PRINTED: 08/14/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345311	B. WING		C 07/12/2024	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 01112/2024	
ROXBORO) HEALTHCARE & REHA	AB CENTER		901 RIDGE ROAD ROXBORO, NC 27573		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 000	INITIAL COMMENTS		F 00	0		
F 686 SS=D	to conduct a complaint team was onsite 7/9/2 Additional information 7/12/2024. Therefore 7/12/2024. Event ID # intakes were investigated NC00218127, and NC Two of the twelve coin a deficiency. Treatment/Svcs to Pr CFR(s): 483.25(b)(1) §483.25(b)(1) Pressure Based on the compressional standard pressure ulcers and culcers unless the indicent demonstrates that the (ii) A resident with pressure ulcers and culcers unless the indicent demonstrates that the (ii) A resident with pressure ulcers and culcers unless the indicent with pressure ulcers from deverties REQUIREMENT by: Based on observation	as 3MOC11. The following ated: NC00219268, C00218152. Implaint allegations resulted event/Heal Pressure Ulcer (i)(ii) If ty re ulcers. hensive assessment of a fust ensure that- is care, consistent with as of practice, to prevent loes not develop pressure vidual's clinical condition bey were unavoidable; and ressure ulcers receives and services, consistent dards of practice, to rent infection and prevent loping. If is not met as evidenced in, record review, and	F 68	The statements made on this plan of	7/30/24	
	interviews with staff a failed to ensure a stat dressing to a reopene obtaining orders and	nd physicians the facility if member did not apply a ed pressure sore without entering the information into so future nurses would know		correction are not an admission to and not constitute an agreement with the alleged deficiencies. To remain in compliance with all federa and state regulations the facility has ta	ıl	
	to change the dressin	g and monitor the pressure		or will take the actions set forth in this	(VE) DATE	

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

(X6) DATE

07/29/2024 **Electronically Signed**

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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRU			(X3) DATE SURVEY COMPLETED				
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		345311	B. WING _			07	/12/2024
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
201202				90	1 RIDGE ROAD		
ROXBORG	D HEALTHCARE & R	EHAB CENTER		RC	OXBORO, NC 27573		
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				DEFICIENCY)			
F 686	Continued From p	-	F 6	686			
		one (Resident # 16) of four			plan of correction. The plan of correcti	on	
		s reviewed for care of pressure			constitutes the facility□s allegation of		
	sores. The finding	s included:			compliance such that all alleged		
					deficiencies cited have been or will be		
		vealed Resident # 16 was			corrected by the dates indicated.		
		cility on 4/25/19. The resident in			F686		
	. •	es which included diabetes,			Corrective action for resident(s)		
		se, stroke resulting in			affected by the alleged deficient practi	ce:	
		emiparesis, neuropathy, and					
	peripheral vascula	ar disease.			Resident #16 received a total body ski		
					assessment on 07/25/2024 by the RN		
		documented to be under			Support nurse. The total body skin		
	hospice services	on 1/11/24.			assessment revealed that resident #10		
					has a current wound with a treatment	n	
		uarterly Minimum Data Set			place that is being managed by the		
		d 7/9/24, coded the resident as			treatment nurse or the staff nurse		
	cognitively impaire	ed and as needing substantial to			according to the physician ☐s order. C)n	
	maximum assista	nce with his hygiene and bed			07/13/2024, the Resource Nurse review	wed	
	mobility. The resid	dent was also coded as having a			the orders to ensure preventative		
	pressure sore.				measures were currently in place to		
					prevent new skin issues and worsenin	g of	
	Review of Reside	nt # 16's care plan, dated			current wounds.		
	7/8/24, revealed the	he resident had skin impairment					
	and was at risk fo	r future skin impairment due to					
	his diabetes, inco	ntinence, impaired sensation			2. Corrective action for residents wit	h	
	related to neuropa	athy, and peripheral vascular			the potential to be affected by the alleg	ged	
	disease. The care	plan directed that the resident			deficient practice.		
	was to be on a lov	v air mattress and staff were to					
	follow facility proto	ocols for treatments.			On 07/23/2024, resource nurses bega identification of residents that were	n	
	According to would	nd physician notes Resident#			potentially impacted by this practice by	/	
	_	to have a full thickness pressure			completing total body skin assessmen	,	
		osterior thigh on 5/30/24. On			on all current residents. This audit wa		
		d Physician documented this			completed by reviewing 100% of curre		
		s resolved following treatment.			residents to identify any residents with		
		9			wounds to ensure there was a treatme		
	On 6/26/24 at 12:	38 PM the facility treatment			in place that was being managed by the		
		d Resident # 16's right posterior			treatment nurse or the staff nurse		
		open again. Orders were			according to the physician □s order.		

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		345311	B. WING _			C / 12/2024	
NAME OF PE	ROVIDER OR SUPPLIER		 	STREET ADDRESS, CITY, STATE, ZIP		12/2024	
TAPAWIE OF TH	COVIDER OR OUT FIER			901 RIDGE ROAD	OODL		
ROXBORG	HEALTHCARE & RE	HAB CENTER					
				ROXBORO, NC 27573			
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F 686	Continued From pa	ge 2	F 6	86			
	obtained on 6/26/24 cleaning the wound with sliver followed cover. The dressing per week. On 6/27/24 the Wo saw and evaluated pressure sore to his The wound measur X 0.2 cm. The treatment nurs at 10:14 AM and ag and reported the fo 6/26/24 she had be caring for Resident dressing which was his posterior thigh, aware before that of the treatment nurs was a dressing on to odor coming from the drainage on it, and	4 to treat the pressure sore by and applying calcium alginate by an island gauze dressing gwas to be done three times und Physician documented he the resident's posterior is thigh which had reopened. The distribution of the matter of the the resident's posterior is thigh which had reopened. The distribution of the was interviewed on 7/10/24 again on 7/12/24 at 12:34 PM allowing information. On the notified by the Nurse Aide # 16 that the resident had a sin need of being changed to She had not been made lay that the resident's right that opened again. When she we went into the room, there the resident's thigh and an the wound. The dressing had the dressing was in need of		Additionally, the orders we ensure preventative measure preventative measure currently in place to preventative and worsening of this audit was completed. The results included: the residents identified with word have treatment orders. 3. Measures /Systemic prevent reoccurrence of a practice: On 07/25/2024, the Direct began in servicing all lice Registered Nurses (RNIP Practical Nurses (LPNIP time, and prn employees on wound education and new wounds. This education licensed nurses including During this training, staff on when to assess wound document wounds, the worders.	sures were ent new skin current wounds. I on 07/26/2024. Fre were no wounds that did is in place. changes to alleged deficient etor of Nurses insed nurse, s) and Licensed) full time, part including agency notification of tion included all i agency staff. were educated ds, how to ound order y these concepts		
	wound did not look granulation tissue we bed. She looked in change in condition the resident's recorreopened. According should have been of treatment orders for on the resident's prohave known to change had not inform concerned that another tissue would be a simple of the concerned that another tissue would be a simple of the concerned that another tissue would be a simple of the concerned that another tissue would be a simple of the concerned that another tissue would be a simple of the concerned that another tissue would be a simple of the concerned that another tissue we have a simple of the concerned that another tissue would be a simple of the concerned that another tissue we have a simple of the concerned that another tissue we have a simple of the concerned that another tissue we have a simple of the concerned that a s	the removed the dressing, the infected. It did have some with darker tissue in the wound the record and found that no in note had been entered into d noting the pressure sore had ag to the treatment nurse this done. There also were no in the dressing she had found essure sore. She would not age the dressing if the Nurse need her. She had been other facility nurse would apply the same and not obtain		to safe guard all residents was completed on 07/29/ Additionally, on 07/25/202 Consultant began educat Interdisciplinary Team (ID Director of Nurses (DON) Nurses, and Minimum Da (MDS) on the policy to ha clinical meetings to review including new wounds to treatment in place that was managed by the treatmer staff nurse according to the	22024. 24, the Nurse ing the OT) to include the OT, Resource at a Set Nurse ave routine W high risk areas ensure there is a as being on the OT.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG) DATE SURVEY COMPLETED
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	345311	B. WING _			07/12/2024
NAME OF PROVIDER OR SUPPLIER	•	•	STREET ADDRESS, CITY, STATE, ZIP CODE		
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ROXBORO HEALTHCARE & REH	AB CENTER		ROXBORO, NC 27573		
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so that she or other should know the resident shapes to the pression called and got orders. Physician saw the resident's pressure shad orders to the facility resource nurse tell the DON (Director talked to the DON and nurse had informed the been found. The facility's resource 7/11/24 at 5:55 PM and information. She did on 6/26/24 and the the had noticed the pressides 16's posterior thigh the resource nurse's) underseatment nurse had on 6/26/24, and the the mention about finding sore without orders of the modern of the mention which concurse found a dressident when she not his right thigh. There the dressing and she the resource the single things.	mentation when it was found staff (if she was off work) dent was in need of dressing sure sore. On 6/26/24, she is and made sure the Wound sident the next day. She if finding a dressing on the core with no documentation dility resource nurse. The lee had stated that she would for of Nursing). She also later and found that the resource the DON also of what had the nurse was interviewed on and reported the following talk to the treatment nurse reatment nurse indicated she sures sore on Resident # and reopened. It was her (the derstanding that the found the wound reopened treatment nurse did not g a dressing on the pressure	F	order and that orders include pre measures to prevent new skin iss worsening of current wounds. The ducation was completed on 07/2 The Director of Nurses has ensurall RN□s and LPN□s full time, pare and prn employees including age in all departments who does not the in-service training will not be to work until the training is compliant in the plan of correction is effective specific deficiency cited remains and/or in compliance with regulat requirements. The DON or Designee will monitor compliance utilizing the F686 Quency Assurance Tool weekly x 3 weeks monthly x 2 months or until resolution and the ongoing auditing program reviewed at the weekly the Assurance Meeting. The weekly Meeting is attended by the Admir Director of Nursing, MDS Coording Therapy Manager, and the Dietary Manager. Date of Compliance: 07/30/2024	sues and his 25/2024. red that art time, ency staff complete allowed eted. into the for all ents. ure that and that corrected ory or ality as then wed. If the high condition of the high condition	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345311	B. WING _			C 7/12/2024	
