| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS<br><br>The surveyor entered the facility on 6/19/2024 to conduct a complaint investigation. The surveyor was onsite on 6/19/2024 and 6/20/2024. Additional information was obtained offsite on 6/21/2024. Therefore, the exit date was 6/21/2024. Event ID # 2QL711. The following intakes were investigated NC00217867, NC00217213, and NC00218129. Five of the five allegations were unsubstantiated. | F 000 | | |
| F 580 SS=D | Notify of Changes (Injury/Decline/Room, etc.)<br>CFR(s): 483.10(g)(14)(i)-(iv)(15)<br><br>§483.10(g)(14) Notification of Changes.<br>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-<br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);<br>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or<br>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).<br>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. | F 580 | | 7/9/24 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/03/2024

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 580 | Continued From page 1<br>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-<br>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or<br>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.<br>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).<br><br>§483.10(g)(15)<br>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, family interview, and staff interview the facility failed to notify a responsible party after a resident fell, sustained a head injury, and was transferred to the hospital for one (Resident #1) of one resident reviewed for notification of change in condition. Findings included:<br><br>Resident #1 was admitted to the facility on 5/31/2024 with multiple diagnoses some of which included dementia and a chronic progressive neurological disorder.<br><br>Documentation in a nursing progress note by Nurse #1 dated 6/5/2024 but crossed out as | F 580 | F580 - Notify of Changes (Injury/Decline/Room, Etc.)<br><br>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law.<br><br>1. Resident #1□s representative was not notified after Resident #1 sustained a fall and was transferred to the hospital on | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 580 | Continued From page 2<br>"created in error" revealed Resident #1 fell at an exit door hitting his forehead and was sent to the hospital. The documentation also revealed the power of attorney for Resident #1 was notified.<br><br>Documentation on a hospital emergency department visit for Resident #1 dated 6/5/2024 revealed Resident #1 arrived in the emergency room at 4:12 AM from the nursing home with no identifying information.<br><br>Nurse #1 was interviewed on 6/19/2024 at 1:19 PM. Nurse #1 explained she called 911 and when she went to look at the laptop on her medication cart to print out information to send Resident #1 to the hospital, she realized the electronic medical record was not available. Nurse #1 explained she did not have anything to send with Resident #1 when Emergency Medical Services (EMS) arrived. Nurse #1 stated she explained to EMS that she did not have access to any electronic medical records, but she did tell them the name of Resident #1. Nurse #1 also requested EMS take Resident #1 to the hospital he was admitted from as they would have his prior medical information on file. Nurse #1 stated after Resident #1 left with EMS to the hospital, a family member called the facility to check on the status of Resident #1. Nurse #1 revealed she told the family member about Resident #1 falling at the facility and being sent to the hospital with a head injury because prior to that she did not have access to emergency contact information from the electronic medical record.<br><br>A family member of Resident #1 was interviewed on 6/19/2024 at 2:56 PM. The family member stated on 6/5/2024 at approximately 5:00 AM in the morning the hospital called her and told her | F 580 | 6/5/24. At the time the Electronic Face Sheet with resident representative information was not available. Resident #1□s representative was updated on 6/5/24 when she called the center after notification from hospital that Resident #1 was being admitted, she spoke with Nurse #1.<br><br>2. Beginning on 7/1/24, an audit will be conducted by the Director of Nursing/Designee for current center residents for the last 30 days of fall reports to ensure that notification was made to the resident representative(s). Any concerns identified were corrected. Additionally, an audit of the past 7 days will be completed by the Director of Nursing/Designee to ensure that all transfers to the hospital had notification to resident representative(s). Audit will be completed by 7/3/24.<br><br>3. Licensed Nurses will be educated by the Director of Nursing/Designee on notifying the resident representative(s) of any falls or transfers to hospital and documenting notification in the Electronic Medical Record. Education will also include that emergency contact information may be obtained from the Face Sheet binder that will be at each nurse station until it becomes accessible in the down time electronic folder in the event of an emergency downtime to the electronic medical record. This education will be completed by 7/8/24.<br>New hires will be educated during Department Orientation. Education will be | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 580 | Continued From page 3<br>they thought Resident #1 was in their emergency room with a head injury. The family member said she was doubtful because she did not receive any phone call from the facility, but as the emergency room physician described Resident #1 there was no doubt in her mind it was Resident #1. The family member called the facility to inquire about Resident #1 after which she was notified the facility computer system was down and they did not have access to her phone number to notify her prior to sending Resident #1 to the hospital.<br><br>An interview was conducted with the Vice President of Operations on 6/20/2024 at 2:24 PM. The Vice President of Operations explained the facility nursing staff had access on the desk top computers to all the medical information required to send a resident to the hospital on a backup electronic medication administration record. The Vice President of Operations stated he would have to check on where and how the nursing staff would access the contact information for a responsible party if the electronic medical record could not be accessed, as this information was not located on the backup electronic medication administration record. | F 580 | provided by the Staff Development Coordinator/designee.<br>Audit of 24/72-hour report and Risk Management will be reviewed by the Director of Nursing/Designee 5 x week x 12 weeks to ensure that notification of falls and transfers are complete.<br><br>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to the Quality Assessment and Assurance (QA & A/QAPI) Committee by the Director of Nursing monthly x 3 months. At that time, the QA & A/QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance. | |
| F 622 SS=D | Transfer and Discharge Requirements<br>CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)<br><br>§483.15(c) Transfer and discharge-<br>§483.15(c)(1) Facility requirements-<br>(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless-<br>(A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;<br>(B) The transfer or discharge is appropriate | F 622 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 4 | F 622 | | |

