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

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

NAME OF PROVIDER OR SUPPLIER  ERWIN #2  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG  W 362  DRUG REGILATORY OR 12C IDENTIFYING INFORMATION)  A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.  This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility falled 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:  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.  B. Record review on 6/25/24, the Behavior Support Plan for client #6 on 3/4/24 revealed his behavior medication was increased on 3/2/1/24. There was no evidence of a CPRP done by the new pharmacy that took over last year.  Interview on 6/25/24 with the Quality Assurance (QA) Manager revealed they have a new pharmacy and the consultant to longer comes	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
ERWIN #2    STREET ADDRESS, CITY, STATE, ZIP CODE 202 WEST B STREET   ERWIN, NC 28339   202 WEST B STREET   ERWIN, NC 28339			34G042	B. WING		06	/25/2024	
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 362  DRUG REGIMEN REVIEW CFR(s): 483.460()(1)  A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.  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:  A. Record review on 6/25/24, the April 2024 Physician's Orders for client #4 revealed he had a selzure 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.  B. Record review on 6/25/24, the Behavior Support Plan for client #6 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.  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.  Interview on 6/25/24 with the Quality Assurance (QA) Manager revealed they have a new	NAME OF PROVIDER OR SUPPLIER				202 WEST B STREET			
CFR(s): 483.460(j)(1)  A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.  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:  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.  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 12/77/23. There was only one CPRP recorded within the last year, on 10/2/23.  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.  Interview on 6/25/24 with the Quality Assurance (QA) Manager revealed they have a new	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
into the building to conduct their reviews, but has access to the electronic records. The QA  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE (X6) DATE		CFR(s): 483.460(j) A pharmacist with iteam must review that least quarterly.  This STANDARD is Based on record refacility failed to enswere performed for basis. This affected and #6). The finding A. Record review of Physician's Orders seizure disorder, in anticonvulsant and management. There Pharmacist Record (CPRP) recorded with the last year, and the last year, and the last year, and the last year of the pharmacy and the last year and the last year.	nput from the interdisciplinary the drug regimen of each client s not met as evidenced by: eviews and interviews, the ture drug regimen reviews each client, on a quarterly d 3 of 3 audit clients (#4, #5 gs are:  In 6/25/24, the April 2024 for client #4 revealed he had a addition took an medication for behavior re was only one Consultant amendation to Physician within the last year, on 10/2/23.  In 6/25/24, the Behavior fient #5 on 3/4/24 revealed his in had to be increased on sonly one CPRP recorded on 10/2/23.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24 the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24 the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.  In 6/25/24, the Behavior fient #6 on 4/25/24 revealed his in was increased on 3/21/24.					

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
	<b>34G042</b> B. WING			06/25/2024		
NAME OF PROVIDER OR SUPPLIER  ERWIN #2				STREET ADDRESS, CITY, STATE, ZIP CODE 202 WEST B STREET ERWIN, NC 28339		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE			PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	all of the homes that quarterly drug regin of the CPRP forms used during the revenued during the revenued during the review of the Physic review every quarter reviewed the Physic recommendations, addition, the nurse pharmacist and was to send an individual revealed she containformed her the phyreview all clients, seeven if there was not DRUG REGIMEN FOR CFR(s): 483.460(j)(). The pharmacist muclient's drug regime maintain that record This STANDARD is Based on record refacility failed to main reviews in each clie audit clients (#4, #5). A. Record review of did not have a Cons Recommendation to chart performed by	acy sent a list of clients from at they review for their men. The QA did not have any the pharmacist would have iews for clients #4, #5 and #6.  4 with the nurse revealed the pany does not record drug to be done. The nurse at does not get an individual or, the pharmacist primarily cian's Orders and made from a remote office. In revealed she called the stold, he was unaware he had at CPRP. The nurse also cted the Regional Nurse who harmacist was supposed to end them a copy of the review, or recommendations.  REVIEW (3)  st prepare a record of each an reviews and the facility must did in the service of the reviews and the facility must did in the service of the reviews and interviews, the intain quarterly drug regimen and the facility for the findings are:  10 6/25/24, revealed client #6	W 36			

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		34G042	B. WING		06	/25/2024	
NAME OF PROVIDER OR SUPPLIER  ERWIN #2				STREET ADDRESS, CITY, STATE, Z 202 WEST B STREET ERWIN, NC 28339	· •	20,2021	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 364	had one CPRP record review of had one CPRP record Interview on 6/25/24 (QA) Manager reversion an electronic list of reviewed. The QA rin the computer to reviewed in the computer to review pharmacy compression in the computer to review every clier review every quarter reviewed the Physic recommendations, addition, the nurse pharmacist and was to send an individual revealed she containformed her the phreview all clients, see	ord, dated 10/2/23.  n 6/25/24, revealed client #5 ord, dated 10/2/23.  4 with the Quality Assurance aled the new pharmacy sends the clients that they have evealed he pulls the report up	W 3	364			