

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

PRINTED: 02/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/15/2022
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NAME OF PROVIDER OR SUPPLIER NORTH CREST LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 34 NORTHCREST DRIVE COUNCIL BLUFFS, IA 51503
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<p>F 000</p> <p>✓ JAM</p> <p>F 755 SS#D</p>	<p>INITIAL COMMENTS</p> <p>Correction date: <u>3-10-21</u></p> <p>The following deficiencies relate to an investigation of complaint #94487-C and mandatory self-report #100221-M conducted on February 8 - February 15, 2022.</p> <p>Complaint #94487-C was not substantiated.</p> <p>The findings for Facility Reported Intake #100221-M will be sent to the facility at a later date under a separate cover.</p> <p>See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.</p> <p>Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services 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 permits, but only under the general supervision of a licensed nurse.</p> <p>§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.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p>	<p>F 000</p> <p>F 755</p>	<p>F 755:</p> <p>To Correct this deficiency as it relates to Pharmacy Svcs/Procedures/Pharmacist/Records, A Nurse and CMA meeting was held on 03-08-2022 to review and re-educate Staff on our policy and procedure for Controlled Medications. All Nurses and CMAs have been educated on expectations of proper procedure for counting narcotics and liquid narcotics which includes checking the seal if unopened as well as the amount remaining in the bottle. All Nurses and CMAs have been educated on the proper procedure for counting all narcotics in their various forms. All Nurses and CMAs have been educated on our new narcotic reconciliation forms.</p> <p>To ensure the problem does not reoccur, education has been provided to all Nurses and CMAs. New narcotic reconciliation forms have been implemented to ensure all narcotics are accounted for. The DON/ADON will ensure Nurses/CMAs are completing the narc count according to procedure weekly for 90 days and monthly thereafter to ensure compliance is maintained. This documentation will be provided at the monthly QA meeting.</p> <p>To monitor performance and to make sure situations are permanent, the DON/ADON will provide documentation to the QA committee showing the completion of all narc count. This will be done for 6 months or until compliance is determined by the QA committee.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 03/08/2022
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02/24/2022

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 755	<p>Continued From page 2</p> <p>hospice services. The Care Plan directed staff to observe closely for signs and symptoms of pain, administer pain medications as ordered, and notify the physician immediately if there was any breakthrough pain.</p> <p>The Active Orders as of 8/16/21 documented Resident #3 had an order for morphine sulfate (a highly addictive medication used to treat moderate to severe pain) 20 milligrams per milliliters (mg/ml) solution give 0.25 ml orally every hour as needed (PRN) for pain and/or shortness of breath. The order had a start date of 5/22/21.</p> <p>The Medication Administration Record (MAR) for August of 2021 lacked documentation that the resident had received any morphine for the entire month.</p> <p>The Controlled Drug Record/Count for Resident #3 dated 8/5/21 to 8/17/21 documented she maintained a count of 30 ml of morphine sulfate 20 mg/ml solution.</p> <p>During an interview on 2/10/22 at 12:50 PM Staff A, Licensed Practical Nurse (LPN), stated that on 8/16/21 she went through all the narcotics more closely due to the recent missing morphine for another resident. She stated when her and Staff B, Registered Nurse (RN), were doing the narcotic (narc) count they found a piece of a seal broken on a bottle of morphine for Resident #3. She stated that the lid looked like someone put it back on crooked so they removed it and found someone had punctured through the seal on the bottle with a needle and syringe and withdrew morphine. She stated the seal was wet with the liquid. She explained that the resident had an</p>	F 755		

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F 755	<p>Continued From page 3</p> <p>order for the liquid morphine but never had used it. She commented that they typically would open the manufacturers box for the medication and if the seal was still on they would document the morphine at 30 ml due to it not being used. She stated they should have been looking at the bottle more closely to verify the narc count all along.</p> <p>During an interview on 2/10/22 at 1:35 PM, Staff B stated she was doing count with Staff A on 8/16/21. Staff B reported that Staff A noticed a piece of the seal broken on Resident #3's liquid morphine and that the lid was not on straight. She added that prompted them to remove the lid. Once they removed the lid, they found someone had punctured through the seal on the bottle with what appeared to be a needle. She explained prior to this they would not always look at the bottles that closely. If there was a seal on the narcotic container they would document the narc count as 30 ml.</p> <p>During an interview on 2/10/22 at 1:43 PM, Staff C explained that the morning of 8/13/21, Resident #3's liquid morphine had been sealed. As the resident didn't use the medication, it hadn't been opened.</p> <p>During an interview on 2/10/22 at 2:16 PM, the Director of Nursing (DON), commented that based off her investigation of another resident's recent missing morphine, the facility implemented a new system. The facility now counts the number of residents that use narcotics, count the number of medication cards, the count of medication bottles and count of narcotic patches. The DON added that nurses were to pick up bottles of narcotics and look at them. She reported doing education with all the nurses on</p>	F 755		

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F 755	Continued From page 4 8/19/21. During an interview on 2/14/22 at 10:07 AM, Staff C, LPN, said that the morning of 8/16/21, she never noticed any discrepancy with the resident's liquid morphine. She commented that the nurses would open the box and if they saw the bottle sealed, they would just document 30 ml. Staff C added that they also knew the resident did not use the liquid morphine. During an interview on 2/14/21 at 12:57 PM the DON explained that due to the lapse of time until the nurse found the liquid narcotic tampered with on 8/16/21 to the time the pharmacy delivered it, she was not able to identify a perpetrator for the missing liquid morphine. The DON stated that the nurses do not always take the lids off the bottles of narcotics but she expects them to look at the bottles and verify the amount of liquid inside.	F 755			