because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;
(D) The health of individuals in the facility would otherwise be endangered;
(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or
(F) The facility ceases to operate.
(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.

§483.15(c)(2) Documentation.
When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 5<br>medical record and appropriate information is communicated to the receiving health care institution or provider.<br>(i) Documentation in the resident's medical record must include:<br>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.<br>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).<br>(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-<br>(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and<br>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.<br>(iii) Information provided to the receiving provider must include a minimum of the following:<br>(A) Contact information of the practitioner responsible for the care of the resident.<br>(B) Resident representative information including contact information<br>(C) Advance Directive information<br>(D) All special instructions or precautions for ongoing care, as appropriate.<br>(E) Comprehensive care plan goals;<br>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, family interview, staff interviews, and hospital admission records the | F 622 | Past noncompliance: no plan of correction required. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 6 | F 622 | | |

facility failed to send written documentation with identifying information, medication list, physician contact information, and responsible party contact information in an emergency transfer to the hospital for one (Resident #1) of one resident reviewed for hospital transfers. The findings included:

Resident #1 was admitted to the facility on 5/31/2024 with multiple diagnoses some of which included dementia and a chronic progressive neurological disorder.

Documentation in nursing progress note by Nurse #1 dated 6/5/2024 but crossed out as "created in error" revealed Resident #1 fell at an exit door hitting his forehead and was sent to the hospital.

Nurse #1 was interviewed on 6/19/2024 at 1:19 PM. Nurse #1 explained she called 911 and when she went to look at the laptop on her medication cart to print out information to send Resident #1 to the hospital, she realized the electronic medical record was not available. Nurse #1 explained she did not have anything to send with Resident #1 when Emergency Medical Services (EMS) arrived. Nurse #1 stated she explained to EMS that she did not have access to any electronic medical records, but she did tell them the name of Resident #1. Nurse #1 also requested EMS take Resident #1 to the hospital he was admitted from as they would have his prior medical information on file. Nurse #1 stated after Resident #1 left with EMS to the hospital, a family member called the facility to check on the status of Resident #1. Nurse #1 revealed she told the family member about Resident #1 falling at the facility and being sent to the hospital with a head injury because prior to that she did not have

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 7 | F 622 | | |

access to emergency contact information from the electronic medical record.

Nurse #3 was interviewed on 6/19/2024 at 3:38 PM. Nurse #3 explained she was working as a nurse on another hallway in the facility on 6/5/2024 when Resident #1 fell. Nurse #3 stated she became aware of the electronic medical record system being down after Nurse #1 told her. Nurse #3 explained when EMS arrived, they were told EMS the name of Resident #1, and requested to take him back to the hospital he was admitted to the facility from. Nurse #3 stated Nurse #1 went to the medication cart and quickly looked through the medication cards to give confirmation to EMS that Resident #1 was not on any anticoagulants. Nurse #3 stated the hospital was called after EMS left the facility with Resident #1 to verbally confirm who the facility sent to the hospital.

Documentation on an emergency department to hospital admission for Resident #1 dated 6/5/2024 revealed Resident #1 arrived in the emergency room with a head injury from the facility with no identifying information. Documentation in the hospital record under history of his present illness revealed Resident #1 was found by EMS to not open his eyes, to not respond to commands, and with garbled intelligible speech. The hospital record documented in the admission information, they had no confirmation of what medications Resident #1 was ordered to have and no referring provider information.

A family member of Resident #1 was interviewed on 6/19/2024 at 2:56 PM. The family member stated on 6/5/2024 at approximately 5:00 AM in

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 8 | F 622 | | |

the morning the hospital called her and told her they thought Resident #1 was in their emergency room with a head injury. The family member said she was doubtful because she did not receive any phone call from the facility, but as the emergency room physician described Resident #1 there was no doubt in her mind it was Resident #1. The family member called the facility to inquire about Resident #1 after which she was notified the facility computer system was down and they did not have access to her phone number to notify her prior to sending Resident #1 to the hospital.

