record (MAR) revealed there was no documentation to show if the medications were provided, held, or refused by the resident on 11/4/22 from 8:00 PM to 9:00 PM or 11/5/22 from 8:00 AM to 2:00 PM, as ordered.

F 580

to receive further instructions. The license nurses and medication aides are to document the notification in the resident□s medical record. Completed on 11-25-22 New licensed nurses and medication aides will receive this education in orientation.
4. Director of Nursing and/or designee will review 4 residents medication administration record per unit to ensure if medications are missed the medical director and/or nurse practitioner are notified weekly x 4 weeks. Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X 2 for further problem resolution if needed. The Administrator will review the results of weekly audits to ensure any issues identified are corrected.
Compliance date 12/03/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 580	Continued From page 3	F 580		

A Medicare 5-day MDS assessment dated 11/10/22 indicated Resident #1 was cognitively intact.

A review of Resident #1's medical record, from 11/4/22 to 11/5/22, did not specify if the medications were held, not available or refused by the resident, nor did the medical record indicate if the medical provider was notified that the medications were not provided.

A phone interview was completed with Resident #1 on 11/21/22 at 12:20 PM. She stated she went "a day" without receiving her medications to include her pain medications when she was admitted to the facility. She stated she asked multiple times about her medications and was told they were "not at the facility yet".

On 11/21/22 at 12:45 PM, an interview was conducted with the NP who was familiar with Resident #1 and was aware of the medications that she was prescribed. He was not able to recall being contacted about the delay in medications for Resident #1 due to her new admission to the facility.

Nurse #2 was interviewed on 11/21/22 at 2:17 PM and explained that once a new admission was in the building their medications were activated in the Electronic Medical Record (EMR) system, which then alerted the pharmacy to fill. Any narcotic prescriptions were faxed to the pharmacy. Nurses were to check the CUBEX system for medications that could be given while waiting for the pharmacy delivery. If a resident was admitted later in the evening, there medications would most likely come the following

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F 580	Continued From page 4	F 580		

afternoon unless it was sent as STAT (urgently). If medications were not found in the CUBEX the physician or NP should be notified regarding the need to hold the medication.

The Director of Nursing (DON) was interviewed on 11/21/22 at 2:45 PM and stated he had been at the facility for less than three months. He explained that residents who were admitted later in the evening, as was Resident #1, would not have their medications delivered from the pharmacy until the following day. The facility had a CUBEX system that staff should utilize to provide medications. If a medication was needed urgently then the staff nurse could call the physician for an order and alert the pharmacy to the need for the certain medication to be sent quicker. The physician/NP should always be notified if a medication was not present and needed to be held.

On 11/21/22 at 3:06 PM, an interview was held with Nurse #4 who was assigned to Resident #1 the day shift (7:00 AM to 3:00 PM) on 11/5/22. She stated Resident #1's medications were not available in the facility to administer. She stated Resident #1 asked several times about receiving her Methadone and was told the medication hadn't been delivered from the pharmacy and wasn't available in the CUBEX system. She was unable to recall if she had contacted the physician/NP regarding the medication not being available.

The Medical Director was interviewed via phone on 11/22/22 at 12:00 PM. He was not able to recall being contacted about the delay in medications for Resident #1 due to her new admission to the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 580	Continued From page 5 A second interview was completed with the Administrator and DON via the phone on 11/22/22 at 12:30 PM. They both stated it was their expectation for new admissions to have their medications provided to them in a timely manner and nursing to check the CUBEX system for the medication. If the medication was not available in the CUBEX system, it could be ordered STAT from the pharmacy. The physician/NP should be notified if the medication was unavailable. Multiple phone calls were made from 11/21/22 to 11/22/22 to Nurse #1, the nurse on duty 11/4/22 from 3:00 PM to 11:00 PM, with no return call receive	F 580		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, resident, staff, Medical Director, Nurse Practitioner and Pharmacy interviews, the facility failed to obtain and administer prescribed medications to a newly admitted resident that included analgesic medications to treat chronic pain. This occurred for 1 of 3 residents reviewed for pharmacy services (Resident #1). The findings included: Resident #1 was admitted to the facility on	F 658	F658 1. Resident #1 no longer resides in the facility. 2. On 12-01-22 the Director of Nursing audited 30 days of current residents (11/01/22-12/01/22) to ensure prescribed medications were administered as ordered by the medical physician. 3. On 11/25/22 the Staff Development Coordinator and/or designee educated current license nurses and medication aides on ensuring medications are	12/3/22

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F 658	Continued From page 6 11/4/22 with diagnoses that included chronic pain syndrome, acute cholecystitis (inflamed gallbladder) with surgical intervention, coronary artery disease (CAD), history of a stroke, fibromyalgia, anxiety disorder and depression. A hospital discharge summary dated 11/4/22 revealed Resident #1 had a history of chronic pain syndrome maintained with medications that included Gabapentin (a medication used to control neurological pain) and Methadone (a scheduled II narcotic medication used to treat moderate to severe pain). The summary read to continue analgesic medications. The November 2022 physician orders included the following orders dated 11/4/22: - Trazodone (a medication used to treat depression and relieve insomnia) 150 milligrams (mg) one tablet by mouth at bedtime for insomnia associated with depression. - Ciprofloxacin (an antibiotic) 500 mg one tablet by mouth two times a day for acute cholecystitis for 14 days - Metronidazole (a medication used to treat infection) 500 mg one tablet by mouth three times a day for acute cholecystitis for 14 days. - Gabapentin 600 mg one tablet by mouth two times a day for Neuropathy and 300 mg one tablet by mouth in the afternoon for neuropathy. - Lexapro (an antidepressant medication) 20 mg one tablet by mouth one time a day for depression. - Plavix (a medication used to prevent heart attacks and strokes in a person with heart disease) 75 mg one tablet by mouth one time a day for blood clot prevention. - Methadone 10 mg one tablet by mouth three times a day for pain.	F 658	administered to the residents as prescribed. If the medication is not available in the medications cart the license nurse will pull the medication from the emergency medication system. If the medication is not available in the emergency medication system the license nurses will notify the medical director and/or nurse practitioner for further orders. Completed on 11/25/22 New licensed nurses and medication aides will receive this education in orientation. 4. Director of Nursing and/or designee will review newly admitted residents to ensure medications are available daily x 4 weeks. Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X 2 for further problem resolution if needed. The Administrator will review the results of weekly audits to ensure any issues identified are corrected. Compliance date 12/03/22	