	ROVIDER OR SUPPLIER D HEALTHCARE & REHA	AB CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 901 RIDGE ROAD ROXBORO, NC 27573		7712/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 686	one had told the treathad a pressure sore. she felt the treatment into caring for resider really bother the treatheen told about the pressure interviewed on reported the treatment aware of the pressure it without orders whe Administrator pointed had documented she the resident's buttock (6/25/24) and she (thresident had a proble area, the treatment nat that time (6/25/24) Administrator, and Nihas weekly wound mobeen reported to their dressings without orders administrative staff of the credibility of thing report because she had week (week of the subspecifically that week concerned regarding had been reported to she felt had gone una specifically reported in the subspecifically reported in the specifically reported in the specifical report	ware of the pressure sore. No the thing that the treatment nurse and it had appeared to the thing and the thing are sore. Actor, and Nurse Consultant 7/12/24 at 3:59 PM and the thing and the thing and the thing and the thing are sore having a dressing on in it reopened. The did that the treatment nurse is had applied zinc oxide to as/sacrum the previous day the Administrator) felt if the ten or dressing on the thigh thing and the problem that the facility the thing and the treatment nurse would the thing and left employment that the thing are the treatment nurse would the thing and left employment at the had left employment at the had left employment at the thing and the problem with Resident # the sore dressing without any	F 6	86			

		(X3) DATE SURVEY COMPLETED			
		345311	B. WING		C 07/12/2024
	ROVIDER OR SUPPLIER DHEALTHCARE & REHA	AB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573	1 07712/2024
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F 686	The Wound Physiciar at 11:40 AM and repo great deal and both my contribute to skin break skin was more prone posterior thigh because break down in that are felt the reopening of the unavoidable. Resident # 16 was obta AM to have an open prosterior right thigh with in the wound bed. The facility's Medical 7/12/24 at 9:25 AM and information. The Wourd residents weekly, but head -to toe assessmon open area is found on treatment should be of Physician seeing the breakdown is first observations. Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management consistent with profess the comprehensive per and the residents' goar This REQUIREMENT by:	n was interviewed on 7/11/24 red the resident sweated a noisture and heat can akdown. Also, the resident's to break down on the right se he had previous skin ea. The Wound Physician the pressure sore was served on 7/10/24 at 10:45 pressure sore to the thich had granulation tissue Director was interviewed on and reported the following and Physician does see the does not always do a tent. Therefore, when an a resident's skin, orders for abtained prior to the Wound resident when the skin served by nursing staff. agement. are that pain management is who require such services, assional standards of practice, terson-centered care plan,	F 68		7/30/24
		se Practitioner, Physician, hree (Residents # 5, # 10,		correction are not an admission to and not constitute an agreement with the	l do

			DATE SURVEY COMPLETED				
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		345311	B. WING _			07/	12/2024
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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ROXBORG	HEALTHCARE & REH	AB CENTER		R	OXBORO, NC 27573		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (X		
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F 697	Continued From pag	ue 6	F	697			
		ampled residents reviewed for	' `	301	alleged deficiencies.		
		ne facility failed to provide			To remain in compliance with all federa	ı	
	_	hospice and surgical			and state regulations the facility has tal		
		rders and/or request and plan			or will take the actions set forth in this	(OII	
	of care. For one of the				plan of correction. The plan of correction	n	
		urse was aware the resident			constitutes the facility □s allegation of		
	,	recent hip replacement			compliance such that all alleged		
		she could not access pain			deficiencies cited have been or will be		
	medication to admin	ister to the resident resulting			corrected by the dates indicated.		
	in the resident not re	eceiving pain medication			F697-Pain Management		
	-	n. Additionally, pharmacy			Corrective action for resident(s)		
		tion administration records			affected by the alleged deficient practic	e:	
		10's personal supply of the					
	•	been received by the facility			Corrective action was received for	_	
	one hour and 34 min				resident #10 on 07/09/2024 when Nurs		
		which timeframe Resident # in pain. The findings			#1 administered her Oxycodone at 12: AM. Nurse # 1 also documented	11	
	included:	in pain. The indings			administration of Acetaminophen on		
	moladea.				7/9/24 at 12:13 AM. On 07/10/2024, th	e	
	1. Resident # 10 was	s admitted to the facility on			Resource Nurse completed a pain		
		esident # 10's hospital			assessment and ensured resident was		
		dated 7/8/24, revealed the			receiving pain medication upon reques	t.	
		ospitalized from 7/2/24 to			No further corrective action was require		
	7/8/24 and underwei	nt total hip replacement					
	surgery. Per the hos	pital discharge summary			Corrective action was received for		
		o receive Oxycodone 5 to 10			resident #15 on 07/01/2024 when		
	O (O)	y four hours as needed for			Oxycodone was administered on 7/1/2		
		the facility. The discharge			9:50 AM. Resident # 15□s Oxycodone	!	
	_	mented Resident # 10 was			was delivered to the facility on		
	alert and oriented tin	nes four.			06/30/2024. On 07/10/2024, the resou		
	Davious of 7/9/94 for	sility admission orders			nurse completed a pain assessment ar	ıa	
	revealed the following	cility admission orders			ensured resident was receiving pain		
		orders: very four hours as needed for			medication upon request. No further corrective action was required.		
		pain for five days; Give one			Corrective action was required.		
		f 1-5, Give 2 tabs for pain			Corrective action was received for		
	level of 6-10.				resident #5 on 07/02/2024 at 12:00 AM		
		le 325 mg three tablets every			when Resident #5□s Oxycodone was		
	six hours as need fo				administered as ordered. On 07/10/20	24,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345311	B. WING			٥.	C 7/ 12/2024	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 0	1/12/2024	
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				K	OXBORO, NC 27573			
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F 697	Continued From p	age 7	F	697				
	entry noting Resid	B PM Nurse # 6 made a nursing ent # 10 was alert and oriented			the Nurse Consultant Nurse completed pain assessment and ensured resident was receiving pain medication as order	it ered.		
		e "had been concerned" about nedication and the resident was			No further corrective action was require	ed.		
	assured it would a delivery to the faci nursing notes abo	rrive in the pharmacy's night lity. There were no other ut the resident's pain on 7/8/24. charted the resident was			2. Corrective action for residents wit the potential to be affected by the alley deficient practice.			
	pleased with care.				On 7/22/2024, the Director of Nurses, Resource Nurse, Registered Nurse (R	.N)		
	(Medication Admir	nt # 10's July 2024 MAR histration Record) revealed no r Oxycodone were administered			Supervisor, and Unit Support Nurses interviewed 100% of all current resider with a BIMS of 13 or above. The residents were interviewed and asked	nts		
	receive Oxycodon This was documer also documented a administration that "5" on a scale of 1	dent # 8 was documented to e was on 7/9/24 at 12:11 AM. nted by Nurse # 1. Nurse # 1 at the time of the Oxycodone t the resident's pain level was a to 10. The first time Resident nted to receive Acetaminophen 2:13 AM.			residents if their pain medication regin provides effective pain management, ithey are receiving their pain medication upon request, and if they have any concerns with their pain medications. results included: All residents stated the pain medication provides effective pain management, all residents are receiving their pain medication upon request, are there were no residents with concerns	if n The neir n ng		
	AM and again on a reported the follow facility for short ten hip replacement so 4:30 PM on 7/8/24 pain medication. A would arrive around evening she started	s interviewed on 7/9/24 at 10:20 7/11/24 at 2:50 PM and ving information. She was at the rm rehabilitation following her surgery. She had arrived around a and she had asked about her a staff member had told her it and 10:00 PM that night. That and hurting around 7:00 PM and ber aware. She also rang her			about pain medication. Additionally, p assessments were completed on curre residents that were not interviewed. These residents were assessed to ide any pain that was not being addressed. The results included: No other resident affected by alleged deficient practice. 3. Measures /Systemic changes to	ain ent ntify d.		
	call bell at 10:30 P Someone answere pain medication ha	PM and asked about it. ed her call bell and told her the ad still not arrived and gave her tion. She waited for another			prevent reoccurrence of alleged deficient practice: On 7/22/2024, the Director of Nurses	ent		

PRINTED: 08/14/2024 FORM APPROVED OMB NO. 0938-0391

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	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:			PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
			7 ti Boile	_			С	
		345311	B. WING				12/2024	
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
ROXBOR	O HEALTHCARE & REH	AB CENTER			01 RIDGE ROAD ROXBORO, NC 27573			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 697	Continued From pag	e 8	, F	697				
	hour and then she ag	'	001	(DON) began educating all Licensed				
		ne a different nurse, whom			Nurses, RN□s, Licensed Practical Nur	Ses		
		fore, answered her call bell.			(LPN□s), Medication Aides, full time, p			
		medication. The nurse			time, including agency staff, and PRN			
	said, "I don't know w	hat you are talking about."			needed) on the following topics:			
	She told this new nur	rse she was waiting for her			,			
		e (Resident # 10) finally			" Review Pain Management			
		edication around 12:15 AM			" How to obtain medications from the	е		
		# 10 further reported the staff			Automatic Dispense System			
		cetaminophen while she was			" How to obtain medications from th	е		
		odone, and it did not appear			back up pharmacy			
	the nurses were com	imunicating between the nurse who answered her			" The importance of ensuring that			
		did not even realize she had			medications are always available to be given to the resident as ordered by the			
	been in pain and was				Physician.			