An interview was conducted with the Director of Nursing (DON) on 6/19/2024 at 2:21 PM. The DON stated she received a phone call in the early morning hours notifying her of the fall sustained by Resident #1 and the electronic medical record system was down. The DON stated the Assistant DON came directly to the facility to resolve the issues with the electronic medical record system. The DON stated it was her expectation that the nursing staff notify her immediately so any issues with the electronic medical record system could be resolved.

An interview was conducted with the Vice President of Operations on 6/20/2024 at 2:24 PM. The Vice President of Operations stated the facility already had a backup system in place when the electronic medical record system was down, but more training of the licensed nursing staff had been put into place on how to access the backup system after the 6/5/2024 hospital transfer for Resident #1. The Vice President of Operations revealed the following information as the back up plan for when the electronic medical record system was down for longer than 5 minutes. The licensed nursing staff will call

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 9 | F 622 | | |

nursing administration at the phone numbers posted at each nursing station. Information technology assistance will be contacted. The licensed nursing staff will access the backup electronic medication record on the desk top computers located at each nursing station. The Vice President of Operations provided an example of an electronic medication record to demonstrate diagnoses, medication orders, code status, and physician name will be available for each resident on the back up electronic medication administration record. The Vice President of Operations stated the phone numbers for the resident's physician was posted at each nursing station for easy availability.

The facility provided a performance improvement plan initiated on 6/6/2024.

The issue identified by the facility was the nursing staff did not access the Southern Healthcare Management (SHCM) electronic medication administration record (e MAR) back up system for Resident #1 prior to sending him to the hospital for evaluation after a fall.

All residents have the potential to be affected by this deficient practice.

The Director of Nursing and/or designee will complete audits of each SHCM e MAR back up system to ensure each computer was accessible to e MAR and had the availability to print. The e MAR in the backup system contains the medication orders, diagnoses, physician name, resident name, and code status.

The licensed nurses were provided re-education by the DON or designee on 6/6/2024 regarding

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 10 | F 622 | | |

how to contact nursing administration, call information technology support, and access the e MAR back up system. Specific directions on what to do if there was an interruption of internet service or the electronic medical record system was down for more than 5 minutes was posted at each nursing station on 6/6/2024. The licensed nursing staff were educated on the following already existing process for an interruption of the electronic medical record system. In the event of an internet service interruption and/or [Electronic Medical Record System name] downtime, MAR and TAR (treatment administration record) PDF (portable document format) files can be accessed from the eMAR Back up desktops located at the nursing stations and labeled with the machine name and number. These devices should be connected to a local printer supported by generator power for printing purposes. The files can also be saved to a thumb drive/USB (universal serial bus) and inserted directly into a printer supported by generator power if needed. New or agency licensed nurses will be provided the education during orientation. As of 6/6/2024, this education will be completed by the Director of Nursing or designee.

Effective 6/8/2024, the DON and/or designee will review e MAR backup computers weekly. The DON will report the results of the audits to the Quality Assurance Improvement Committee for 2 months. The Committee will review the results to determine if further action is needed.

