DEPARTMENT OF HEALTH AND HUM. SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FEB 13 2012

PRINTED: 02/03/2012 FORM APPROVED OMB NO: 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A BUILD	TIPLE CONSTRUCTION ING	(XJ) DATE SI COMPLE	
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	ROVIDER OR SUPPLIER	rer	s	TREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	1 01/	22/2012
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	through 01/18/12. The facility again on 01/20 collect more evidence immediate jeopardy significant allegation and validate immediate jeopardy. 483.25(I) DRUG REGUNNECESSARY DRUEE ach resident's drug runnecessary drugs. A drug when used in exception andications for its use; adverse consequences should be reduced or a combinations of the resident, the facility must be founded and given these drugs unletterapy is necessary to as diagnosed and docurecord; and residents we drugs receive gradual of behavioral interventions.	ally conducted on 01/17/12 e survey team entered the /12 through 01/22/12 to , notify the facility of an ituation, receive a credible e the removal of the IMEN IS FREE FROM JGS egimen must be free from an unnecessary drug is any cessive dose (including for excessive duration; or itoring; or without adequate or in the presence of s which indicate the dose discontinued; or any asons above. Insive assessment of a set ensure that residents ipsychotic drugs are not ss antipsychotic drug o treat a specific condition umented in the clinical who use antipsychotic dose reductions, and	F 00	How corrective action will be accomthose resident(s) found to have been by the deficient practice; Resident #2 no longer resides at the the How corrective action will be accomthose resident(s) having potential to by the same deficient practice; The facility recognizes that curre receiving medications and therefording regimen reviews may be affed deficiency. On 1/20/2012, during survey, 5 residentified that are utilizing Roxanol leach current resident medication on Unit Managers. Also on 1/20/2012 – 1/21/2012 a current residents controlle receipt/record/disposition form completed to identify residents with	facility. In affected facility. In affected In tresidents In residents In requiring In tresidents In review of Indeed by this In review of In dery by the In review of In dery by the In review of In the control of the	2-14-12
	drugs. This REQUIREMENT i	s not met as evidenced		medications. 15 current residents identified to have borrowed narcotics with borrowed drugs were identified number that the medication was u "borrowed" was written on the dispo. The audit was completed by the Uni and Pharmacy services by reviewing a disposition forms for each current residual.	Residents by a room used for or sition form. It Managers the narcotic dent.	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.

