

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER NORTH ADAMS COMMONS NURSING & REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP 175 FRANKLIN STREET NORTH ADAMS, MA 01247	
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 records reviewed and interviews for one of three sampled residents (Resident #2), who was being treated with via a Patient-Controlled [MEDICATION NAME] (PCA) pump (a continuous infusion for pain relief), the Facility failed to ensure they had an effective system in place to reorder infused [MEDICATION NAME] (narcotic pain medication treats moderate to severe pain). The Facility failed to reorder a cassette of infused [MEDICATION NAME], the medication in the cassette ran out during the final hours of Resident #2's life, and his/her infused [MEDICATION NAME] needed to be changed to a sublingual mode of administration. Findings include: The Facility Policy, titled Management of Controlled Substances, dated 3/20/18, indicated that Pharmacies cannot dispense Schedule 2 through 5 controlled substances (narcotics, which includes [MEDICATION NAME]) without a written prescription. Prescriptions for schedule 2 controlled substances are entered into the Medication Administration Record [REDACTED]. Resident #2 was admitted to the Facility in July 2020, [DIAGNOSES REDACTED].</p> <p>Review of Resident #2's physician's orders [REDACTED].) continuously, with 3 mg bolus. On 7/17/20, 20 mg/hr continuously, with 10 mg bolus. On 7/19/20, 25 mg/hr continuously, with 15 mg bolus. Review of Resident #2's Medication Administration Record [REDACTED].M. During an interview on 8/20/20 at 2:43 P.M., Hospice Nurse #1 said on 7/19/20 she spoke to Nurse #3 and told her that the next [MEDICATION NAME] cassette needed to be reordered because there was no back up cassette in the Facility refrigerator. Hospice Nurse #1 said for hospice services the standard of care is to have two cassettes available in the Facility, so they do not run out of medication for pain management. Hospice Nurse #1 said on 7/20/20 at 10:00 A.M., the infused [MEDICATION NAME] cassette had not been reordered on [DATE] as she requested, that there was only 3 milliliters left in the cassette and there was no other [MEDICATION NAME] cassette available in the Facility. Review of the Nurse Practitioner's Note, dated 7/20/20, at 10:20 A.M. indicated that she was asked to refill a [MEDICATION NAME] PCA order because the cassette was running out. The Note indicated that Family member #1 was at Resident #2's bedside and was upset that the Facility had allowed the pump to run out while Resident #2 was actively dying. During an interview on 8/20/20 at 3:11 P.M., Nurse #3 said that Hospice Nurse #1 discussed with her on 7/19/20 that another cassette of [MEDICATION NAME], needed to be ordered for Resident #2, said she did not reorder the [MEDICATION NAME] because she thought the cassette would last through out her shift and said Resident #2 was not part of her assignment. The Surveyor interviewed Pharmacist #1 at 12:04 P.M. on 8/19/20. Pharmacist #1 said he did not receive a prescription for Resident #2's [MEDICATION NAME] cassette on 7/19/20, therefore the Facility could not be dispensed another [MEDICATION NAME] cassette unless a prescription was sent to the Pharmacy.</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.