	medication.	waiting of the pain			" Understand the steps necessary to	0		
					obtain medications from the Pharmacy			
	Nurse # 7 was interv	iewed on 7/10/24 at 1:39 PM			during business hours and after busine			
	and reported the follo	owing information. She had			hours for all situations.			
	cared for Resident#	10 from her admission time						
	until 7:00 PM on 7/8/	24.Resident # 10 was alert			The DON will be responsible for ensur	ng		
		ad talked to Resident # 10			Pain Management Education will be			
		PM and the resident reported			integrated into the standard orientation			
		ain medication before leaving			training and in the required in-service			
		was okay at the time she			refresher courses for all Licensed Nurs	es,		
	, ,	her. Prior to leaving at 7:00 ad not complained of pain.			RN□s, Licensed Practical Nurses (LPN□s), Medication Aides, full time, p	art		
	I WINESIDEIL# 10 Hz	not complained of pails.			time, including agency staff, and PRN	art		
	Nurse # 6 was interv	iewed on 7/10/24 at 3:09 PM			staff and will be reviewed by the Qualit	V		
		owing information. She had			Assurance process to verify that the	,		
	•	10 from 7:00 PM to 11:00			change has been sustained. Any of th	е		
		s hurting during her shift.			above identified staff who does not			
		not have access to the			receive scheduled in-service training b	У		
		dications in order to obtain			7/29/2024 will not be allowed to work เ	ntil		
		she was also not aware of			training has been completed.			
		tain Oxycodone from the						
	facility's back up sup	· ·			4. Monitoring Procedure to ensure th			
		n ordered and would be			the plan of correction is effective and the			
	I delivered in the night	time pharmacy's delivery to			specific deficiency cited remains correct	ed	1	

Facility ID: 923437

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		I DENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345311	B. WING			C 07/12/2024	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		07/12/2024	
				901 RIDGE ROAD			
ROXBOR	HEALTHCARE & REHA	AB CENTER		ROXBORO, NC 27573			
(X4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	PRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		SHOULD BE	COMPLETION DATE	
F 697	Continued From page	e 9	F 6	97			
	_	ive that night. She also told		and/or in compliance with regurequirements.	ılatory		
	the night shift nurse to the Oxycodone. The had available for pair Acetaminophen. Nurse 10 had said Acetamir for her pain. Nurse # 1 had cared PM on 7/8/24 to 7:00 was interviewed on 7 reported the following was alert and orienter recall being told anyth 11:00 PM that Reside she came on duty, Relight and told her she her pain medication with the pharmacy manage 7/11/24 at 9:50 AM at information. The pharmacy manage in the pharmacy manage information. The pharmacy manage in the	he resident was waiting on only medication the resident in during Nurse # 6's shift was see # 6 reported Resident # hophen did not do anything for Resident # 10 from 11:00 AM on 7/9/24. Nurse # 1 /11/24 at 12:39 PM and in information. Resident # 10 in in shift change report at ent # 10 was in pain. After esident # 10 rang her call was hurting, and she gave when the resident rang. ger was interviewed on and reported the following reacy received the faxed ion at 5:04 PM on7/8/24 and		The DON or designee will mor compliance utilizing the F697 of Assurance Tool weekly x 3 were monthly x 2 months. The Direct Nursing will monitor compliance that pain management is proving residents who require such self consistent with professional stappractice, the comprehensive person-centered care plan, and residents' goals and preference Reports will be presented to the Quality Assurance committee the Director of Nursing to ensure of action is initiated as appropriate Compliance will be monitored a ongoing auditing program review monthly Quality Assurance Memonthly QA Meeting is attended Administrator, Director of Nursing Minimum Data Set Coordinato	Quality eks then ctor of the to ensure ded to rvices, andards of d the the es. the monthly by the corrective the the ewed at the the etering. The the ed by the thesing,		
	they sent the Oxycod showed that a facility 10's personal supply by the facility on 7/8/2 needed to administer to the arrival of the redelivered, they had a keep up to 14 doses time on hand that the access. The facility's medical 7/12/24 at 9:25 AM a complaining of pain, to	one that night. Their records nurse signed Resident # of Oxycodone was received 24 at 10:37 PM. If the facility a dose of Oxycodone prior esident's supply being back- up supply and could of Oxycodone 5 mg at a nurses should be able to director was interviewed on nd reported if a resident was		Support Nurses, Therapy Man- Health Information Manager, S Worker, Maintenance Director, Office Manager, and the Dietal Date of Compliance: 7/30/2024	ager, Social , Business ry Manager.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						С	
		345311	B. WING _			07/12/2024	
	ROVIDER OR SUPPLIER D HEALTHCARE & RE	HAB CENTER	,	STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 697	6/28/24 following a 6/28/24. Resident of discharge summar information. The retrimalleolar fracture different areas of the dislocation of the behad fractured his lebones in his foot. Use admission on 6/7/2 with gross deforming which is easily visit (computerized tome during hospitalizati ligament injury as the two orthopedic surthospitalized. One was another was performed to the resident had a land depression. The included orders for one to two tablets pain up to five day discharge summar allergic to Oxycode also documented the acetaminophen 10 scheduled basis. Review of facility of on 6/28/24 Reside Oxycodone 5 mg of hours as need for five days. The resident acetamine her side of the five days. The resident summar allergic to Oxycodone 5 mg of hours as need for five days. The resident summar and for the five days. The resident summar and five days. The resident summar and five days.	ras admitted to the facility on a hospitalization from 6/7/24 to # 15's 6/28/24 hospital y included the following esident had sustained a e of his left ankle (where three he ankle are fractured) with sone. Additionally, the resident eft third and fourth metatarsals Upon his initial hospital eat the resident had presented ty of his ankle (a deformity ble to the naked eye). A CT rography) of the resident's foot for revealed a suspected well. The resident underwent geries for the injury while was performed on 6/11/24 and fred on 6/18/24. The information also documented history of substance abuse the discharge medications of Oxycodone 5 mg (milligrams) every four hours as needed for so. Additionally, the hospital y noted the resident was one. The discharge summary he resident should receive one moderate to severe pain for dent was to receive one 5 mg epain of 1 to 5 on a scale of 1	F6	397			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \ \	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345311	B. WING _			C 7/12/2024	
	ROVIDER OR SUPPLIER D HEALTHCARE & REHA	I		STREET ADDRESS, CITY, STATE, ZIP CO 901 RIDGE ROAD ROXBORO, NC 27573		7/12/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 697	Additionally, on 6/28/ordered to receive actablets every eight had 30 days and Gabape day for a mood disorded medication used at the and/or pain). Review of Resident # (Medication Administ following information through 6/30/24, Resident Markets of the actaminophen for a medication follow up documented the Acet effective. Further review of Resident # Tollowing that "7." Following this as assessments for 6/28 reflected a "0."	(10 mg) for severe pain. 24 Resident # 15 was retaminophen 500 mg two purs as needed for pain for ntin 300 mg three times per der. (Gabapentin is a seizure mes to treat mood disorders 2 15's June 2024 MAR ration Record) revealed the From the dates of 6/28/24 ident # 15 received no ne dates, Resident # 15 was re Acetaminophen once. at 1:15 PM when Nurse # 8 ninistered the pain level of "7." Within a note at 2:58 PM Nurse # 8 raminophen had been sident # 15's MAR revealed a r nurses to document a pain ift. Within this area on the cumented on 6/8/24 during the resident's pain was a ressment all other pain resident's pain was a resesment all other pain resident's made to the revealed on 6/28/24 at r pharmacist noted she had 15's medication regimen. d she made t the recommendations were	F6	597			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345311	B. WING		C 07/12/2024
	ROVIDER OR SUPPLIER D HEALTHCARE & REH	AB CENTER	9	STREET ADDRESS, CITY, STATE, ZIP CODE 101 RIDGE ROAD ROXBORO, NC 27573	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION
F 697	she had contacted the resident's Oxycodon hard prescription wadocumented she fax. On 6/29/24 at 1:02 Fithe resident denied prescription for the resident # 15's Oxythe back up pharmathe prescription for the first time Resident # 15's Oxythe back up pharmathe prescription for the MAR to receive 09:50 AM, at which the documented to be a On 7/4/24 Resident: Data Set assessmenthe following informations as cognitively intact frequently. The assess worse pain as "seve Review of Resident: 6/28/24, revealed that the information that the	AM Nurse # 9 documented the pharmacy about the e and was advised that a so needed. Nurse # 9 ded the prescription. PM Nurse # 9 documented the poain or discomfort. PM Nurse # 2 documented the prescription or discomfort. PM Nurse # 2 documented the poain or discomfort. PM Nurse # 2 documented the prescription or discomfort. PM Nurse # 2 documented the prescription of the prescrip	F 697		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING				(X3) DATE SURVEY COMPLETED	
			A. BOILD	NG _		(2
		345311	B. WING			l	12/2024
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ROYBOR	O HEALTHCARE & REH	IAR CENTER		9	01 RIDGE ROAD		