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) M A BUI		LE CONSTRUCTION	(X3) DATE SUR COMPLET	
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F 329	by: Based on staff intentifacility failed to ensurunnecessary medicaresidents (Resident adosage of a narcotic received five times the (Roxanol) dose. Immediate jeopardy Resident #2 received Roxanol dose. The attention of the immediate jeopardy 2:45 PM when the fa allegation of compliance at (no actual harm with minimal harm that is ensure monitoring of completion of employ. Findings include: Lexicomp's Geriatric stated that MS Contimindicates that over a period of hour morphine sulfate but pain not relieved by formula. Roxanol is formulation. The reference when prescribing or solutions. These prosider in the staff in the staff in the staff in the sulfate but pain not relieved by formula. Roxanol is formulation. The reference in the staff in the sulfate but pain not relieved by formula. Roxanol is formulation. The reference in the sulfate but pain not relieved by formula. Roxanol is formulation. The reference in the sulfate but pain not relieved by formulations. These prosiders in the sulfate but pain not relieved by formulations. These prosiders in the sulfate but pain not relieved by formulations. These prosiders in the sulfate but pain not relieved by formulations. These prosiders in the sulfate but pain not relieved by formulations. These prosiders in the sulfate but pain not relieved by formulations. These prosiders in the sulfate but pain not relieved by formulations.	riew and record review the re residents were free of tions when 1 of 7 sampled #2) received an excessive medication. Resident #2 ne ordered liquid morphine (IJ) began on 01/06/12 when a five times the prescribed administrator was notified of rdy on 01/20/12 at 4:05 PM. was removed on 01/22/12 at cility provided a credible nce. The facility will remain a scope and severity level D potential for more than not immediate jeopardy) to systems put in place and yee education. Dose Handbook 14th edition in is a trademark for narcotic/Opiod Analgesic. MS the preparation is extended s. Roxanol liquid is also it is used for breakthrough the extended release an immediate release arence also stated "Use care administering morphine ducts are available in ons. Always prescribe dose	F	329	During the survey a MAR to cart audiconducted on 1/21/2012. A review of Roxanol medication label, administrat Pain assessment, resident assessment count down sheet has been completed proper dosage, labeling, and effective management. This review was conduturit Managers and Pharmacy services. Also during survey, a pharmacist of drug regimen review of residents narcotic analgesics on 1/21/2012 appropriate drug dosage and reviewed with the DON. On 1/21/12 an audit of residents with narcotic analgesics was completed by services to verify that the ordered medon hand. These residents were identification. These residents were identification availability. Medication refill were scripted and replaced by services on 1/21/2012. A physical audit, looking at the phy MAR, and medication label of Rounit Managers was completed by verify the transcription was clear meaning the complete order was trathe transcription to the MAR physicians order. A physical audit, looking at the reference of the complete order was trathe transcription to the MAR physicians order. A physical audit, looking at the reference of the complete order was trathe transcription to the market of the pharmacy services was completed or medication in the medication cart was on hand and the inventory meaning the correct medication was for residents Roxanol and there was quantity to avoid the risk of depleting and reducing the risk to borrow.	the tion record, and the to ensure pain cted by the s. completed a s receiving to validate ew narcotic ations were the orders for y pharmacy lications are ied by MAR checked for is requiring y pharmacy sicians order, exanol by the 1/22/2012 to and accurate, anscribed and matched the esidents with the medication of quantity, by f the Roxanol to validate it was correct to in hand and is a sufficient	2-14-12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE COMPI A BUILDING B WING O	C
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	72.012
BLUE RIDGE HEALTH CARE CENTER 3830 BLUE RIDGE ROAD	
RALEIGH, NC 27612	
(VA) ID CHAMADY CTATEMENT OF DETAILS	
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F 329 Continued From page 2 Lexicomp's Geriatric Dosage Handbook 14th edition revealed that peak effect for the MS Contin would be 1 hour and duration would be from 5 to 8 hours. Resident #2 was admitted to the facility on 01/06/12 at 3:30 PM with cumulative diagnoses of Stage 4 endometrial cancer with metastasis, lymphadema, hypertension and history of pulmonary embolism. Record review of the physician's orders revealed MS (morphine sulfate) Contin 15 mg (milligram) tablets three times a day (for pain), Compazine 10 mg tablet three times a day (for nausea and vomiting) and Roxanol (flquid morphine) 100mg/5 ml (millillen), give one ml every four hours as needed po /SL (by mouth or sublingually), for pain SOB (shortness of breath).[One ml would equal 20 mg of morphine- the stated dose for Resident #2] A nursing note written at 5:00 PM indicated the resident was alert and oriented to person, place and lime when admitted and could identify the name of the facility, the month and the year. Her initial vital signs were listed as 97.7 (emp), 98 (pulse), 18 (respirations) and 108/70 (blood pressure), oxygen per minute via nasal cannula. Resident #2 was asked about pain level on a standardized pain scale. It was unknown when she had her last doses of MS Contin since she was admitted from home. However ED records of the local hospital to which she was admitted after the error, estimated that she had her last dose of MS Contin about 2:00 PM on the day of	

