STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345206	A. BUILDING _____ B. WING _____	C 04/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON HEALTH AND REHABILITATION	345 MANOR RD MARS HILL, NC 28754

(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	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation in this survey, event ID # NZY811.	F 000	Madison Health and Rehabilitation requests this Plan of Correction serve As our written allegation of compliance. Our alleged date of compliance is May 13, 2012. Preparation and/orexecution of this Plan of Correction does Not constitute admission to nor agreement with either the existence of, our Scope and severity of the cited deficiency, or conclusions set forth in the Statement of Deficiency. This Plan of Correction is prepared and executed To ensure continuing compliance with federal and state regulatory law.	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to follow physician orders for one (1) of three (3) residents reviewed for psychotropic medications. (Resident #26.) Review of Resident #26's medical record revealed diagnoses which included depression. The annual Minimum Data Set dated 02/25/12 assessed Resident #26 as having moderate impairment in cognition. The Care Area Assessment Summary noted medication use and summarized Resident #26 was at risk for side effects from antidepressant medication use. A care plan was developed that included goals that the Resident's mood would stabilize. Care plan interventions included administration of medications as ordered, observation for side effects, monitoring for signs of extrapyridamal symptoms and labs as ordered. Review of a Psychiatrist note dated 01/26/12 documented the resident had very limited mood range. The Psychiatrist documented he was	F 281	F281 Services Provided Meet Professional Standards The facility will follow Physician orders . 5/24/12 The magnesium level for Resident #26 was drawn on 3/12/12 and was reported to the physician on 3/13/12. The Director of Nursing has revised lab testing procedures to include reconciliation of each completed lab test with the original Physician order. The revised lab procedure is as follows: When lab test results are faxed to the facility via the lab computer, the Supervising Nurse reconciles the original Physician lab order with the actual lab results to ensure there are no omissions. If a lab test omission is found, the Supervising Nurse will rerun the omitted lab test immediately. The Director of Nursing will inservice currently employed Licensed Nurses on the revised lab procedure by May 18 2012. The revised lab procedure will be included in the Nurse Job Specific Orientation program by May 18 , 2012 The Director of Nursing will develop and implement a weekly monitoring system beginning the week of May	

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

Debra A. Bauerstrainer NHA Administrator 5/10/12

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 281	Continued From page 1 going to reduce the Resident's Citalopram (a medication used for depression) based on increased recent concerns regarding prolonged QT intervals in patient doses of Citalopram greater than 20 milligrams (mg) in this population. The Psychiatrist further documented he would check a Magnesium level to allow for safe use of the medication and also check B12 and Folate to complete interim cognitive workup. The Psychiatrist also documented he was currently going to hold off on any other changes in the resident's psychotropic medication. Review of a Physician orders revealed an order dated 01/26/12 to decrease Citalopram to 20mg by mouth every day and obtain a Magnesium level, B12 and Folate on next lab day. Record review of laboratory results dated 01/30/12 revealed Vitamin B12 and Folate results, but no magnesium level results were found. Review of a Psychiatrist note dated 03/06/12 documented this visit was to revaluate the Resident's response to the recent medication changes. The Psychiatrist documented he had last seen Resident #26 on 01/26/12 and had decreased the Citalopram at that time secondary to side effect risk concern. The Psychiatrist also documented he had ordered a Magnesium level on 01/26/12 but was not able to find the results on the chart. He further documented he was going to transition Resident #26 from Citalopram to Cymbalta because he did not think the Resident had tolerated the reduction in Citalopram.	F 281	18, 2012 through June 22, 2012 whereby she will track all lab orders to ensure that labs are noted on the Lab Calendar, the Treatment MAR, and that actual lab Results match what was ordered by the Physician. The Director of Nursing has developed a Lab Omission Log which will serve as the document where she will note the weekly monitoring results. The Director of Nursing will complete a chart audit by May 24, 2012 of all residents with lab orders in March and April 2012 . The chart audit will cross referen e the original Physician order with the actual lab results in order to ensure that there were no further lab omissions. This chart audit information will be included on the Lab Omission Log to be included in the Quality Assurance Program each month beginning in May 2012. The Director of Nursing developed a new policy which requires that any lab test omission be reported to the Director of Nursing within 24 hours. This new policy will be effective as of May 18, 2012 and all Licensed Nurses will be inserviced as of that date. The Nurse Job Specific Orientation program will be revised to include policy by same date. The Director of Nursing will utilize the Lab Omission Log to notate any lab omits during each month. The Lab Omission Log data will be included in monthly Quality Assurance Committee meets to have continuing monitoring. The Adm. will revise the	

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F 281	Continued From page 2 Review of Physician orders dated 03/06/12 revealed an order for a Magnesium level on the next lab day and to decrease the Citalopram to 10mg every day for one week then discontinue. During an interview on 04/26/12 at 1:55pm, LN #1 stated when an order was received for lab work it was put on the treatment sheet for next lab day then placed on the calendar and signed off when the blood work was drawn. LN #1 further stated the magnesium level had not been put on the requisition as an oversight. During an interview on 4/26/12 at 2:00pm the Director of Nursing (DON) stated her expectations were for all lab work to be done as ordered. The DON further stated orders were placed on a treatment sheet and the calendar and were checked off once the results came. During a follow up interview on 04/26/12 at 2:25pm, LN #1 stated they had no current system to reconcile that each specific blood test had been completed.	F 281	Monthly Quality Assurance Program by 05/18/12 to include reviewing any lab omit issues on the Lab Log. As of May 18, 2012 the Quality Assurance Coordinator will be responsible for completing the monthly Quality Assurance program which will be revised to include D.O.N. monitoring of lab omission info from the Lab Omission Log to be reviewed in the Quality Assurance meetings. The corrective actions of revising the lab procedure,new policy of notifying the D.O.N. within 24 hours of lab omits, creating the Lab Omission Log, revising the Nurse Job Specific Orientation program and the Quality Assurance Program, inservicing the Licensed Nurses, developing the weekly monitoring program and completing a chart audit of all labs ordered in March and April 2012 will resolve the deficient practice for the resident who was affected and those having the potential to be affected.Revising the lab procedure to include reconciliation of the actual completed lab with the original Physician order and the implementation of the policy to notify the D.O.N. with 24 hours of any lab omit has created the systemic change that will ensure the deficient practice does not recur. The weekly monitoring of lab orders and results by the D.O.N. until 06/22/12 and the inservices will ensure the Licensed Nurses are knowledgable of the new procedures. The revision of the monthly Quality Assurance program to include monitoring of lab test omits on the Lab Omission Log will create the internal monitoring system that will ensure the solutions to the deficient practice are sustained.	5/24/12