Alleged date of compliance: 6/7/2024

The plan was validated for the alleged date of compliance of 6/7/2024 on 6/20/2024.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 11<br>Interviews were conducted with licensed nursing staff to confirm education was provided on what steps to take if the electronic medical record system goes down, how to access the e MAR back up system on the desktop computers, and the knowledge was retained. Observations were made of the instructions posted at each nursing station detailing the steps to take if the electronic medical record system was not available for access. Documentation of in-service records dated 6/6/2024 and audits to ensure the backup computers were working properly functioning dated 6/6/2024, 6/13/2024, and 6/17/2024 were reviewed. | F 622 | | |
| F 697 SS=G | Pain Management<br>CFR(s): 483.25(k)<br><br>§483.25(k) Pain Management.<br>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, resident interview, staff interview, and pharmacy manager interview the facility failed to obtain and administer narcotic pain medication as ordered for moderate to severe pain for one (Resident #3) of one resident reviewed for pain control. The findings included:<br><br>Resident #3 was admitted to the facility on 6/14/2024 with multiple diagnoses some of which included a healing hip fracture, anxiety disorder, and depression.<br><br>Documentation on the hospital medication | F 697 | F697 - Pain Management<br><br>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law.<br><br>1. Center failed to obtain and administer narcotic pain medication for Resident #3 | 7/9/24 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 697 | Continued From page 12<br>administration record (MAR) revealed Resident #3 was administered one tablet of Acetaminophen 650 milligrams (mg) and one tablet of Oxycodone 5 mg immediate release on 6/14/2024 at 5:18 PM. Acetaminophen and Oxycodone are pain medications.<br><br>Resident #3 had a physician's order initiated on 6/14/2024 for one tablet of Norco (Hydrocodone-Acetaminophen) 7.5-325 mg to be administered by mouth every six hours as needed for moderate to severe pain for 175 days. Norco is a narcotic pain medication. There were no other physician orders upon admission for pain medication for Resident #3 in the electronic medical record.<br><br>Documentation in an admission note dated 6/15/2024 at 12:29 AM stated, "[Resident #3] arrived at [7:00 PM] this evening 06/14/2024 via stretcher from [hospital name]. [Vital Signs Stable] [complained of] right hip [relative to] fracture. Tylenol given effective. Alert and oriented times 3."<br><br>An interview was conducted with Resident #3 on 6/19/2024 at 9:48 AM. Resident #3 explained when she was admitted to the facility it was a "fiasco." Resident #3 elaborated providing the following information. Resident #3 stated her medications were not at the facility when she arrived like she assumed they would be. Resident #3 stated the very worst thing that happened was she was in extreme pain and became hysterical. Resident #3 explained that her pain medication did not arrive until late at night on 6/15/2024 and the facility was not able to give her anything that was strong enough to stop the pain until her medication arrived. | F 697 | on 6/14/24. Resident #3 narcotic pain medication was delivered to the Center on 6/15/24. Resident #3 was seen by the Provider on 6/17/24 for pain management at which time the Provider placed Resident #3 on scheduled Tylenol. 6/19/24 Provider visited to follow up on pain management and Resident #3 reported that the narcotic pain medication helps. On 6/20/24 Resident #3 expressed to Director of Nursing need for increased in narcotic pain medication. The Medical Director gave an order for narcotic pain medication to be given every 4 hours as needed versus every 6 hours as needed. Resident discharged Center on 6/28/24. Immediate education was provided with Nurse #6 on obtaining narcotic pain medications and obtaining access to the Ekit/Omnicell by the Director of Nursing.<br><br>2. An audit was completed on 6/20/24 by the Director of Nursing/designee of Licensed Nurses access to Ekit/Omnicell, any nurse identified to not have access Center obtained access. An audit of Center residents identified with orders for pain medication to ensure that medication is being administrator per MD orders, effective and available completed on 6/24/24 by the Director of Nursing/Designee. No concerns identified. Current resident□s Electronic Medical Record was reviewed on 6/24/24 by the Director of Nursing/Designee to ensure they had Pain Evaluation orders every shift. Resident records without every shift Pain Evaluation were corrected. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 697 | Continued From page 13<br><br>An interview was conducted with Nurse Aide (NA #7) on 6/20/2024 at 10:51 PM. NA #7 confirmed she was the nurse aide for Resident #3 on 6/14/2024 for the 3:00 PM to 11:00 PM shift. NA #7 stated Resident #3 was crying and in pain on the night she was admitted. NA #7 confirmed she did notify the nurse and they both tried to calm her down. NA #7 stated she had to explain to Resident #3 she was not able to get out of bed to go to the bathroom and Resident #3 had to use a bed pan. NA #7 stated she had changed all the bedding for Resident #3 a couple of times requiring Resident #3 to roll from side to side causing the resident pain.<br><br>An interview was conducted with Nurse #6 on 6/20/2024 at 2:49 PM. Nurse #6 confirmed she had been the nurse for Resident #3 on the night of her admission on 6/14/2024 and again on 6/15/2024 for the 3:00 PM to 11:00 PM shift. Nurse #6 conveyed the following information. Resident #3 arrived and was assessed to be alert and oriented with a surgically repaired hip fracture. Nurse #6 explained to Resident #3 she was not allowed out of bed until therapy assessed her and she would have to use a bed pan. Nurse #6 revealed she also explained to Resident #3 she was going to have to use the mechanical sling lift to obtain her weight because the facility could not give any medication to Resident #3 without obtaining her weight. Nurse #6 said Resident #3 was extremely anxious about being put in the mechanical sling lift but with the assistance of two nurse aides she was able to obtain the weight of Resident #3 in the mechanical sling lift. Nurse #6 further explained Resident #3 had never used a bed pan before and a couple different times during the night the | F 697 | 3. Education began on 6/20/24 with Licensed Nurses on ensuring availability, effectiveness of narcotic pain medication, accessing the Ekit/Omnicell for medications prior to supply arriving from pharmacy and the process for notifying the provider if pain regimen is ineffective or if unable to obtain specific order for any alternative orders. Education will be completed by Director of Nursing/Designee by 7/8/24.<br>All newly hired Licensed Nurses to receive education and Omnicell access during department orientation. Education will be provided by the Staff Development Coordinator/Designee.<br>An audit of the 24/72-hour reports and vitals summary for pain will be conducted by the Director of Nursing/Designee 5x week x 12 weeks to ensure that pain is adequately managed. Additionally, Director of Nursing/Designee will review newly admitted/re- admitted residents identified with orders for pain medication to ensure that medication is being administrator per MD orders, effective and availability, review will be completed 5 x week x 12 weeks.<br><br>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to The Quality Assessment and Assurance (QA & A)/QAPI Committee by the Director of Nursing monthly x 3 months. At that time, the QA & A/QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 697 | Continued From page 14<br>nurse aide had to change all the bedding for Resident #3 due to the bed pan spilling. Nurse #6 said Resident #3 had to do a lot of moving around in the bed with the changing of the bed linens and being put in the mechanical sling lift. Nurse #6 said Resident #3 was "screaming in pain and hitting the walls." Nurse #6 stated she tried to calm her down and she gave Resident #3 Tylenol per standing orders, but it was not working. Nurse #6 revealed she faxed the pharmacy the medication orders for Resident #3 as soon as she arrived, but the orders were put in too late for the pharmacy to deliver the medications on the evening of 6/14/2023 and they would have to be delivered on the morning delivery. Nurse #6 explained she called the pharmacy and was not able to get a STAT (urgent) order due to there not being a driver. Nurse #6 revealed she was not able to get narcotic pain medication out of the automated medication dispensing cabinet because the Assistant Director of Nursing was working on getting her access. Additionally, Nurse #6 did not think any of the nurses on the 3:00 PM to 11:00 PM shift had access to the automated medication dispensing cabinet because there were no administrative staff working past 5:00 PM at the facility. Nurse #6 reiterated Resident #3 was in pain, and she did her best to comfort her on 6/14/2024 but thought perhaps Resident #3 was more anxious than in pain.<br><br>Documentation on the MAR by Nurse #6 revealed Resident #3 had a pain level of 3 for the evening shift on 6/14/2024. The pain scale was 0 being no pain, 5 being moderate pain, and 10 being worst possible pain.<br><br>There was no documentation on the Medication Administration Record of Resident #3 receiving | F 697 | maintain compliance. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 697 | Continued From page 15 | F 697 | | |