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NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER SUMMARY STATEMENT OF DEPICIENCIES (ACHO HORSE) (LIVIN PROVIDER/SUPPLIER/CLIA	(X2) MI	JUTIPLE	CONSTRUCTION	COMPLETED)
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F 329 Conlinued From page 3 admission (01/08/12) but the dose was taken at home. Between nursing note of admission at 5 PM and nursing note of medication error notes at 11 PM of 01/08/12 but the dose was taken at home. Between nursing note of admission at 5 PM and nursing note of medication error notes at 11 PM of 01/08/12 the resident asked for breakthrough pain medication (Roxanol). Nurses' notes did not reflect what time pain complaints began; however the narcotic sign out sheet was dated 01/08/12 at 8.45 PM. When the resident arrived from home she did not have a hard copy prescription (a handwritten prescription signed by the prescriber). A hard copy prescription is required before pharmacy will send narcotic medications. Nurse #1 on the 400 unit did not have the Roxanol for this resident since she had been admitted at 3:30 in the afternoon with no hard copy prescription so she "borrowed" the liquid Roxanol from another resident, Resident #8. On 1/6/12 PM, Nurse #1 gave 5 ml instead of 1 ml of morphine sulfate (strength 20 mg/mil). Nurse #1 gave a total of 100 mg. (6ml) of morphine instead of 20mg (1 ml) of Morphine sulfate. Controlled medications dispensed from the pharmacy are accompanied by a declining inventory sheet [also called controlled drug administration record) which is typed with the Rx (prescription) number, the date received, the residents name, the phesiciater's name, the medication name, the dispersing pharmacy.					38:	30 BLUE RIDGE ROAD		
between nursing note of admission at 5 PM and nursing note of admission at 5 PM and nursing note of medication error notes at 11 PM of 01/106/12 the resident asked for breakthrough pain medication (Roxanol). Nurses' notes did not reflect what time pain complaints began; however the narcotic sign out sheet was dated 01/06/12 at 8.45 PM. When the resident arrived from home she did not have a hard copy prescription is required before pharmacy will send narcotic medications. Nurse #1 on the 400 unit did not have the Roxanol for this resident since she had been admitted at 3:30 in the afternoon with no hard copy prescription so she "borrowed" the liquid Roxanol from another resident, Resident #6. On 1/6/12 PM, Nurse #1 gave 5 ml instead of 1 ml of morphine sulfate (strength 20 mg/ml). Nurse #1 gave a total of 100 mg. (5ml) of morphine instead of 20mg (1 ml) of Morphine sulfate. Controlled medications dispensed from the pharmacy are accompanied by a declining inventory sheet [also called controlled drug administration record] which is typed with the Rx (prescription) number, the date received, the resident's name, the physician's name, the medication name, the directions for use, the second the dispensation that dispensation the province of the cart. This allows for a clear chain of custody. Each nurse validating the correct narcotic count signs the form. A pharmacy generated declining inventory sheet accompanies each medication filled/delivered by the facility pharmacy. In the case of narcotics obtained from back up pharmacy or pyxis a handwritten declining inventory sheet is utilized. Borrowing of Narcotics was identified to have 3 root causes. Medication not available due reorder not timely, admissions processed without hard scripts, and narcotic stock in pyxis depleting to soon. Pharmacy services will provide a weckly report on narcotics that require script renewal to the DON prior to their expiration to allow for finely refill to avoir many the province of the cart. This allows for a clear chain of custody	(X4) IO PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	PREF	ıx	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION
name. Review of the declining inventory sheet for the 'borrowed' morphine bottle revealed there was no pharmacy generated label affixed to the		Continued From paradmission (01/06/12 home. Between nursing non nursing note of mero of 01/06/12 the respain medication (R reflect what time parameters where the narcotic sign of 8:45 PM. When the she did not have a handwritten prescriber). A hard before pharmacy where we will be the standing of this readmitted at 3:30 in copy prescription. Roxanol from ano On 1/6/12 PM, Numl of morphine sur Nurse #1 gave a morphine instead sulfate. Controlled medical pharmacy are accommon in the sum of morphine in the sulfate. Controlled medical pharmacy are accommon in the sulfate.	by but the dose was taken at the of admission at 5 PM and dication error notes at 11 PM and dication error notes at 11 PM and dent asked for breakthrough oxanol). Nurses' notes did not ain complaints began; however at sheet was dated 01/06/12 at a resident arrived from home hard copy prescription (a iption signed by the dicopy prescription is required will send narcotic medications. Ounit did not have the sident since she had been at the afternoon with no hard so she "borrowed" the liquid ther resident, Resident #6. Arrse #1 gave 5 ml instead of 1 lifate (strength 20 mg/ml). The of 20 mg (1 ml) of Morphine ations dispensed from the companied by a declining cord) which is typed with the Rx mber, the date received, the the physician's name, the of the directions for use, the date declining inventory sheet for norphine bottle revealed there		329	Drug Handbooks are available in eacart to allow nurses to readily chee dosages, drug categories, etc. durin administration. A new form titled "Nurse to Nurse has been implemented to verify the count is correct and has been val nurses and that the number of councorrect. Each change of shift the count determined in a substance counted and recordled substance counted and reconciled with consinumber of controlled substance counted and reconciled with consinumber of entities that came in an the cart. This allows for a clear cheach nurse validating the correct signs the form. A pharmacy generated declining accompanies each medication fill the facility pharmacy. In the cardility pharmacy in the cardility pharmacy. In the cardility pharmacy in the cardility pharmacy. In the cardility pharmacy. In the cardility pharmacy in the cardility pharmacy. In the cardility pharmacy in the cardility pharmacy. In the cardility pharmacy in the cardility pharmacy in the cardility pharmacy. In the cardility pharmacy in the cardility pharmacy in the cardility pharmacy in the cardility pharmacy. In the cardillity pharmacy in the cardillity pharmacy in the cardillity pharmacy. In the cardillity pharmacy in the cardillity pharmacy. In the cardillity pharmacy in the cardillity pharmacy in the cardillity pharmacy. In the cardillity pharmacy in the cardillity pharmacy in the cardillity pharmacy in the cardillity pharmacy in the cardillity pharmacy. In the cardillity pharmacy in the cardillity pharmacy in the cardillity pharmacy. In the cardillity pharmacy in the cardillity pharmacy in the cardillity pharmacy. In the cardillity pharmacy in the cardillity pharmacy in the cardillity pharmacy. In the cardillity pharmacy in the cardillity pharmacy in the cardillity pharmacy. In the cardillity pharmacy in t	ch medication ck marcotic ck controlled reconciliation can addition the centities are deration to the characteristic count count country sheet called very country country sheet called very country country country country country country called very c	2-14-12