ROXBOR	O HEALTHOAKE & KEI	IAD CENTER		R	ROXBORO, NC 27573		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 697	He would never hav was a "0" if asked. Hoxycodone and bee the staff could not gistaff member had moxycodone. He had also had psoriasis a thought his psoriasis Oxycodone when it allergy had mistaker He had been getting hospital following his that to the nursing salso told him that the facility back up to gir from their pharmacy get it from the pharm reported he had been and pointed out that not kept in the hospi was something serich his fracture and surgand resulted in paint wanted to do all of his the staff had not had medication. It was 7 any Oxycodone for power was initially admitted 8 was interviewed or reported the following Resident # 15 arrive hospital record noting Oxycodone. He also prescription for the Cable to pull up his ox	in, needed it, and asked for it. e told someone his pain level de had asked for the en given different reasons why eve him the Oxycodone. One entioned he had an allergy to explained to them that he end years ago a doctor had es break out was due to ewas actually psoriasis. The enly been placed on his chart. In the Oxycodone at the es surgery and explained all of taff as well. Then the staff ere was none available in the eve him, and they had to get it eve him, and they had to eve h	F	697			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345311	B. WING _			l	C 12/2024	
	ROVIDER OR SUPPLIER D HEALTHCARE & REHA	AB CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 901 RIDGE ROAD ROXBORO, NC 27573	DE	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 697	She thought he could reaction to the Oxyco at the hospital. She fipharmacy. She adminim, and he was fine complain of further p. On the day of admiss to the provider about couple days later she come in and saw the resident's chart. She point and the allergy facility record. Nurse # 10, who had had a pain level of "7 6/28/24 (Friday) and 6/28/24, was intervie and reported the follocared for Resident # had asked if his Oxyco at the facility for the resident # 15 about and he said he had a appear in pain. He juwhere the Oxycodon say he was hurting, a night without problem pharmacy and left a needed the Oxycodo information on to the her. Nurse # 9, who had on the said he had a said	and taken Oxycodone before. If not have had a serious bedone if he had been taking it axed the prescription to the nistered Acetaminophen to	Fé	697				
	, ,	ent # 15, was interviewed on and reported the following						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345311	B. WING _				C 12/2024	
	ROVIDER OR SUPPLIER D HEALTHCARE & REHA	AB CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 901 RIDGE ROAD ROXBORO, NC 27573	DE	<u> </u>	12/2027	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 697	the Oxycodone prescription faxed to the pharmacy medication pass on his when the Oxycodone mention that he was in 6/29/24 (Saturday). So they said that they had Oxycodone prescription that day. She did not a provider about the attention that day. She did not a provider about the attention that day and the allergy had been was admitted. She sate getting the Oxycodon the resident had shar personal records he concurse about the Oxycodon the resident had shar personal records he concurse about the Oxycodon that the following that the delay in was okay with Acetanneeded while they was okay with Acetanneeded while they was Resident # 15 having cared for him on 6/29 (Sunday) or the delay call the doctor to clarical that the following that the doctor to clarical that the following that the doctor to clarical that they have the doctor	se who had cared for previous shift reported that ription had already been y. During the second er shift Resident # 15 asked would come in. He did not in pain during the day shift of She called the pharmacy and id never received the on and so she refaxed it on call and clarify anything with allergy listed. She assumed clarified when Resident # 15 as the hospital and knew ed information from his could access with a previous codone. documented Resident # for the evening and night ray), was interviewed on and reported the following recall there being a problem 15's Oxycodone from the light the nursing staff had loctor to clarify about a coxycodone and getting it the resident had seemed a getting the Oxycodone and minophen if something was alted for it. She did not recall pain during the times she /24 (Saturday) and 6/30/24 being an issue. She did not	F6	197				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345311	B. WING			C 07/12/2024	
	ROVIDER OR SUPPLIER D HEALTHCARE & REHA			STREET ADDRES		1 011	12/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EA	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 697	(Sunday), was intervial AM and reported the cared for Resident # beginning of her shift did not have any Oxy the reason the Oxyco it appeared that the fithe pharmacy. She with the pharmacy's back up able to communicate Since admission her times did not. On 6/3 pain. The Oxycodone was working on 6/30/interviewed on 7/10/2 she recalled nothing with Resident # 15 or 6/30/24. She was unassigned to care for I The facility's Occupa interviewed on 7/12/2 the following. She ev # 15 for the first time up on the side of the independently in bed did not want to transfine said he had not had reported the had shad reported this to a give him something. medications to him, but the side of the independently in bed did not want to transfine said he had not had reported this to a give him something.	for the dayshift on 6/30/24 iewed on 7/11/24 at 10:18 following. She had first 15 on 6/30/24. At the she was told Resident # 15 ocodone. She checked on odone was not available and ax had not gone through to ocrked on communicating and getting it from the pharmacy. The resident was whether he did have pain. and pain at times and other 0/24 he did not say he had be did not come in while she 1/24.) # 4, who had documented level was a "0" on the 24 (Sunday), was 24 at 5:20 PM, and reported about what had occurred in the evening shift of sure if she had actually been	F	597			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345311	B. WING _			C 07/12/2024		
	ROVIDER OR SUPPLIER D HEALTHCARE & REHA	AB CENTER		STREET ADDRESS, CITY, STA 901 RIDGE ROAD ROXBORO, NC 27573	TE, ZIP CODE	1 011	12/2027	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECT CROSS-REFERENCE	PLAN OF CORRECTION TIVE ACTION SHOULD BI CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE	
F 697	when the resident reptransfer and was in pany physical signs of OT reported pain car. The pharmacy consuresident's medication interviewed on 7/12/2 the following informat medication reviews was to ensure the discharmatched the facility's Resident # 15's medinot noted or recommallergy to Oxycodone ensure medications have correctly from the disfacility's orders. She recommendation to the resident's Acetan	appentin. During treatment ported he did not want to ain, she had not observed pain such as grimacing. The be subjective. Altant, who reviewed the as on 6/28/24 (Friday), was 24 at 12:02 PM and reported tion. She helped with initial when residents were admitted age summary medications or 6/28/24 and had ended anything regarding an action of the summary to the	F	697	EFICIENCY)			
	be given as needed. The pharmacy mana 7/11/24 at 9:50 AM a information. The facil medications located able to have 14 dose hand in their back up responsible for reord replenished. The pharmacy did not prescription for Oxyco prescription had beer discharging hospital did not know why the	ger was interviewed on nd reported the following ity should have back up at the facility. They should be s of Oxycodone 5 mg on supply, and they are ering to keep their supply armacy records showed that a receive Resident # 15's odone until 6/30/24. The n written on 6/27/24 by the physician and the pharmacy is facility had not faxed it to . The pharmacy records						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345311	B. WING _			C 07/12/2024		
	ROVIDER OR SUPPLIER DHEALTHCARE & REHA	AB CENTER		STREET ADDRESS, CITY, STAT 901 RIDGE ROAD ROXBORO, NC 27573	E, ZIP CODE	, 0,,,	12/2027	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	X (EACH CORRECTI CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BI ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE	
F 697	prescription, there was the resident having a That was clarified on contracts with local p medication to the fact outside of the pharma. The pharmacy record was clarified on 6/30, the prescription from turn faxed the prescription from from turn faxed the prescription from turn faxed the prescription from turn faxed the prescription from turn faxed the prescript	24 when they received the as still some question about in allergy to the Oxycodone. 6/30/24. The pharmacy sharmacies to supply the sility when it is needed acy's routine delivery times. It is showed once the allergy /24 and they had received the facility, the pharmacy in iption to a local pharmacy in iption to a local pharmacy in filled on 6/30/24 at 3:06 PM. It was interviewed on 7/11/24 and the pharmacy in interviewed on 7/11/24 and the pharmacy in iption to a local pharmacy in	F	597				
	from the hospital. Sh	e had learned that Resident ad been faxed to the wrong						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		IPLE CONSTRUCTION	, , ,	(X3) DATE SURVEY COMPLETED		
		345311	B. WING			C 7/12/2024		
NAME OF PI	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP (7771272024		
				901 RIDGE ROAD				
ROXBOR	O HEALTHCARE & REH	AB CENTER		ROXBORO, NC 27573				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
F 697	on 6/30/24. The DON the nursing staff to h back up medications come from the pharm reported Resident # abuse, and she ques pain. The Administra still the issue with ob the Oxycodone shou nurses to access for resident when he rec The Medical Director at 9:25 AM and repo information. The resi substance abuse. He it was possible he co with the surgery. The much pain the reside was drug seeking. T that the resident was a history of substanc an issue with obtain of a suspected allerge	and the Oxycodone arrived also stated she expected ave access to the facility's if the medication did not nacy. The Administrator 15 had a history of narcotic stioned the credibility of his tor acknowledged there was taining the Oxycodone and ld have been available to the administration to the quested it.	Fé	697				
	first time and the respain over the past work (30/24 (Sunday). Oresident (7/2/24) her Oxycodone and applooking at him. When pain on 7/2/24 althours. Resident # 5 was	esident # 15 on 7/2/24 for the ident had reported he had eek-end 6/28/24 Friday to in the day of her visit with the had already received his eared comfortable by visually in asked he said he was still in high he had the Oxycodone.						