any Tylenol on the evening of 6/14/2024.

Nurse #7 was interviewed on 6/20/2024 at 3:26 PM. Nurse #7 revealed she was the nurse for Resident #3 for the 7:00 AM to 3:00 PM shift on 6/15/2024. Nurse #7 explained a family member of Resident #3 approached her at the nursing medication cart requesting to review the medications Resident #3 was receiving. Nurse #7 indicated she opened the drawer with Resident #3's family member present and discovered Resident #3 did not have any medication. Nurse #7 stated she called the pharmacy and was told the pharmacy was still working on the medications for Resident #3. Nurse #7 stated Resident #3 never expressed she was in any pain on her shift on 6/15/2024.

Documentation on the MAR revealed Resident #3 had a pain level of 0 for the night shift on 6/14/2024 and a pain level of 0 for the day shift on 6/15/2024.

An interview was conducted with Nurse #6 on 6/20/2024 at 2:49 PM. Nurse #6 revealed when she arrived the next day, 6/15/2024, for her shift on 3:00 PM to 11:00 PM, she found out in report that the medications for Resident #3 had not arrived. Nurse #6 stated Resident #3 was again in pain and requesting her pain medication. Nurse #6 indicated she gave Resident #3 Tylenol per a standing order, and this helped a little but not enough to relieve Resident #3's pain. Nurse #6 stated Resident #3 was no longer screaming in pain on 6/15/2024 but was visibly upset when I told her she was going to have to wait for her pain medication to come to the facility. Nurse #6 revealed Nurse #8 (Infection Preventionist) came to her during the shift on 6/15/2024 and asked

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 697 | Continued From page 16 | F 697 | | |

her how her new admissions were doing. Nurse #6 explained to Nurse #8 that Resident #3 was in pain and her narcotic pain medication had not arrived at the facility yet. Nurse #6 revealed Nurse #8 looked in the automated medication dispensing cabinet and the narcotic pain medication needed by Resident #3 was not in there. Nurse #6 confirmed the ordered Norco arrived at the facility at around 11:00 PM on 6/15/2024, which was immediately administered to Resident #3 who was still awake. Nurse #3 explained Resident #3 was much calmer and understanding after receiving her pain medication on 6/15/2024.

