

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

PRINTED: 03/16/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345226</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/10/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEAK RESOURCES-OUTER BANKS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 WEST HEALTH CENTER DRIVE NAGS HEAD, NC 27959</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 02/10/2021. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# FTTY11.	E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 02/10/2021. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	F 000			
F 761 SS=D	2 of the 10 complaint allegations were substantiated but did not result in a deficiency. Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 761		3/1/21	

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

TITLE

(X6) DATE

Electronically Signed

02/22/2021

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 761	<p>Continued From page 1</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to lock an unattended medication cart and failed to secure an open computer medication screen from view on the 400-hallway for 1 of 2 medication carts observed.</p> <p>The findings included:</p> <p>During a tour of the facility on 02/09/2021 at 9:27 AM, Nurse #1 was observed to leave her medication cart across the hallway from Room 409. The nurse walked across the hall and entered Room 409 with medications in her hand and shut the door. The medication cart lock was observed to be sticking out from the cart in the unlocked position. A computer with an open screen on top of the medication cart was in full view with information for a resident in Room 409. At 9:29 AM, Certified Nurse Assistant (CNA) #1 entered the hallway and walked down the hallway past the unsecured medication cart. At 9:30 AM, Nurse #1 exited Room 409 and opened the bottom drawer without having to unlock the medication cart.</p> <p>An interview was conducted with Nurse #1 on 02/09/2021 at 9:30 AM immediately following the</p>	F 761	<p>Filing the plan of correction does not constitute that the alleged deficiencies did in fact exist. The plan of correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality of care.</p> <p>F761 Resident affected: Nurse #1 was immediately educated by Staff Development Coordinator on 02/09/2021 regarding the policy to always keep the medication cart secured if unattended and to always close or log off the medication cart computer at any time she must walk away. No residents were adversely affected by the cart being left unattended.</p> <p>Other residents with potential to be affected. The Staff Development Coordinator, Director of Nursing and the Administrator audited all other medication carts in the facility on 2/09/2021. No other medication carts were left unlocked and no other computers were left open on the</p>		

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F 761	<p>Continued From page 2</p> <p>observation. The nurse stated she normally kept her medication cart locked and must have forgotten to lock it before going into Room 409. The nurse stated she normally kept her computer screen open to the resident information when she was working but had been in-serviced to lock her medication cart and log out of the computer every time she left her cart.</p> <p>On 02/10/2021 at 1:28 PM, an interview was conducted with the Director of Nursing (DON). The DON stated she expected nurses to lock their medication cart every time they were not in front of it. The DON stated staff should click the "walk-away" button, which closed the computer screen, or should log out of the computer when they were not at the cart. The DON stated all staff had been instructed on these procedures during orientation.</p>	F 761	<p>medication carts while unattended. Staff Development Coordinator in-serviced all licensed nurses working at the time of the unlocked medication cart being let unattended on 02/09/2021 regarding the nursing practice to always keep the medication cart secured if unattended and to always close or log off the medication cart computer at any time she must walk away. No residents were adversely affected by the medication cart being left unattended.</p> <p>Measures/System changes: Director of Nursing and Staff Development Coordinator will educate all licensed personnel on procedure of locking medication carts and securing computer screens when left unattended and a Medication Administration competency will be completed with every licensed nurse by 03/01/2021. Any employee on leave, vacation or PRN status will be educated prior to returning to their assignment. All new hires are trained by administrative staff during orientation.</p> <p>Monitoring: An audit tool was developed to monitor medication carts to ensure they are locked when not in use and to monitor that all computer screens are closed or logged off when unattended to protect residents in similar situations. To ensure compliance audits will be conducted by the Staff Development Coordinator, DON or her designee for all medication carts every shift, seven days/week, for one</p>		

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F 761	Continued From page 3	F 761	week, followed by all medication carts on random shifts, three times a week for four weeks, then all medication carts on random shifts weekly for two months. All audits will be brought to QAPI meeting by the DON for review and recommendations. Continued audits will be determined based on results of prior months of audits.		