	included colon cance							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		345311	B. WING _			C 07/12/2024	
	ROVIDER OR SUPPLIER D HEALTHCARE & REH	HAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573	· ·		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 697	and shoulder, and hereview of Resident assummary, dated 5/1 information. The restrom 3/28/24 until 5/24 hospitalization that thave a new diagnost was determined to be chemotherapy cand the hospitalization of had a 6 centimeter her colon. The hospitalization would be comfortable and the Oxycodone and a B for comfort. (Both of for pain.) Resident # 5's signification of hospitalizations would be comfortable and the Oxycodone and a B for comfort. (Both of for pain.) Resident # 5's signification of hospitalization of here is serviced with her comfortable and the resident as cognitive behavioral problems having pain occasion interfered with her comfortable and the resident as the sident as the resident as the sident as the sident as the sident as the sident and the sident as the	pression fractures to the hip history of opioid disorder. A # 5's hospital discharge /124 revealed the following sident had been hospitalized /1/24. It was during this the resident was found to sis of colon cancer and she be neither a surgical or lidate. A colonoscopy during letermined that the resident partially obstructing mass in sital discharge summary noted be given for the resident to be resident was to receive extrans (Buprenorphine) patch of these medications are used ficant change Minimum Data and the ficant and as having no so that a shaving no so the resident was coded as smally which occasionally laily activities. In plan, updated on 5/21/24, but was placed on hospice added to the resident # 5 and the care plan also directed minister pain medications per # 5's orders revealed order for the Buprenorphine	F6	397			
	The order was for a	and was an active order. patch which delivered 20 par of pain medication					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345311	B. WING _			07/1	2/2024	
	ROVIDER OR SUPPLIER O HEALTHCARE & REH	AB CENTER		STREET ADDRESS, CITY, STATE 901 RIDGE ROAD ROXBORO, NC 27573	E, ZIP CODE	<u> </u>	2/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE	
F 697	Continued From pag	e 21	F	697				
	transdermally and w Resident # 5's last o dated 6/5/24 and wa three hours on a sch also an active order. had an order for Ace four hours as neede mg/5 ml; give .25 (1 for pain. On 7/1/24 an order w 5's Oxycodone until Review of Resident: Administration Reco On 7/1/24 the 12:00 doses were administ AM and 9:00 AM dos administered. The 12 and 9:00 PM Oxycod documented to be he Resident # 5's pain a and night shift on 7/7 had no pain. Nurse # documented the pain Resident # 5 was do acetaminophen 650 for a pain level of "5' 7/2/24 Resident # 5's as ordered according Resident # 5 was int and again on 7/11/24 reported the followin chronic back pain, a pain from her colon of different from the chi	as to be applied weekly. Inder for Oxycodone was Is for 15 milligrams every Inder for Oxycodone was Is for 15 milligrams every Inder for Oxycodone was Is for 15 milligrams every Inder for was Inder for was Inder for was Inder for pain and Morphine 20 Inder for for for for for for for for for fo						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	345311	B. WING		_	C 07/12/2024		
			STREET ADDRESS, CITY, STA 901 RIDGE ROAD ROXBORO, NC 27573	TE, ZIP CODE	<u> </u>	12/2024	
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	X (EACH CORREC' CROSS-REFEREN	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
pain and the Oxycodo pain. The staff had rushe had missed it one and she had told ther understand how they medication. During the was observed to have body while lying in be slightly elevated. She Nurse # 11 was interval AM and reported the nurse had told her in Resident # 5's Oxyco 7/1/24 and so she calorder to hold the medication to have been discovered by the calorder to hold the medication. The pharmacy manage 7/11/24 at 9:50 AM and information. The pharmacy manage for a resident not to remot receive a prescription for a resident not to remot receive a prescription for a resident not to remot receive a prescription to fill Oxysend the prescription for a resident not to remot receive a prescription for a resident not to remot receive a prescription for a resident not to remot receive a prescription for a resident not to remot receive a prescription for a resident not to remot receive a prescription for a resident not to remot receive a prescription for a resident not to remote a prescription for a resident not to re	one helped with her cancer in out of her Oxycodone, and e day. She had been in pain in that. She did not could run out of her pain e interview, Resident # 5 e visible curvature of her ed with the head of the bed e appeared frail. Viewed on 7/10/24 at 11:37 following. The night shift report on 7/1/24 that done was not there on elled the physician and got an elication. The Oxycodone was she informed the physician. Appear in pain. She gave inophen and the resident end reported the following enacy must have a electron of a supply. They did ention for the Oxycodone until fiter the resident had already done. Additionally, the facility doses of Oxycodone 5 mg eler to administer if needed. In macy contracts with local cility's area to get cility if they are needed ivery of medications is made	F	697				
arrange a contracted	pharmacy to send out a						
	CONTIDER OR SUPPLIER SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page pain and the Oxycodo pain. The staff had ru she had missed it one and she had told ther understand how they medication. During the was observed to have body while lying in be slightly elevated. She Nurse # 11 was interval AM and reported the nurse had told her in Resident # 5's Oxyco 7/1/24 and so she callorder to hold the medication to hold the medication and was okay with that. The pharmacy manage 7/11/24 at 9:50 AM and information. The pharmacy manage 7/11/24 at 11:37 AM and information to fill Oxysend the prescription for a resident not to reach the resident of the receive a prescription to fill Oxysend the prescription for a resident not to reach the resident in the factor of the routine delationally, the pharmacies in the factor of the routine delationally. The facility marrange a contracted	A 345311 ROVIDER OR SUPPLIER DHEALTHCARE & REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 pain and the Oxycodone helped with her cancer pain. The staff had run out of her Oxycodone, and she had missed it one day. She had been in pain and she had told them that. She did not understand how they could run out of her pain medication. During the interview, Resident # 5 was observed to have visible curvature of her body while lying in bed with the head of the bed slightly elevated. She appeared frail. Nurse # 11 was interviewed on 7/10/24 at 11:37 AM and reported the following. The night shift nurse had told her in report on 7/1/24 that Resident # 5's Oxycodone was not there on 7/1/24 and so she called the physician and got an order to hold the medication. The Oxycodone was not in back up either. She informed the physician. The resident did not appear in pain. She gave Resident # 5 Acetaminophen and the resident	A BUILDII 345311 B. WING ROVIDER OR SUPPLIER D HEALTHCARE & REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 pain and the Oxycodone helped with her cancer pain. The staff had run out of her Oxycodone, and she had she had told them that. She did not understand how they could run out of her pain medication. During the interview, Resident # 5 was observed to have visible curvature of her body while lying in bed with the head of the bed slightly elevated. She appeared frail. Nurse # 11 was interviewed on 7/10/24 at 11:37 AM and reported the following. The night shift nurse had told her in report on 7/1/24 that Resident # 5's Oxycodone was not there on 7/11/24 and so she called the physician and got an order to hold the medication. The Oxycodone was not in back up either. She informed the physician. The resident did not appear in pain. She gave Resident # 5 Acetaminophen and the resident was okay with that. The pharmacy manager was interviewed on 7/11/24 at 9:50 AM and reported the following information. The pharmacy must have a prescription to fill Oxycodone and the facility must send the prescription and reorder it timely in order for a resident not to run out of a supply. They did not receive a prescription for the Oxycodone until 7/1/24 at 11:37 AM after the resident had already run out of her Oxycodone. Additionally, the facility was able to keep 14 doses of Oxycodone 5 mg tablets on hand in order to administer if needed. Additionally, the pharmacy contracts with local pharmacies in the facility if they are needed before the routine delivery of medications is made at night. The facility must contact the pharmacy to arrange a contracted pharmacy to send out a	ROVIDER OR SUPPLIER OHEALTHCARE & REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 22 pain and the Oxycodone helped with her cancer pain. The staff had run out of her Oxycodone, and she had hold them that. She did not understand how they could run out of her pain medication. During the interview, Resident # 5 was observed to have visible curvature of her body while lying in bed with the head of the bed slightly elevated. She appeared frail. Nurse # 11 was interviewed on 7/10/24 at 11:37 AM and reported the following. The night shift nurse had told them the there on 7/1/24 and so she called the physician and got an order to hold the medication. The Oxycodone was not in back up either. She informed the physician. The resident did not appear in pain. She gave Resident # 5 Acetaminophen and the resident was okay with that. The pharmacy manager was interviewed on 7/11/24 at 9:50 AM and reported the following information. The pharmacy must have a prescription to fill Oxycodone and the facility must send the prescription for the Oxycodone until 7/1/24 at 13:74 AM after the resident had already run out of her Oxycodone. Additionally, the facility was able to keep 14 doses of Oxycodone 5 ing tablets on hand in order to administer if needed. Additionally, the pharmacy contracts with local pharmacies in the facility if they are needed before the routine delivery of medications is made at night. The facility if must contact the pharmacy to arrange a contracted pharmacy to send out a	A BUILDING 345311 B. WING STREETADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, No. 27573 SUMMAIN STATEMENT OF DEFICIENCIES (EACH DEPCIENCY) WIS TREE PERCENDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 pain and the Oxycodone helped with her cancer pain. The staff had run out of her Oxycodone, and she had fold them that. She did not understand how they could run out of her pain medication. During the interview, Resident #5 was observed to have visible curvature of her body while lying in bed with the head of the bed slightly elevated. She appeared frail. Nurse # 11 was interviewed on 7/10/24 at 11:37 AM and reported the following. The night shift nurse had told the medication. The Oxycodone was not in back up either. She informed the physician, The resident did not appear in pain. She gave Resident # 5 Acetaminophen and the resident was okay with that. The pharmacy manager was interviewed on 7/11/24 at 9:50 AM and reported the following information. The pharmacy must have a prescription to fill Oxycodone and the facility must send the prescription and reorder it timely in order for a resident not to run out of a supply. They did not receive a prescription for the Oxycodone until 7/11/24 at 11:37 AM after the resident had already run out of her Oxycodone. Additionally, the facility vans able to keep 14 doses of Oxycodone of my tablets on hand in order to administer if needed. Additionally, the pharmacy contracts with local pharmacies in the facility serae to get medications to the facility if they are needed before the routine delivery of medications is made at night. The facility must contact the pharmacy to sarrange a contracted pharmacy to send out a	A BUILDING 345311 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST EE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 22 pain and the Oxycodone helped with her cancer pain. The staff had run out of her Oxycodone, and she had missed it one day. She had been in pain and she had blood the wishble curvature of her body while lying in bed with the head of the bed slightly elevated. She appeared frail. Nurse # 11 was interviewed on 7/10/24 at 11:37 AM and reported the following. The night shift nurse had told her in report on 77/1/24 that Resident # 5 S Oxycodone was not there on 7/11/24 and so she called the physician and got an order to hold the medication. The Oxycodone was not in back up either. She informed the physician, The resident did not appear in pain. She gave Resident # 5 Acetaminophen and the resident was okay with that. The pharmacy manager was interviewed on 7/11/24 at 9:50 AM and reported the following information. The pharmacy must have a prescription of the Oxycodone unit 7/17/24 at 17:37 AM after the resident had already run out of her Oxycodone, Additionally, the facility was able to keep 14 doses of Oxycodone of S mg tablets on hand in order to administer if needed. Additionally, the pharmacy contracts with local pharmacies in the facility area to get medications to the facility in the yare needed before the routine delivery of medications is made at night. The facility must contact the pharmacy to a range a contracted pharmacy to a range a contract	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345311	B. WING _			C 07/12/2024
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F 697	and the DON was resoxycodone for the fall ensure it was replenisheded. Interview with NP # 1 revealed he did not sof 7/1/24 but he was for her Oxycodone or was not aware if the ensure if the ensure it was not aware if the provider know the prescription ahear resident running out that not been aware it without the pain med was aware the resident medications ordered severe, the staff coul morphine. Pharmacy Srvcs/Proc CFR(s): 483.45(a)(b) §483.45 Pharmacy ST The facility must providings and biologicals them under an agree §483.70(g). The facility must providing personnel to adminis	sponsible to reorder cility's back up supply to shed with what the staff on 7/12/24 at 12:51 PM ee Resident # 5 on the date asked to write a prescription in that date. Therefore, he resident had been in pain. director was interviewed on a reported the following ent is running low on a ration, then the staff should timely so that they can write dof time to avoid the resident # 5 had gone recition on 7/1/24 but she ent had multiple pain and if her pain had been do have given the resident to the residents, or obtain ment described in lity may permit unlicensed	F 6			7/30/24
	, ,	es. A facility must provide ces (including procedures				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
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NAME OF T	NOVIDER ON SOLT LIER			901 RIDGE ROAD	
ROXBORO	O HEALTHCARE & REHA	AB CENTER		ROXBORO, NC 27573	
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F 755	5 Continued From page 24		F 75	55	
	that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.				