Nurse #8 was also interviewed on 6/20/2024 at 3:26 PM and 4:26 PM. Nurse #8 stated she went to the facility on 6/15/2024 arriving at the facility at 9:30 PM. Nurse #8 stated at around 10:15 PM or 10:30 PM on 6/15/2024 she approached Nurse #6 who told her Resident #3 did not have her pain medication. Nurse #8 said Nurse #6 explained to her Resident #3 came in late on 6/14/2024, the pharmacy didn't have a driver, and Resident #3 was upset about her pain medication not coming in from the pharmacy. Nurse #8 stated she called the pharmacy and was told the medications for Resident #3 were in route to the facility. Nurse #8 stated she then went to check the automated medication dispensing cabinet and found the narcotic pain medication ordered for Resident #3, but it was not the same dosage ordered for Resident #3. Nurse #8 revealed she then went to Resident #3 and asked her if she wanted the dosage of narcotic pain medication from the automated medication dispensing cabinet or to wait for her dosage of narcotic pain medication to arrive from the pharmacy in route to the facility. Nurse #8 stated Resident #3 opted to wait for her

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 697 | Continued From page 17 | F 697 | | |

pain medication to come to the facility.

There was no documentation on the Medication Administration Record of Resident #3 receiving any Tylenol on the evening of 6/15/2024.

Documentation on the MAR by Nurse #6 revealed Resident #3 was administered the physician ordered dose of Norco on 6/15/2024 at 11:03 PM for a pain level of 9.

The Director of Nursing (DON) was interviewed on 6/20/2024 at 4:00 PM and 6:00 PM. The DON provided the following information. The DON was not at the building when Resident #3 arrived on 6/14/2024 and she was not notified by Nurse #6 of Resident #3 being in pain or the lack of access to the automated medication dispensing cabinet. The DON could have remotely obtained access to the automated medication dispensing cabinet for Nurse #6, or a unit manager could have come to the facility. The automated medication cabinet would have had the narcotic pain medication ordered for Resident #3, but not in the specific dose ordered for Resident #3. The DON stated Nurse #6 should have called her and should have utilized the automated medication dispensing cabinet for pain medication for Resident #3. The DON confirmed the facility had standing orders for the administration of Tylenol for residents in pain.

An interview was conducted with the pharmacy manager of the pharmacy the facility utilizes on 6/21/2024 at 8:51 AM. The pharmacy manager revealed the cut off time for medication orders to be received at the pharmacy for the evening delivery was 7:00 PM on 6/14/2024. The pharmacy manager stated the medication orders

