

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

PRINTED: 06/26/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>ERWIN #2</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>202 WEST B STREET ERWIN, NC 28339</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	
W 362	<p><b>DRUG REGIMEN REVIEW</b> CFR(s): 483.460(j)(1)</p> <p>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure drug regimen reviews were performed for each client, on a quarterly basis. This affected 3 of 3 audit clients (#4, #5 and #6). The findings are:</p> <p>A. Record review on 6/25/24, the April 2024 Physician's Orders for client #4 revealed he had a seizure disorder, in addition took an anticonvulsant and medication for behavior management. There was only one Consultant Pharmacist Recommendation to Physician (CPRP) recorded within the last year, on 10/2/23.</p> <p>B. Record review on 6/25/24, the Behavior Support Plan for client #5 on 3/4/24 revealed his behavior medication had to be increased on 12/7/23. There was only one CPRP recorded within the last year, on 10/2/23.</p> <p>C. Record review on 6/25/24, the Behavior Support Plan for client #6 on 4/25/24 revealed his behavior medication was increased on 3/21/24. There was no evidence of a CPRP done by the new pharmacy that took over last year.</p> <p>Interview on 6/25/24 with the Quality Assurance (QA) Manager revealed they have a new pharmacy and the consultant no longer comes into the building to conduct their reviews, but has access to the electronic records. The QA</p>	W 362			

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

TITLE

(X6) DATE

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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W 362	Continued From page 1 revealed the pharmacy sent a list of clients from all of the homes that they review for their quarterly drug regimen. The QA did not have any of the CPRP forms the pharmacist would have used during the reviews for clients #4, #5 and #6.  Interview on 6/25/24 with the nurse revealed the new pharmacy company does not record drug reviews like it used to be done. The nurse revealed every client does not get an individual review every quarter, the pharmacist primarily reviewed the Physician's Orders and made recommendations, from a remote office. In addition, the nurse revealed she called the pharmacist and was told, he was unaware he had to send an individual CPRP. The nurse also revealed she contacted the Regional Nurse who informed her the pharmacist was supposed to review all clients, send them a copy of the review, even if there was no recommendations.	W 362			
W 364	<b>DRUG REGIMEN REVIEW</b> CFR(s): 483.460(j)(3)  The pharmacist must prepare a record of each client's drug regimen reviews and the facility must maintain that record. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain quarterly drug regimen reviews in each clients' chart. This affected 3 of 3 audit clients (#4, #5 and #6). The findings are:  A. Record review on 6/25/24, revealed client #6 did not have a Consultant Pharmacist Recommendation to Physician (CPRP) on the chart performed by the new pharmacist.  B. Record review on 6/25/24, revealed client #4	W 364			

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W 364	<p>Continued From page 2 had one CPRP record, dated 10/2/23.</p> <p>C. Record review on 6/25/24, revealed client #5 had one CPRP record, dated 10/2/23.</p> <p>Interview on 6/25/24 with the Quality Assurance (QA) Manager revealed the new pharmacy sends an electronic list of the clients that they have reviewed. The QA revealed he pulls the report up in the computer to review.</p> <p>Interview on 6/25/24 with the nurse revealed the new pharmacy company does not record drug reviews like it used to be done. The nurse revealed every client does not get an individual review every quarter, the pharmacist primarily reviewed the Physician's Orders and made recommendations, from a remote office. In addition, the nurse revealed she called the pharmacist and was told, he was unaware he had to send an individual CPRP. The nurse also revealed she contacted the Regional Nurse who informed her the pharmacist was supposed to review all clients, send them a copy of the review, even if there was no recommendations.</p>	W 364		