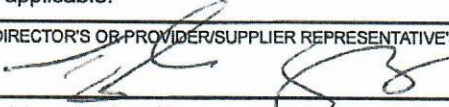


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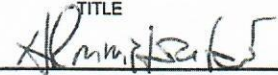
PRINTED: 01/06/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/22/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT BAY POINTE LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1148 FIRST COLONIAL RD</b> <b>VIRGINIA BEACH, VA 23454</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments  An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 12/21/20 and continued with offsite review on 12/22/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Survey was conducted onsite 12/21/20 and continued with offsite review on 12/22/20. The facility was in compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19, however corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey.	F 000			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	F 761	1. Unit 1 East Hall Medication cart was repaired on January 11, 2021. Medication cart remained in line of vision of the assigned nurse until the repair was made.		

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



TITLE



(X6) DATE

1-11-21

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

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F 761	<p>Continued From page 1</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, the facility's medication storage review, and during the course of a complaint investigation, the facility staff failed to maintain security of a narcotics drawer on a medication cart.</p> <p>The facility staff failed to ensure the narcotic drawer located on a medication cart located on Unit One of the East Hall locked properly.</p> <p>The findings include:</p> <p>On 12/21/20 at 1:20 p.m. during the initial tour of unit one on the East Hall LPN (Licensed Practical Nurse) #1 was observed administering medications to residents. When she completed her medication pass she was asked if she had any problems locking her narcotics drawer on her medication cart. She stated, "No." She was asked</p>	F 761	<p>2. All residents receiving narcotic medications were potentially affected by the deficient practice.</p> <p>3. Education provided for direct care nursing staff on process and procedure of reporting equipment in need of repair or replacement.</p> <p>Nurse Consultant with Polaris Pharmacy to monitor cart integrity during her monthly rounds and report any issues immediately to DON or nursing representative. Unit Floor Managers will audit medication cart integrity every week and report any necessary repairs and/or immediately report to maintenance and DON/Administrator any urgent issues. Nursing staff to report any critical issues needing repair or replacement and maintenance or management will decide if equipment needs to be removed from service until repaired/replaced as necessary.</p>	

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F 761	<p>Continued From page 2</p> <p>by surveyor to show her how she locked and unlocked her medication cart and narcotics drawer. LPN #2 unlocked the master lock then inserted the key into the left side of the medication cart that is used to store narcotics inside a drawer. She was then asked to lock the narcotic drawer and try to pull the drawer open without a key. Each time she locked the narcotic drawer, she was able to pull it open without unlocking it. She stated, "It will not lock unless the lock to all of the drawers are locked." (The narcotic drawer would only lock if the master lock was pushed in) "Never had problems before. LPN #2 was also ask to check the medication cart that she used on the quarantine unit. At 1:50 p.m. LPN #2 was observed unlocking and locking the medication cart on the quarantine unit. The narcotic drawer and master locked and unlocked without any issues or concerns.</p> <p>On 12/21/20 from 1:20 p.m, through 2:40 p.m. an inspection of several medication carts with narcotic drawers and master locks were inspected throughout the facility with staff. No issues were found.</p> <p>On 12/21/20 at 6:33 p.m. an interview was conducted with LPN Licensed Practical Nurse) #5 concerning issues with the medication cart. She stated, The second cart on the well unit (Unit 1 East Hall cart) has had problems locking for two to three months. We 've been telling Administrative Staff #2 and the maintenance staff (Other staff #1). If someone pulled hard enough they could open it. She was asked what makes the medication cart lock. She stated, The lock on the outside (The Master Lock). The Medication cart should be double locked. She was asked if there were any other medication carts in the</p>	F 761	<p>4. Nurses on floor will monitor carts daily for any issues. Unit Managers or designee will monitor weekly each nursing cart and report as necessary. Pharmacy nursing consultant will monitor monthly for any issues. Any issues will be immediately reported. Results of monitoring will be reported by the DON or designee to the QAPI committee on a monthly basis or whenever the next QAPI occurs.</p> <p>5. Compliance by January 25, 2021.</p>		

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F 761	<p>Continued From page 3 facility with similar issues. She replied, " No. "</p> <p>On 12/22/20 at 10:00 a.m. an interview was conducted with the Maintenance Director (Other Staff #2) concerning the medication cart on unit one East Hall. He stated, " We had a problem with it a while back and I fixed it about a month ago. The bolts came a loose inside of the locks. I had to re-tighten them. Two bolts hold the lock on there; sometimes they come loose. I hadn ' t heard anything about it." He was asked who is responsible for getting the medication cart repaired? He responded, " The narcotic drawer has a lock on the outside and the bolts come loose on the inside. If I couldn ' t ' t fix it pharmacy would have. The nurse will tested it out before I leave the cart. I usually fix it right away. All of my work orders come through a program or by word of mouth."</p> <p>A copy of the work order was received via email. It reads as follows: Medication Carts Narcotic Drawers. First floor North Hall (COVID unit). Assigned to: Maintenance Director. Notes: Cart #1 narcotic drawer will not close without forcing it shut. Cart #2 narcotic drawer will not close without using key to close. It is important to fix this soon to prevent narcotic diversion. Perhaps WD40 will do the trick. Thanks. Due Date: 09/25/20.</p> <p>On 12/22/20 at 10:25 a.m. an interview was conducted with Administrative Staff #2 concerning the medication cart. She stated, " In the past it had broken and it was fixed about a month ago. Our maintenance man fixed it. I don ' t recall anyone telling me recently. We had to put new pieces in. We fixed it immediately on unit 1."</p>	F 761			

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F 761	<p>Continued From page 4</p> <p>Medication Policy: Controlled Substance Administration and Accountability. It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion or accidental exposure. Policy explanation and Compliance Guidelines: 1. General Protocols: A. Controlled substances are stored in a separate compartment of an automated dispensing system or other locked storage unit with access limited to approved personnel. 2. Storage and Security. B. Areas without automated dispensing systems utilize a substantially constructed storage unit with two locks and a paper system for 24 hour recording. C. Patient specific controlled substances are stored under double lock until administered to the patient. 1. Each automated device has a drug file that can be dispensed to open a drawer for storage of these items. 2. When the item is needed, the process is repeated to access the medication from the drawer.</p> <p>On 12/22/20 at 3:48 p.m., the above findings were shared with the Administrator, Administrative Staff #2(Interim Director of Nursing) and The Infection Control Nurse. The Administrative staff #2 stated, You have to keep the cart locked. It should stay locked. The administrator stated, " We're gonna fix it. I personally didn't know about that." "I didn't either." Per administrative Staff #2."</p>	F 761			