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F 658		F 658		

Continued From page 7

Review of the Hospital Discharge Medication List dated 11/4/22 indicated the next dose due for:
" Trazodone would be 11/4/22.
" Ciprofloxacin would be 11/4/22.
" Metronidazole would be 11/4/22.
" Gabapentin would be 11/4/22.
" Lexapro would be 11/5/22.
" Plavix would be 11/5/22.
" Methadone would be 11/4/22.

Review of the November 2022 Medication Administration Record (MAR) revealed there was no documentation to show if the medications were provided, held, or refused by the resident on 11/4/22 from 8:00 PM to 9:00 PM or 11/5/22 from 8:00 AM to 2:00 PM, as ordered.

Review of a list of medications available in the CUBEX (emergency medication storage kit) system, indicated the following medications were available:
" Trazodone 50 mg tablets were available with a quantity of 10.
" Ciprofloxacin 250 mg tablets were available with a quantity of 10.
" Metronidazole 250 mg tablets were available with a quantity of 15.
" Gabapentin 300 mg capsules were available with a quantity of 10.
" Lexapro 5 mg tablets were available with a quantity of 10.
" Plavix 75 mg tablets were available with a quantity of 10.

A Medicare 5-day Minimum Data Set (MDS) assessment dated 11/10/22 indicated Resident #1 was cognitively intact.

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F 658	Continued From page 8 A phone interview was completed with Resident #1 on 11/21/22 at 12:20 PM. She stated she went "a day" without receiving her medications to include her pain medications when she was admitted to the facility. She stated she asked multiple times about her pain medications and was told they were "not at the facility yet". On 11/21/22 at 12:45 PM, an interview occurred with the Nurse Practitioner (NP) who was familiar with Resident #1. He stated the nurses should check the CUBEX system for the medications and if it wasn't available could have been ordered STAT from the pharmacy. The NP added it was his expectation for new admissions to have their medications provided in a timely manner. Nurse #2 was interviewed on 11/21/22 at 2:17 PM and explained that once a new admission was in the building their medications were activated in the Electronic Medical Record (EMR) system, which then alerted the pharmacy to fill. Any narcotic prescriptions were faxed to the pharmacy. Nurses were to check the CUBEX system for medications that could be given while waiting for the pharmacy delivery. If a resident was admitted later in the evening, there medications would most likely come the following afternoon unless it was sent as STAT (urgent). The Director of Nursing (DON) was interviewed on 11/21/22 at 2:45 PM and stated he had been at the facility for less than three months. He explained that residents who were admitted later in the evening, as was Resident #1, would not have their medications delivered from the pharmacy until the following day. The facility had a CUBEX system that staff should utilize to provide medications. If a medication was needed	F 658		

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F 658	Continued From page 9	F 658		

urgently then the staff nurse could call the physician for an order and alert the pharmacy to the need for the certain medication to be sent quicker.

On 11/21/22 at 3:06 PM, an interview was held with Nurse #4 who was assigned to Resident #1 the day shift (7:00 AM to 3:00 PM) on 11/5/22. She could not state why she didn't retrieve any medications from the CUBEX system only to say that Resident #1's medications were not available in the facility to administer. She stated Resident #1 asked several times about receiving her Methadone and was told the medication hadn't been delivered from the pharmacy and wasn't available in the CUBEX system.

A phone interview was conducted with the Lead Pharmacist on 11/22/22 at 9:34 AM. She stated Trazodone, Ciprofloxacin, Metronidazole, Gabapentin, Lexapro, and Plavix were available in the CUBEX and could have been obtained for Resident #1. She stated the Methadone prescription was faxed to the pharmacy from the facility on 11/5/22 at 12:36 AM. All medications for Resident #1 were delivered to the facility on 11/5/22 with the 4:00 PM to 6:00 PM delivery. If the medication was needed sooner, the facility could have ordered it STAT and would have gotten to the facility within 2 to 3 hours typically.

The Medical Director was interviewed via phone on 11/22/22 at 12:00 PM. He stated it was his expectation that Resident #1 to have received her prescribed medications timely after her admission to the facility. He further stated he would have expected the nurses to have been contacted him for a STAT order for the Methadone if needed.

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F 658	Continued From page 10 A second interview was completed with the Administrator and DON via the phone on 11/22/22 at 12:30 PM. They both stated it was their expectation for new admissions to have their medications provided to them in a timely manner and nursing to check the CUBEX system for the medication. If the medication was not available in the CUBEX system, it could be ordered STAT from the pharmacy. Multiple phone calls were made from 11/21/22 to 11/22/22 to Nurse #1, the nurse on duty 11/4/22 from 3:00 PM to 11:00 PM, with no return call received.	F 658		