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F 329	declining inventory sisheet were handwritt name (Resident #6). Morphine sulp (sulfat obtain 20 mg of morp to draw up one cc (m supplied syringe that The controlled drug a indicated that 5cc (16 30 cc bottle at 8:45 F physician's order for of morphine. The redose of Morphine professes o	neet. The spaces on the en with another resident's The dose was stated as e) and 0.25 ml (5mg). To obline, the nurse would have il) in the manufacturers comes with the product. administration sheet 00mg) was withdrawn from a PM on 01/06/12. The Resident #2 called for 20 mg sident received 5 times the escribed by the physician. ication bottle of morphine inspection during the survey dent #6) died on 12/10/11 ill available on 01/06/12.	F	329	will be conducted by the DON/ADON will determine appropriate action include, but not limited to: in-service, policy, pharmacy response, and env	se analysis I. Findings steps to change in ironmental placement, errors will eps Center October 31 has been ion process sage, e act of ailability – rocess and rcotics, nurses, scharge or irector of oncoming f narcotics cil G. he facility r of embrace nge	2-14-12

Facility ID: 20020003

CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 329	Review of a telephor (un-timed) revealed (when he was notifie "1.Continuous pulse 2. v/s (vital signs-ten pressure and respirathrough the night 3. Call for (sic) over respirations, (under) 4.1:1 sitter for 4 hou 5. Call Dr at 9:30 PM A facility incident/acd dated by Nurse #1, 1 ml morphine sulfal #1 gave a total of 10 A medication Error F Nurse #1 and the su was confusing to me the medication was called the 3-11 supe The supervisor's do gave 5 ml instead of strength 20 mg/ml." The attending physi gave the order to traper family request. Resident #2 had vita as follows: bp 136/7 Respirations 14, Tel saturation of 98%. to the hospital at 21	that the physician's orders d of the error) were: (In Ox- call if < 90 the perature, pulse, blood ations) q (every) 15 minutes (edation or (decreased)) 12 the proof of the strength 20 mg/ml." Nurse to mg of morphine. Report of 01/06/12 signed by the previsor stated, "The order to but noticed right away (after given to the resident) and the strength 20 mg/ml away (after given to the resident) and the proof of the strength away (after given to the resident) and the proof of the strength away (after given to the resident) and the proof of the strength away (after given to the resident) and the proof of the strength away (after given to the resident) and the proof of the strength away (after given to the resident to the ED all signs taken at 21:00 (9 PM) 2, HR (Heart rate) 90, mperature 98.2 and oxygen EMS transported the resident	F 329	ticensed nurses was completed by 2012. Any nurses not educated by receive education at, or prior to, the next scheduled shift. The Unit Manager will observe 30 receiving Roxanol in a weel administration of Roxanol to medication is administered correct procedure is followed including the drug rights are executed (time, do and person). Errors indicated with will require a med pass in-serving demonstration. The facility process for obtaining timely upon admission: 1. New medication order is received and the off sight then the nurse calls physician to complete the set the pharmacy immediately, personnel request, through discharge planners, that accompany the resident upon 2. Fax the script to the Pharmacy alter hours the facility may alter the pharmacy will call them delivery to the blue notified to remove the narce from the pyxis system contained the medication is not available in proportion of the medication and pontained the property of the medication and pontained the prior to the property of the medication and pontained the prior to the property of the medication and pontained the prior to the property of the property of the pontained the property of the property o	for scheduled y February 1, that date will conset of their 2% of residents cly audit of ensure: the tly and proper nat the 5 basic se, route, drug, this procedure ice and return narcotic orders eived: If hard do #2. If no ne physician is and requests a ript and fax to Admissions the hospital hard scripts admission. If delivery due to cy will be used, and request the center, of timely and the yxis notify the nd time needed I/designee will	2-14-12
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FORM CMS-25	87(02-99) Previous Versions O	bsolete Event ID: 5V8T1	1 1	aciny io: 20020003	ir continuation site	