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 697 | Continued From page 18<br>for Resident #3 were entered into the electronic system earlier in the day on 6/14/2024 but they could not be filled until after the resident arrived at the facility. The pharmacy manager stated the pharmacy was notified Resident #3 had arrived at the facility at 9:31 PM on 6/14/2024. The pharmacy manager confirmed the facility had all the medications ordered for Resident #3 in the automated medication dispensing cabinet on 6/14/2024 and 6/15/2024. The pharmacy manager further explained the dose of Norco in the automated medication dispensing cabinet did not match the ordered dose for Resident #3, but a one-time order could have been obtained from a physician. The pharmacy manager stated a STAT order for medications for Resident #3 would have required the facility to call the pharmacy with this request, a pharmacist would fill it, and an on-call driver would have delivered the medications. The pharmacy manager explained the pharmacy always had an on-call pharmacist and driver for a STAT delivery, but there was no record of the facility calling the pharmacy requesting a STAT delivery. The pharmacy manager revealed the facility only received one medication delivery on 6/15/2024 and the driver left the pharmacy at approximately 6:30 PM, delivering the medications for Resident #3 at 10:54 PM to the facility. | F 697 | | |
| F 755 SS=E | Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)<br><br>§483.45 Pharmacy Services<br>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law | F 755 | | 7/9/24 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 755 | Continued From page 19<br>permits, but only under the general supervision of a licensed nurse.<br><br>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.<br><br>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-<br><br>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.<br><br>§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<br><br>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, resident interview, staff interview, consultant pharmacist interview, and pharmacy manager interview the facility failed to dispense medications from an approved pharmacy source for one (Resident #3) of one resident reviewed for pharmaceutical services. Findings included:<br><br>Resident #3 was admitted to the facility on Friday, 6/14/2024 with multiple diagnoses some of which included a healing hip fracture, anxiety disorder, acute embolism and thrombosis of the right | F 755 | F755 - Pharmacy Srvc/Procedures/Pharmacist/Records<br><br>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 755 | Continued From page 20<br>femoral vein (blood clots), and depression.<br><br>The electronic record listed the physician orders initiated on 6/14/2024 for Resident #3 as the following: 60 milligrams (mg) Cymbalta delayed release particles to be given as two capsules by mouth at bedtime for depression; Vitamin D3 to be given as one capsule by mouth one time a day for supplement; 150 mg Trazadone HCL to be given as one tablet by mouth at bedtime for depression; 17 grams Polyethylene Glycol Powder to be given by mouth as needed for constipation once daily; 1 mg Lorazepam to be given as one tablet by mouth every six hours as needed for anxiety for 14 days; 300 mg Gabapentin to be administered as two capsules by mouth at bedtime for neuropathy; 10 mg Ezetimibe to be given as one tablet by mouth one time a day for Hyperlipidemia; 5 mg Apixaban to be given as two tablets by mouth two times a day for deep vein thrombosis for seven days; and 7.5-325 mg Norco to be given as one tablet by mouth every six hours as needed for moderate to severe pain for 175 days.<br><br>An interview was conducted with Resident #3 on 6/19/2024 at 9:48 AM. Resident #3 explained when she was admitted to the facility it was a "fiasco." Resident #3 stated her medications were not at the facility when she arrived like she assumed they would be.<br><br>Documentation on the Medication Administration Record (MAR) revealed Resident #3 was administered per physician orders the medications Trazadone HCL, Apixaban, Cymbalta, and Gabapentin by Nurse #6 prior to bedtime on the evening of 6/14/2024. | F 755 | 1. Center failed to dispense medications from an approved pharmacy source for Resident #3 on the evening of 6/14/24 and morning of 6/15/24. Resident #3 medications were delivered to the Center on the evening of 6/15/24. Nurse #6 and Nurse #7 were educated on 6/20/24 by the Director of Nursing on only dispensing medications from an approved pharmacy source.<br><br>2. On 6/20/24 an audit was completed by the Director of Nursing/Designee of all medication carts to resident orders to ensure that current residents had medications available. Any concerns identified were corrected. An audit was completed on 6/20/24 by the Director of Nursing/Designee of Licensed Nurses access to Ekit/Omnicell, any nurse identified to not have access obtained access.<br><br>3. Education began on 6/20/24 with Licensed Nurses on dispensing medications from an approved pharmacy source only. Medications that are unavailable will not be obtained from another resident□s supply. Ekit/Omnicell will be utilized for unavailable medications as applicable. If a medication that is not available is not stocked in the Omnicell, nursing is to call provider for additional orders. Additionally Licensed Nurses completed Omnicell training videos for stocking and obtaining medications from the Omnicell. A list of medications in Omnicell will be placed on each medication cart and at the Omnicell for | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 755 | Continued From page 21<br>An interview was conducted with Nurse #6 on 6/20/2024 at 2:49 PM. Nurse #6 confirmed she had been the nurse for Resident #3 on the night of her admission on 6/14/2024 and again on 6/15/2024 for the 3:00 PM to 11:00 PM shift. Nurse #6 conveyed the following information. Resident #3 arrived and was assessed to be alert and oriented with a surgically repaired hip fracture. Nurse #6 revealed she faxed the pharmacy the medication orders for Resident #3 as soon as she arrived, but the orders were put in too late for the pharmacy to deliver the medications on the evening of 6/14/2023 and they would have to be delivered on the morning delivery. Nurse #6 explained she called the pharmacy and was not able to get a STAT (urgent) order due to there not being a driver. Nurse #6 revealed she was not able to get medication out of the automated medication dispensing cabinet because the Assistant Director of Nursing was working on getting her access. Additionally, Nurse #6 did not think any of the nurses on the 3:00 PM to 11:00 PM shift had access to the automated medication dispensing cabinet because there were no administrative staff working past 5:00 PM at the facility.<br><br>Documentation on the MAR revealed Resident #3 was administered per physician orders Vitamin D3, Apixaban, and Ezetimibe by Nurse #7 on 7/15/2024 upon rising for the day.<br><br>Nurse #7 was interviewed on 6/20/2024 at 3:26 PM. Nurse #7 revealed she was the nurse for Resident #3 for the 7:00 AM to 3:00 PM shift on 6/15/2024. Nurse #7 explained a family member of Resident #3 approached her at the nursing medication cart requesting to review the medications Resident #3 was receiving. Nurse #7 | F 755 | reference to stocked medications.<br>Education will be completed by Director of Nursing/Designee by 7/8/24.<br>All newly hired Licensed Nurses to receive education and Omnicell access during department orientation. Education will be provided by the Staff Development Coordinator/Designee.<br>An audit of the 24/72 hours and Medication admin report will be conducted in by the Director of Nursing/Designee 5 x week x 12 weeks to ensure medications are administered per provider order and that appropriate notification and interventions were put into place for any unavailable medications. Additionally, the Director of Nursing/Designee will complete medication cart audits vs orders weekly x 4 weeks, then every 2 weeks x 4 weeks, then 1x month for 1 month to ensure that medications are available.<br><br>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to The Quality Assessment and Assurance (QA & A)/QAPI Committee by the Director of Nursing monthly x 3 months. At that time, the QA & A/QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 755 | Continued From page 22 | F 755 | | |

indicated she opened the drawer with Resident #3's family member present and discovered Resident #3 did not have any medication. Nurse #7 stated she called the pharmacy and was told the pharmacy was still working on the medications for Resident #3. Nurse #7 explained she did not have access to the automated medication dispensing cabinet. Nurse #7 further explained she took medication from other resident's medication cards to give to Resident #3 except for the Vitamin D3, which was available from house stock. Nurse #7 confirmed the medications she took from other residents to give to Resident #3 were Apixaban and Ezetimibe.

