

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

PRINTED: 02/18/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345568</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/24/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DAVIS HEALTH &amp; WELLNESS CTR AT CAMBRIDGE VILLAG</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>83 CAVALIER DRIVE, STE 200</b> <b>WILMINGTON, NC 28405</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  The survey team entered the facility on 01/21/25 to conduct a recertification and complaint survey and was unable to return to the facility on 01/22/25 and 01/23/25 due to adverse weather of snow and unsafe travel conditions; therefore the survey team worked remotely on 01/22/25 and 01/23/25. The survey team returned to the facility on 01/24/25 and completed the survey on site on 01/24/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# GF9Y11.	E 000			
F 000	INITIAL COMMENTS  The survey team entered the facility on 01/21/25 to conduct a recertification and complaint survey and was unable to return to the facility on 01/22/25 and 01/23/25 due to adverse weather of snow and unsafe travel conditions; therefore the survey team worked remotely on 01/22/25 and 01/23/25. The survey team returned to the facility on 01/24/25 and completed the survey on site on 01/24/25. Event ID# GF9Y11. The following intake was investigated: NC00225491.	F 000			
F 881 SS=F	Antibiotic Stewardship Program CFR(s): 483.80(a)(3)  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a	F 881		2/7/25	

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

TITLE

(X6) DATE

Electronically Signed

02/07/2025

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 881	<p>Continued From page 1</p> <p>system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to implement a facility-wide system to monitor the use of antibiotics. This was evident for 12 of 12 months (January 2024, February 2024, March 2024, April 2024, May 2024, June 2024, July 2024, August 2024, September 2024, October 2024, November 2024, December 2024) that surveillance data was reviewed. This practice had the potential to affect 18 of 18 residents in the facility.</p> <p>Findings included:</p> <p>The facility's Antibiotic Stewardship Program policy last revised on February 27, 2023, documented the antibiotic stewardship program will review essential data including antibiotic orders, clinical documentation, infection surveillance logs, microbiology testing, other tests to confirm infections, and trends in infection.</p> <p>A review of the monthly antibiotic summary reports for January 2024 through December 2024 revealed that no information for antibiotic monitoring was included. The monthly reports indicated the number of each type of infection including urinary tract infection, pneumonia, central line associated blood stream, gastrointestinal, skin, wound, conjunctivitis, or other type of infections but did not include surveillance logs, microbiology testing results or other tests to confirm infection, trends in infection. The monthly reports did not include the antibiotics ordered.</p> <p>The Compliance Coordinator was interviewed on</p>	F 881	<p>Davis Health and Wellness Center of Cambridge Village acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Davis Health and Wellness Center of Cambridge Village's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Davis Health and Wellness Center of Cambridge Village reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceedings.</p> <p>F881</p> <p>1. Current residents with current orders for antibiotics were reviewed for essential data including antibiotic orders, clinical documentation of support, completed McGeer's Tool, and microbiology testing to confirm infection when warranted by the Davis Health and Wellness Center at Cambridge Village Director of Nursing and Medical Director on 2/7/2025.</p>		

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F 881	<p>Continued From page 2</p> <p>1/24/25 at 10:00 AM. The Compliance Coordinator explained that she was SPICE (Statewide Program for Infection Prevention and Control for Long Term Care) trained and was responsible for overseeing the Infection Control Program for this facility. The Compliance Coordinator stated the Infection Preventionist position was vacated in November 2024 and there was no system for compiling the information for antibiotic stewardship. The Compliance Coordinator stated although she was responsible for overseeing the Infection Control Program, the Infection Preventionist was responsible for the compilation of the necessary data for antibiotic stewardship. The Compliance Coordinator stated she was not aware that the previous Infection Preventionist had not completed the surveillance or tracking or trending of infections for the past year. The Compliance Coordinator revealed she had difficulty maintaining the Infection Control program and stated she reviewed the Antibiotic Summary Reports but was unable to locate any other antibiotic information that was completed by the previous Infection Preventionist.</p> <p>An interview was conducted with the Director of Nursing (DON) on 1/24/25 at 11:00 AM. The DON indicated that since she started in the position in December 2024, she was aware she was to function as the Infection Preventionist and was to complete these duties in addition to the duties of the DON. The DON stated she received a list of the antibiotics provided by the pharmacy, but she had not completed any documentation of antibiotic use in the facility and had not done any tracking or trending of the infections.</p> <p>An interview was conducted with the Administrator on 1/24/25 at 1:00 PM. The</p>	F 881	<p>2. Current residents with current orders for antibiotics were reviewed for essential data including antibiotic orders, clinical documentation of support, completed McGeer's Tool, and microbiology testing to confirm infection when warranted by the Davis Health and Wellness Center at Cambridge Village Director of Nursing and Medical Director on 2/7/2025.</p> <p>3. Residents with new orders for antibiotic medication will be reviewed upon initiation of the new order to include associated supporting documentation and microbiology results as indicated by the Director of Nursing or designee.</p> <p>The facility antibiotic stewardship program policy was reviewed and will continue to be utilized as a point of reference per the QAPI Committee meeting on 2/6/2025. The Director of Nursing and Staff were retrained regarding the antibiotic stewardship program on 2/7/2025.</p> <p>4. Upon initiation of new orders for antibiotic medication, the Director of Nursing or designee will review the ordered antibiotic and completion of the McGeer's Tool.</p> <p>The ICP or designee will review the Antibiotic Stewardship program to include utilization of the McGeer's Tool or other ordered testing to confirm infection when appropriate. The monthly review will include trend analysis of infection and type of antibiotic ordered.</p>		

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F 881	Continued From page 3 Administrator stated she was the interim Administrator and was in the position since 1/17/25. The Administrator stated the Infection Control Program should be a comprehensive program that included surveillance, tracking and trends. The Administrator stated unfortunately she had only been in the position for a short time and did not know why the infection control tracking trends of infections and use of antibiotics had not been completed. The Administrator stated she expected the Infection Preventionist to follow the facility protocol, complete the tasks for the antibiotic stewardship program including surveillance and tracking and trends of antibiotic use and infections.	F 881	The Administrator or designee will monitor compliance regarding the antibiotic stewardship program including antibiotic use protocols and a system to monitor antibiotic use. The Administrator or designee will monitor compliance monthly for 2 months. The findings will be reported to the Quarterly QAPI committee for performance review improvement for 1 quarter.		