		onsultation. The facility n the services of a licensed			
	§483.45(b)(1) Provide aspects of the provisi the facility.	es consultation on all on of pharmacy services in			
	§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				
	order and that an acc is maintained and per	nines that drug records are in count of all controlled drugs riodically reconciled. T is not met as evidenced			
	for three of three residers #15) whose medicated facility failed to ensure back up pain medicate and the pain medicate available for administ 15) 2) narcotic pain put the pharmacy correct (Resident # 15) 3) allowere clarified in a time interfere with the deliver from the pharmacy (Fig. #15) where the pharmacy (Fig. #15) whose medicated and the pharmacy (Fig. #15) whose medicated and the pain medicated and t	ents, staff, and pharmacist dents (Residents # 5, # 10, ons were reviewed the e 1)nurses had access to come in the facility's supply ions were replenished and ration (Residents # 10 and # rescriptions were faxed to ly in order they be filled ergies to pain medications e frame which did not very of the pain medication		The statements made on this procurection are not an admission not constitute an agreement wire alleged deficiencies. To remain in compliance with a and state regulations the facility or will take the actions set forth plan of correction. The plan of constitutes the facility sallegar compliance such that all alleged deficiencies cited have been or corrected by the dates indicate F755 1. Corrective action for reside affected by the alleged deficiencies.	n to and do th the Ill federal y has taken in this correction ition of d will be d. ent(s)
	refills were submitted	to the physician prior to a ning out (Resident # 5) and		Corrective action was received	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345311	B. WING _			٥	C 7/ 12/2024		
NAME OF PR	ROVIDER OR SUPPLIER	1		ST	TREET ADDRESS, CITY, STATE, ZIP CODE				
				90	11 RIDGE ROAD				
ROXBORO	HEALTHCARE & REH	AB CENTER		R	OXBORO, NC 27573				
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F 755	Continued From pag	e 25	F 7	'55					
	substance (Oxycodo exact number of tabl back up supply. For and staff reported the when Oxycodone was	unting system of a controlled one) accurately reflected the ets on hand in the facility's Resident # 10, the resident e resident experienced pain as not accessible to the nurse resident. The findings			resident #10 on 07/09/2024 when the facility received a replenishment of residents Oxycodone on 07/08/2024 around 10:37 PM and resident #10 received Oxycodone around 12:15 AM 7/9/24. No further corrective action wa required.				
	1a. Resident # 10 w 7/8/24. Review of Redischarge summary, resident had been ho 7/8/24 and underwer surgery. Per the hos Resident # 10 was to mg (milligrams) ever pain for five days at	ras admitted to the facility on esident # 10's hospital dated 7/8/24, revealed the ospitalized from 7/2/24 to not total hip replacement pital discharge summary or receive Oxycodone 5 to 10 y four hours as needed for the facility. The discharge mented Resident # 10 was need four.			Corrective action was received for resident #15 when Resident # 15 s Oxycodone was delivered to the facility 06/30/2024. Additionally, resident #15 allergy was updated on 07/01/2024 to resolve his Oxycodone allergy. No furt corrective action was required. Corrective action was received for resident #5 on 07/02/2024 at 12:00 AM when Resident #5 s Oxycodone was administered and the facility received a replenishment of the Oxycodone.	⊒s her			
	revealed the followin every four hours as a severe pain for five of level of 1-5, Give 2 to Acetaminophen table six hours as need fo On 7/8/24 at 10:53 F entry noting Residen	view of 7/8/24 facility admission orders realed the following orders. Oxycodone 5 mg ery four hours as needed for moderate to were pain for five days; Give one tab for a pain el of 1-5, Give 2 tabs for pain level of 6-10. etaminophen table 325 mg three tablets every hours as need for pain for 10 days. 17/8/24 at 10:53 PM Nurse # 6 made a nursing try noting Resident # 10 was alert and oriented d had voiced she had been concerned about			Resident # 5's pain assessment for day evening, and night shift on 7/1/24 indicated the resident had no pain. Nur # 11 was the nurse who had document the pain assessment for day shift. Resident # 5 was documented to receiv acetaminophen 650 mg at 6:30 PM by Nurse # 11 on 7/1/24. No further corrective action was required. 2. Corrective action for residents with	se ed /e			
	assured it would arrively to the facility nursing notes about	dication and the resident was ve in the pharmacy's night 7. There were no other the resident's pain on 7/8/24. # 10's July 2024 MAR tration Record) revealed no			the potential to be affected by the alleg deficient practice: On 07/12/2024 and 07/16/2024 the Director of Nurses (DON) requested an received a replenishment of narcotics for the Narcotic Emergency Kit that was	ıd			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345311	B. WING _				C 12/2024
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DOVDOD		D OFWED		9	01 RIDGE ROAD		
ROXBORG	O HEALTHCARE & REHA	AB CENTER		R	OXBORO, NC 27573		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 755	' '	Continued From page 26 Acetaminophen or Oxycodone were administered		755	added to the Automatic Dispense Syste	em.	
	on 7/8/24. The first time Resider receive Oxycodone with the receive Oxycodone with the was documented at the administration that the "5" on a scale of 1 to # 10 was documented was on 7/9/24 at 12:1 Resident # 10 was interested the following facility for short term with the replacement surged 4:30 PM on 7/8/24 and pain medication. A stawould arrive around 1 evening she started himade a staff member call bell at 10:30 PM a Someone answered himade a staff member call bell at 10:30 PM a Someone answered himade as the pain medication had some further explanation hour and then she ag 11:30 PM. At that times he had not seen before She asked about her received it around 12 time. Nurse # 7 was intervitation of the received the follocared for Resident # until 7:00 PM on 7/8/24 and reported the follocared for Resident # until 7:00 PM on 7/8/24 and received it around 12 time.	at # 10 was documented to ras on 7/9/24 at 12:11 AM. If by Nurse # 1. Nurse # 1 are time of the Oxycodone is resident's pain level was a 10. The first time Resident at to receive Acetaminophen 3 AM. The reviewed on 7/9/24 at 10:20 at 10			On 07/23/2024, the DON completed ar inventory of the Narcotic Emergency K allowing the nurses access to the available Narcotic Inventory. On 07/24/2024, the pharmacy validated the Narcotic Inventory completed by the Do All licensed nurses now have access to the Narcotic Medications that are in the Emergency Kit. On 07/24/2024, the Pharmacy Consultate completed a review to identify and address new admission allergies for 10 of new admissions who were still residents at the facility. This audit was completed on 07/24/2024. The results included: There was one recommendation that was addressed be the DON on 07/24/2024. No further corrective action was completed. On 07/25/2024 the DON identified residents that were potentially impacted by this practice by completing an audit 100% of current residents with active orders for narcotics to ensure they had adequate supply of medications. This audit was completed on 07/26/2024. results included: All residents had an adequate supply of narcotics on hand. 07/26/2024, the DON implemented corrective action for those residents whincluded: Notifying the provider of those medications that required replenishment and working with the pharmacy to obtat medications that required replenishment and working with the pharmacy to obtat medications that required replenishment and working with the pharmacy to obtat medications that required replenishment and working with the pharmacy to obtat medications that required replenishment medica	e ON. De ant On The On nich se nt in	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345311	B. WING _			1	C / 12/2024
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 011	12/2024
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ROXBORG	HEALTHCARE & REH	IAB CENTER			OXBORO, NC 27573		
					OXBORO, NC 27373		
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F 755	Continued From pag	ge 27	F 7	755			
	Nurse # 6 was interv	viewed on 7/10/24 at 3:09 PM			On 07/29/2024, the Administrator		
		owing information. She had			validated that the pharmacy fax number	er	
	•	10 from 7:00 PM to 11:00			was preprogrammed into the fax mach		
		as hurting during her shift.			that the nurses have access to and		
		not have access to the			accurately reflects the fax numbers se	nt	
	, ,	dications in order to obtain			from the pharmacy.		