Documentation on the MAR revealed Resident #3 was administered per physician orders the medications Trazadone HCL, Apixaban, Cymbalta, and Gabapentin by Nurse #6 prior to bedtime on the evening of 6/15/2024.

An interview was conducted with Nurse #6 on 6/20/2024 at 2:49 PM. Nurse #6 revealed when she arrived the next day, 6/15/2024, for her shift on 3:00 PM to 11:00 PM she found out in report that the medications for Resident #3 had not arrived.

Documentation on the MAR revealed Resident #3 was administered per physician orders Lorazepam and Norco by Nurse #6 at 11:03 PM on 6/15/2024.

Nurse #6 was reinterviewed on 6/20/2024 at 4:31 PM. Nurse #6 stated she had borrowed medications from other residents to give to Resident #3 on the evening of 6/14/2024 and 6/15/2024 because it was important that she take the medications ordered for her. Nurse #6

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 755 | Continued From page 23 | F 755 | | |

confirmed the medications she borrowed were the Trazadone HCL, Apixaban, Cymbalta, and Gabapentin. Nurse #6 added she knew she was not supposed to borrow medications from other residents and confirmed she did not borrow the Lorazepam or the Norco from other residents to give to Resident #3.

An interview was conducted with the Director of Nursing (DON) on 6/20/2024 at 4:00 PM. The DON stated there was always someone on every shift who had access to the automated medication dispensing cabinet. The DON further stated if she had been called, she could have obtained access to the automated medication dispensing cabinet remotely for the nurses. The DON explained after thirty days the nurse's access to the automated medication dispensing cabinet will expire if the automated medication dispensing cabinet was not used by the nurse. The DON stated in addition the unit manager lives nearby and could have come to the facility to obtain medications from the automated medication dispensing cabinet for Resident #3. The DON explained the pharmacy has only one delivery on Saturday, but the pharmacy could have been called to deliver a STAT delivery if they had been called. The DON confirmed the nursing staff should call the DON or Administration for access to the automated medication dispensing cabinet, call in a STAT order to the pharmacy, or obtain hold orders from the physician. The DON stated the nurses should not borrow medications from other residents for a new admission.

An interview was conducted with the facility consultant Pharmacist on 6/21/2024 at 8:21 AM. The Pharmacist confirmed there was a cut off time for delivery of medications in the evening

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 755 | Continued From page 24 | F 755 | | |

after which medications will have to be obtained from the automated medication dispensing cabinet or a STAT order from the pharmacy. The Pharmacist stated she would have instructed the nurses to not borrow from other residents as this was not a pharmacy recommendation for dispensing medication. The Pharmacist conveyed she thought someone in the facility should have access to the automated medication dispensing cabinet at all times.

An interview was conducted with the pharmacy manager of the pharmacy the facility utilizes on 6/21/2024 at 8:51 AM. The pharmacy manager revealed the cut off time for medication orders to be received at the pharmacy for the evening delivery was 7:00 PM on 6/14/2024. The pharmacy manager stated the medication orders for Resident #3 were entered into the electronic system earlier in the day on 6/14/2024 but they could not be filled until after the resident arrived at the facility. The pharmacy manager stated the pharmacy was notified Resident #3 had arrived at the facility at 9:31 PM on 6/14/2024. The pharmacy manager confirmed all the medications ordered for Resident #3 were available in the facility automated medication delivery cabinet except for the Norco and Lorazepam, which were available in alternate strengths. The pharmacy manager noted the facility did not remove any medications for Resident #3 from the automated medication dispensing cabinet on 6/14/2025 or 6/15/2024. The pharmacy manager stated a STAT order for medications for Resident #3 would have required the facility to call the pharmacy with this request, a pharmacist would fill it, and an on-call driver would have delivered the medications. The pharmacy manager explained the pharmacy always has an on-call pharmacist

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345077 | A. BUILDING _____ B. WING _____ | C 06/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNYBROOK REHABILITATION CENTER | 25 SUNNYBROOK ROAD RALEIGH, NC 27610 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 755 | Continued From page 25<br>and driver for a STAT delivery, but there was no record of the facility calling the pharmacy requesting a STAT delivery. The pharmacy manager revealed the facility only received one medication delivery on 6/15/2024 and the driver left the pharmacy at approximately 6:30 PM, delivering the medications for Resident #3 at 10:54 PM to the facility. | F 755 | | |