

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115554	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2020
NAME OF PROVIDER OF SUPPLIER GRACEMORE NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 2708 LEE STREET BRUNSWICK, GA 31520	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and staff interviews the facility failed to maintain accurate reconciliation of narcotics for one of three residents (R#1) reviewed for medications. Findings include: Review of the facility Medication Administration Record (MAR), revealed R#1 received 24 tablets of [MEDICATION NAME] HCL (opioid) 5 milligram (mg) during her admission stay from 1/20/2020 until 2/1/2020. Review of the progress notes for R#1 revealed from her admission date of [DATE] to discharge date on 2/1/2020, she was administered twenty-three (23) tablets. The review of the MAR and progress notes revealed a discrepancy in totals for medication administration. Review of the facility pharmacy log medication received for R#1 revealed that on 1/21/2020, one (1) [MEDICATION NAME] HCL 5 mg was recorded. Review of the next entry of [MEDICATION NAME] HCL 5 mg listed received for R#1 from the facility pharmacy was on 1/21/2020, for 16 tablets. Review of the medication received for R#1 from the facility Pharmacy showed the third entry of [MEDICATION NAME] HCL 5 mg was received on 1/23/2020 for 120 tablets. The Administrator confirmed that prescription was ordered by their attending physician. The Administrator provided an email sent 8/5/2020 at 12:49 p.m. and confirmed that order was received from the hospitalist at an acute care hospital at the time R#1 was discharged from the hospital and confirmed the medication was received. The review of the Drug Destruction form seal number 055, dated 2/1/2020, revealed two entries of medication destruction of [MEDICATION NAME] HCL 5 mg that were prescribed for R#1. The first entry was for 46 tablets and the second entry was for 60 tablets. The Drug Destruction form seal number 055, showed Licensed Practical Nurse (LPN) II and LPN CC wasted the medication for a total of 106 tablets. With 137 assigned to R#1, she was given 24 tablets per MAR documentation and 23 tablets on the Progress Note documentation. That would end up with a total of 113 or 114 for destruction of medication. The Administrator provided an email dated 8/5/2020 at 5:30 p.m. with a copy of the Records Retention Guidelines. The Pharmacy Records indicated the facility kept their Controlled Drug Record/Count and Controlled Shift Audit Report for three (3) months. They could not provide documentation for reconciliation of the [MEDICATION NAME] HCL 5 mg that could not be accounted for. According to the MAR record for the total administered [MEDICATION NAME] HCL 5 mg, the facility failed to account for seven [MEDICATION NAME] HCL 5 mg. Post survey interview: 8/19/20 at 4:00 p.m. with the Administrator confirmed that the facility could not account for seven [MEDICATION NAME] 5mg tablets that had been prescribed to R#1.</p>		
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.