		she was also not aware of			, ,		
		otain Oxycodone from the			3. Measures /Systemic changes to		
	facility's back up sup	oply. She knew the			prevent reoccurrence of alleged deficie	ent	
Oxycodone had been ordered and would be				practice:			
	delivered in the nigh	t time pharmacy's delivery to					
	the facility. She had	told Resident # 10 the			On 07/24/2024, the Pharmacy		
		rrive that night. She also told			Consultants were educated by the		
	the night shift nurse	the resident was waiting on			Pharmacy Director on the following:		
		only medication the resident			Completing initial reviews of residents	to	
		n during Nurse # 6's shift was			include the discharge summary vs the		
	-	rse # 6 reported Resident #			admission orders and that all allergy		
		inophen did not do anything			information has been correctly entered		
	for her pain.				into the facility medical record as well a		
					the pharmacy record. If there are any		
		I for Resident # 10 from 11:00			identified discrepancies, the Consultan		
		0 AM on 7/9/24. Nurse # 1			Pharmacist will alert the facility as soon	ı as	
		7/11/24 at 12:39 PM and			possible so corrections can be made.	ıı	
		ne Oxycodone on the night made aware of the resident's			Additionally, the Pharmacy Director will		
		made aware or the resident's			educate all Pharmacy Consultants on to need to review allergy information with		
	pain.				the facility medical record compared to		
	1h Pecident # 15 w	vas admitted to the facility on			that entered into the pharmacy record	,	
		nospitalization from 6/7/24 to			during each regularly scheduled chart		
	_	15's 6/28/24 hospital			review.		
		included the information that			10110111		
		dergone surgery twice for a			On 7/22/2024, the Director of Nurses		
		e hospitalized. The resident's			(DON) began educating all Licensed		
		also included documentation			Nurses, RN□s, Licensed Practical Nur	ses	
		istory of substance abuse			, (LPN□s), Medication Aides, full time, p		
	and depression.	-			time, including agency staff, and PRN		
	•				needed) on the following topics:	-	
	The discharge medic	cations included orders for					
	Oxycodone 5 mg (m	illigrams) one to two tablets			" Review Pain Management		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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NAME OF D	ROVIDER OR SUPPLIER	343311	5: 11::10	6.	TREET ADDRESS, CITY, STATE, ZIP CODE	1 07/	12/2024
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ROXBOR	HEALTHCARE & RE	HAB CENTER			01 RIDGE ROAD		
				R	OXBORO, NC 27573		
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F 755 Continued From page 28		age 28	F 7	755			
	days. Additionally, summary noted the	s needed for pain up to five the hospital discharge e resident was allergic to			" How to obtain medications from th Automatic Dispense System " How to obtain medications from th		
	Oxycodone.				back up pharmacy The importance of ensuring that		
		rders revealed upon admission			medications are always available to be		
		nt # 15 was ordered to receive			given to the resident as ordered by the		
		one tablet by mouth every four			Physician. " Understand the steps necessary to	0	
hours as need for moderate to severe pain for five days. The resident was to receive one 5 mg				obtain medications from the Pharmacy			
		e pain of 1 to 5 on a scale of 1			during business hours and after busine		
		ets (10 mg) for severe pain.			hours for all situations.		
		at # 15's June 2024 MAR			The DON will be responsible for ensuri	ng	
		istration Record) revealed the			Pain Management and Pharmacy	ata.	
		on. From the dates of 6/28/24 desident # 15 received no			Services Education will be integrated in the standard orientation training and in		
	_	g the dates, Resident # 15 was			required in-service refresher courses for		
		eive Acetaminophen once.			all Licensed Nurses, RN□s, Licensed	,,	
		24 at 1:15 PM when Nurse # 8			Practical Nurses (LPN□s), Medication		
	documented she a	dministered the			Aides, full time, part time, including		
	Acetaminophen for	r a pain level of "7." Within a			agency staff, and PRN staff and will be	;	
		up note at 2:58 PM Nurse # 8			reviewed by the Quality Assurance		
		cetaminophen had been			process to verify that the change has		
	effective.				been sustained. Any RN, LPN,		
					Medication Aides who does not receive		
		Resident # 15's MAR revealed a			scheduled in-service training by 7/29/2		
	·	for nurses to document a pain			will not be allowed to work until training	j	
		shift. Within this area on the documented on 6/8/24 during			has been completed.		
	· ·	nat the resident's pain was a			The Pharmacy Director will be respons	ible	
		assessment all other pain			for ensuring that Pharmacy Education		
	_	/28/24 through 6/30/24			be integrated into the standard oriental		
	reflected a "0."	•			training and in the required in-service		
					refresher courses for all Pharmacy		
		6 AM Nurse # 9 documented			Consultants and will be reviewed by th		
		the pharmacy about the			Quality Assurance process to verify that	ıt	
		one and was advised that a			the change has been sustained. Any		
	hard prescription w	vas needed. Nurse # 9			Pharmacy Consultant who does not		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345311	B. WING		0.	C 7/ 12/2024	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		7 12/2024	
				901 RIDGE ROAD			
ROXBOR	D HEALTHCARE & REHA	AB CENTER		ROXBORO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 755	Continued From page	e 29	F 7	55			
	On 6/29/24 at 1:02 PM Nurse # 9 documented the resident denied pain or discomfort.			receive scheduled in-service to 7/29/2024 will not be allowed			
				training has been completed.	to work until		
	On 6/30/24 at 3:26 P Resident # 15's Oxyc	M Nurse # 2 documented codone was to arrive from by that day and she had left		4. Monitoring Procedure to the plan of correction is effect specific deficiency cited rema and/or in compliance with regulatory/requirements.	tive and that		
	The first time Resident # 15 was documented on the MAR to receive Oxycodone was on 7/1/24 at 9:50 AM. On 7/4/24 Resident # 15's admission Minimum			The Director of Nurses, or demonitor compliance utilizing the Monitoring Tool weekly x 3 we monthly x 2 months. The month	he F755 eeks then nitoring will		
		t was completed revealing tion. The resident was coded		review Pharmacy Services, properties, properties of pharmacist consultation and process. Reports will be presented that the process of the pr	oharmacy ented to the		
	Resident # 15 was interviewed on 7/10/24 at 8:55 AM and again on 7/11/24 at 10:45 AM. The resident reported the following information. He had arrived on 6/28/24 which corresponded to a Friday and the nurses had no Oxycodone to administer to him for the first three days. He had been given different reasons why the staff did not have any Oxycodone available. One staff			the Director of Nursing to ens corrective action is initiated as appropriate. Compliance will monitored and the ongoing au program reviewed at the mon Assurance Meeting. The mor Meeting is attended by the Ad Director of Nursing, Minimum	s be uditing thly Quality nthly QA dministrator,		
	Oxycodone. He had also had psoriasis and thought his psoriasis Oxycodone when it wallergy had mistaken! He had been getting hospital following his that to the nursing sta	er had mentioned he had an allergy to done. He had explained to them that he ad psoriasis and years ago a doctor had hit his psoriasis break out was due to done when it was actually psoriasis. The had mistakenly been placed on his chart. It does not getting the Oxycodone at the all following his surgery and explained all of the nursing staff as well. Then the staff old him that there was none available in the		Coordinator, Unit Support Nui Therapy Manager, Health Info Manager, Social Worker, Mail Director, Business Office Mar the Dietary Manager. Date of Compliance: 07/30/20	ormation ntenance nager, and		
	facility back up to giv	re was none avallable in the e him, and they had to get it It took them three days to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER: A. BU		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345311	B. WING		C 07/12/2024
	ROVIDER OR SUPPLIER D HEALTHCARE & REHA	AB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
F 755	was initially admitted 8 was interviewed on reported the following Resident # 15 arrived hospital record noting Oxycodone. He also prescription for the Cable to pull up his ow personal health record showed her that he has thought he could reaction to the Oxyco at the hospital. She fipharmacy. She adminim, and he was fine complain of further poon the day of admiss to the provider about couple days later she come in and saw the resident's chart. She point and the allergy facility record. Nurse # 10, who had the evening shift of 6 night shift of 6/28/24, at 1:00 PM and report information. When shon 6/28/24 the reside pain. There was no 0 supply at the facility for the shift of facility for the supply at the facility for the side of the facility of the supply at the facility for the supply at the facility for the side of the supply at the facility of the supply at the su	for Resident # 15 when he on 6/28/24 (Friday). Nurse # 17/11/24 at 2:00 PM and g information. When d there was information in his g he had an allergy to had an order and exycodone. The resident was in health records through his rd portal on his phone and had taken Oxycodone before. If not have had a serious addone if he had been taking it exact the prescription to the inistered Acetaminophen to with that. He did not eatin after that on her shift. Sion, she did not call and talk the possible allergy. A exact the provider at that was removed from the talked to the provider at that was removed from the was interviewed on 7/11/24 ted the following he cared for Resident # 15 on 1/28/24 (Friday) and a the was interviewed on 7/11/24 ted the following he cared for Resident # 15 on 1/28/20 (Friday) and a the was interviewed on 7/11/24 ted the following he cared for Resident # 15 on 1/28/20 (Friday) and a the was interviewed on 7/11/24 ted the following he cared for Resident # 15 on 1/28/20 (Friday) and a the was interviewed on 7/11/24 ted the following he cared for Resident # 15 on 1/28/20 (Friday) and a the was interviewed on 7/11/24 ted the following he cared for Resident # 15 on 1/28/20 (Friday) and a the was interviewed on 7/11/24 ted the following he cared for Resident # 15 on 1/28/20 (Friday) and a the 1/28/20 (Friday) and a	F 75	5	
	the evening shift of 6 night shift of 6/28/24, at 1:00 PM and report information. When shon 6/28/24 the reside pain. There was no 0 supply at the facility thad complained of papharmacy and left at needed the Oxycodo	/28/24 (Friday) and a the was interviewed on 7/11/24 rted the following he cared for Resident # 15 ent had not complained of Dxycodone in the back up			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED		
		345311	B. WING _			C 07/12/2024	
	ROVIDER OR SUPPLIER D HEALTHCARE & REH	IAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573	E	07/12/2024	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 755	pain level was a "0" (Saturday) for Resic 7/12/24 at 8:57 AM information. The nurse Resident # 15 on the Oxycodone present faxed to the pharma and they said that the Oxycodone prescript that day. She did not a provider about the did not have pain or Nurses # 1, who had 15's pain level of "0" shift of 6/29/24 (Sat shift of 6/30/24 (Sur 7/11/24 at 12:39 PM information. She recobtaining Resident a pharmacy. She thousen waiting on the possible allergy to the from the pharmacy. Okay with the delay was okay with Aceta needed while they was okay with Aceta needed while they was a "0" (Sunday), was internal AM and reported the cared for Resident #	documented Resident # 15's on the dayshift of 6/29/24 lent # 15, was interviewed on and reported the following arse who had cared for the previous shift reported that scription had already been acy. She called the pharmacy they had never received the attention and so she refaxed it on the call and clarify anything with the allergy listed. The resident the her shift. In discoumented Resident # 'for the evening and night aurday) and again on the night and reported the following called there being a problem that 15's Oxycodone from the aght the nursing staff had doctor to clarify about a the Oxycodone and getting it. The resident had seemed in getting the Oxycodone and aminophen if something was waited for it. The resident had aain. I documented Resident # 15's for the dayshift on 6/30/24 viewed on 7/11/24 at 10:18 the following. She had first the following.	F 7	55			
	cared for Resident # beginning of her shi	_					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345311	B. WING _			C 07/12/2024	
	ROVIDER OR SUPPLIER D HEALTHCARE & REH	IAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573	•	0771272024	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 755	Continued From pag		F 7	55			
	it appeared that the the pharmacy. She	odone was not available and fax had not gone through to worked on communicating norder to get them to send					
	5/1/24. The resident included colon cance mastectomy and bre pain, history of comp	s admitted to the facility on had diagnoses in part which er, history of breast east cancer, scoliosis, chronic pression fractures to the hip istory of opioid disorder.					
