

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Davis Health & Wellness Ctr at Cambridge Villag		STREET ADDRESS, CITY, STATE, ZIP CODE 83 Cavalier Drive, Ste 200 Wilmington, NC 28405	

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)
<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>45711</p> <p>Based on record review and staff interviews, the facility failed to implement a facility-wide system to monitor the use of antibiotics. This was evident for 12 of 12 months (January 2024, February 2024, March 2024, April 2024, May 2024, June 2024, July 2024, August 2024, September 2024, October 2024, November 2024, December 2024) that surveillance data was reviewed. This practice had the potential to affect 18 of 18 residents in the facility.</p> <p>Findings included:</p> <p>The facility's Antibiotic Stewardship Program policy last revised on February 27, 2023, documented the antibiotic stewardship program will review essential data including antibiotic orders, clinical documentation, infection surveillance logs, microbiology testing, other tests to confirm infections, and trends in infection.</p> <p>A review of the monthly antibiotic summary reports for January 2024 through December 2024 revealed that no information for antibiotic monitoring was included. The monthly reports indicated the number of each type of infection including urinary tract infection, pneumonia, central line associated blood stream, gastrointestinal, skin, wound, conjunctivitis, or other type of infections but did not include surveillance logs, microbiology testing results or other tests to confirm infection, trends in infection. The monthly reports did not include the antibiotics ordered.</p> <p>The Compliance Coordinator was interviewed on 1/24/25 at 10:00 AM. The Compliance Coordinator explained that she was SPICE (Statewide Program for Infection Prevention and Control for Long Term Care) trained and was responsible for overseeing the Infection Control Program for this facility. The Compliance Coordinator stated the Infection Preventionist position was vacated in November 2024 and there was no system for compiling the information for antibiotic stewardship. The Compliance Coordinator stated although she was responsible for overseeing the Infection Control Program, the Infection Preventionist was responsible for the compilation of the necessary data for antibiotic stewardship. The Compliance Coordinator stated she was not aware that the previous Infection Preventionist had not completed the surveillance or tracking or trending of infections for the past year. The Compliance Coordinator revealed she had difficulty maintaining the Infection Control program and stated she reviewed the Antibiotic Summary Reports but was unable to locate any other antibiotic information that was completed by the previous Infection Preventionist.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview was conducted with the Director of Nursing (DON) on 1/24/25 at 11:00 AM. The DON indicated that since she started in the position in December 2024, she was aware she was to function as the Infection Preventionist and was to complete these duties in addition to the duties of the DON. The DON stated she received a list of the antibiotics provided by the pharmacy, but she had not completed any documentation of antibiotic use in the facility and had not done any tracking or trending of the infections.</p> <p>An interview was conducted with the Administrator on 1/24/25 at 1:00 PM. The Administrator stated she was the interim Administrator and was in the position since 1/17/25. The Administrator stated the Infection Control Program should be a comprehensive program that included surveillance, tracking and trends. The Administrator stated unfortunately she had only been in the position for a short time and did not know why the infection control tracking trends of infections and use of antibiotics had not been completed. The Administrator stated she expected the Infection Preventionist to follow the facility protocol, complete the tasks for the antibiotic stewardship program including surveillance and tracking and trends of antibiotic use and infections.</p>