		icant change Minimum Data ted 5/28/24, coded the ely intact.					
	Resident # 5's last of patch was on 5/7/24. The order was for a micrograms per hou transdermally and we Resident # 5's last of dated 6/5/24 and was	as to be applied weekly. rder for Oxycodone was as for 15 milligrams every neduled basis. This order was					
		was given to hold Resident # it arrived from the pharmacy.					
	Administration Reco On 7/1/24 the 12:00 doses were adminis AM and 9:00 AM do						

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345311	B. WING _			C 07/12/2024		
	ROVIDER OR SUPPLIER D HEALTHCARE & REH	IAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CO. 901 RIDGE ROAD ROXBORO, NC 27573	DE	01/12/2024		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE		DATE		
F 755	Continued From pag	ge 33	F 7	55				
	and night shift on 7/2 had no pain. Nurse # documented the pain. Resident # 5 was do acetaminophen 650 on 7/1/24. At 12:00 / Oxycodone was resident # 5 was intended again on 7/11/24 reported the facility fron 7/1/24. Nurse # 11 was interested and reported the nurse had told her intended to pain.	assessment for day, evening, 1/24 indicated the resident 1/24 massessment for day shift. Social of the receive 1/24 massessment for day shift. Social of the receive 1/24 massessment for day shift. Social of the receive 1/24 massessment for day shift. Social of the receive 1/24 massessment for day shift 1/24 massessment for day shift 1/24 massessment for day shift 1/24 massessment for day, evening, 1/24 massessment for day shift.						
	7/1/24 and so she ca order to hold the me not in back up either The resident did not Resident # 5 Acetan was okay with that.	alled the physician and got an dication. The Oxycodone was She informed the physician. appear in pain. She gave ninophen and the resident						
	7/11/24 at 1:24 PM at information. Current approximately 95% at had new nurses each access to the back-obtain medications for nurses didn't have a supply, and it took to narcotics such as Oxides.	and reported the following ly the facility was staffed with agency nurses and the facility th day. Nurses must be given up supply in order for them to rom it. A lot of times the ccess to the facility's back up wo nurses to sign out xycodone from the back- up yas at the facility, she would						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		345311	B. WING			07/	12/2024
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
POYRODO) HEALTHCARE & REHA	AR CENTER		9	901 RIDGE ROAD		
NOXBORG	TILALITICANE & NETIA	AD CENTER		F	ROXBORO, NC 27573		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	41E	5,2
					· · · · · · · · · · · · · · · · · · ·		
F 755	Continued From page	e 34	F	755			
		the back -up supply all the		, 00			
	time for the nurses.	the back -up supply all the					
	The pharmacy manag	ger was interviewed on					
		egarding why the Oxycodone					
		Residents # 5, #10, and #					
	15 and the pharmacy	manager reported the					
	following information.	The pharmacy makes					
		he facility daily. If the facility					
		a dose of Oxycodone prior					
	to the arrival of any re						
	· · · · · · · · · · · · · · · · · · ·	had a back- up supply at the					
	facility and could keep	•					
		time on hand that the					
		e to access. The pharmacy were showing that the					
		of Oxycodone 5 mg in their					
	· ·	if they had tried to access it.					
		ity of the DON (Director of					
		e controlled substances for					
		ept at the facility. The last					
	time the facility's back	k up supply was replenished					
		pharmacy records showed					
	•	o reorder Oxycodone on					
		er was unsuccessful. This					
		rmacy only received a faxed					
	order form from the fa						
		e ordered back up supply of					
		form, which is signed by mpleted and the actual hard					
		nitted to the pharmacy. The					
		nly a faxed copy of the					
	·	narmacy called the facility				ſ	
		at they still needed the hard					
	copy of the form but t					ĺ	
		eir records when they had				ſ	
		equest the hard copy of the				ſ	
		ore, the pharmacy did not				ſ	
		g doses to the facility since				I	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD	_		Ι,	2	
		345311	B. WING				12/2024	
NAME OF P	ROVIDER OR SUPPLIER		ı	5	STREET ADDRESS, CITY, STATE, ZIP CODE	1		
				9	001 RIDGE ROAD			
ROXBOR	O HEALTHCARE & REH	AB CENTER		F	ROXBORO, NC 27573			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PRÉFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 755	Continued From pag	F	755					
		, the pharmacy contracts with						
		re local to the facility to fill						
	I -	dication is needed before the						
	1 .	rive and a medication is not in						
		. The nurses must call the						
	1	request this. Then the main						
		ge for the local pharmacy to						
	1 -	on. Specifically for Resident#						
	I .	gery and the nurse reported						
		s any back up supply of the						
		ner, the pharmacy records						
	showed that Resider							
	prescription had bee	n received at 5:04 PM						
	1 .	nacy sent the Oxycodone that						
		delivery. Pharmacy records						
		y nurse signed Resident#						
	10's Oxycodone was	s received by the facility on						
	7/8/24 at 10:37 PM.	(which was one hour and						
	thirty -four minutes b	pefore Resident # 10 was						
	documented to recei	ive it on the MAR.)						
	Regarding Resident	# 15, the pharmacy records						
	showed that the pha	rmacy did not receive				ĺ		
		scription for Oxycodone until				ĺ		
		was admitted on 6/28/24.						
		l been written on 6/27/24 by						
	the discharging hosp	oital physician and the						
		ow why the facility had not				ĺ		
		to 6/30/24. The pharmacy						
		on 6/30/24 when they						
		otion, there was still some						
		esident having an allergy to				ĺ		
		ad not been clarified. That				ĺ		
		0/24. The pharmacy records				ĺ		
		ergy was clarified on 6/30/24				ĺ		
	_	ed the prescription from the				ĺ		
	facility, the pharmac					ĺ		
	1 -	al pharmacy near the facility						
		4 at 3:06 PM. Regarding						
	∣ Resident # 5, the ph	armacy pharmacy must have						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345311	B. WING _			C 07/12/2024	
NAME OF PROVIDER OR SUPPLIER ROXBORO HEALTHCARE & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573	'	•••••	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	((EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 755	Continued From page 36		F7	755			
	a prescription to fill Oxycodone and the facility must send the prescription and reorder it timely in order for a resident not to run out of a supply. The pharmacy did not receive a prescription for Resident # 5's Oxycodone until 7/1/24 at 11:37 AM after the resident had already run out of her Oxycodone. The Administrator, DON (Director of Nursing),						
	and the Nurse Cons 7/11/24 at 2:00 PM r complaints about no per their needs and # 15, the DON state clarify an allergy for same day when a re hospital. She had lead prescription had been on his admission day on 6/30/24. The DOI the nursing staff to heack up medications come from the pharmacknowledged the Cavailable to the nurs administration to residence.	ultant were interviewed on egarding residents' Oxycodone being available orders. Regarding Resident d she would expect nurses to an ordered medication the sident arrived from the arned that Resident # 15's an faxed to the wrong number the and the Oxycodone arrived N also stated she expected have access to the facility's if the medication did not macy. The Administrator oxycodone should have been es to access for idents when needed.					
	Nursing) and Resou as they checked the Oxycodone medicat locked and required supply. When opened there were three tab the supply although reported the supply since 3/12/24 and the	PM the DON (Director of rce Nurse were accompanied facility's back up supply of ions. The back up supply was computer access to open the ed on 7/11/24 at 1:50 PM lets of Oxycodone 5 mg in the pharmacy manager had had not been replenished e main pharmacy records mould be zero. The DON And orted that they					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
				7. Boilesine		С	
		345311	B. WING			07/	12/2024
NAME OF PROVIDER OR SUPPLIER ROXBORO HEALTHCARE & REHAB CENTER				9	STREET ADDRESS, CITY, STATE, ZIP CODE 101 RIDGE ROAD ROXBORO, NC 27573		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1	ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			(X5) COMPLETION DATE
F 755	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F	755			