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	REFIX TAG	Continued From page resident was admitt possible altered me however converse in just a little drowsy. It hat she received a she actually receive of Roxanol. The resident has be nursing facility in the administrator jeopardy on 01/20 administrator provallegation on 01/2 administrator provallegation on 01/2. Resident # 2 was Roxanol medicate immediately to the normal, with no Resident # 2 was hospital for monifamily request de investigation was Educator on 1/6 a nurse and revidrug label. The to be the nurse	ge 6 ed to the hospital with intal status; she could with the physician's and was. The hospital records indicate in over dose of MS Contin but ed five times the dose ordered een transferred to another he area. was notified of the immediate //2 at 4:05 PM. The ided the following credible 2/12 at 2:45 PM cted by the alleged deficient conger resides in the facility. In monitored closely following the ion variance which was reported the physician, vital signs remained changes in mental status. Is transferred to acute care etoring later the same day per espite her stable condition. An is completed by the Facility //2012 including an interview with item of the physician order and cause of the error was identified misunderstood the drug		= 329	On 1/21/2012 the 15 residents iden medications borrowed had refills/replacement ordered and facility. Monthly a pharmacist will review the regimen, dosage and administration of the MAR to the reconciliation of the monthly regimen recommends the pharmacist are addressed with change orders written as indicated medical record. New Admission medications will a pharmacist via fax within admission. The review record Director of Nursing for forecommendations. There will be two separate recommendations. There will be two separate recommendations. There will conduct a review administration which includes a audit. This review will require a the DON for any risk that reather the DON for any risk that reather the consultant conducts as a sample of MAR to conduct the nurse consultant conducted medications are on hand, reconciles correctly, the nare record is compared to the accuracy and 4 or more recordered medication.	tified to have narcotic billed to the he medication on records of This review g and compare on form. This with the DON liate attention. ations made by the physician, and filed in the be reviewed by 24 hours of is sent to the follow up of the physician of the ph	e e e n ic chh te iill % he rts of red unt wn ify ion the
		The nurse receincluding medic	ived a medication pass in-service attended a medication pass in-service attended in the service attend			administration observation medication observation too technique and Administra compliance.	which revie	ws

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

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F 329	learning. 2. Residents with the the alleged deficient on 1/20/2012 the fact residents of the facilit therefore requiring draffected by this deficition on 1/20/2012 5 resid that are utilizing Roxacurrent resident medical AMAR to cart audit was A review of the medical record, Pain assessmand the count downs ensure proper dosage pain management. The Unit Managers and On 1/20/2012 a review controlled drug receip has been completed be identify residents with current residents have borrowed narcotics. A pharmacist complete residents receiving natification and review narcotic controlled and review narcotic controlled residents receiving natifications were and review narcotic controlled and review narcotic controlled residents receiving natifications were residents and review narcotic controlled residents receiving natifications were residents and review narcotic controlled residents receiving natifications were residents and review narcotic controlled residents receiving natifications were residents and review narcotic controlled residents receiving natifications receiving natifications received natification	potential to be affected by practice. ility has identified current by receiving medications and ug regimen review may be ency. ents have been identified and by review of each cation orders. vas conducted on 1/21/2012. cation label, administration theet has been completed to be possible to be possible to be possible to be possible to borrowed medications. 15 to be been identified to have the possible to the	F	329	2. Monthly a Regional Nurse Consultate will conduct a review of administration which includes a cart at a audit to validate no medications are medication administration of narcotic verified by two nurses, and administration techniques is in comp Medication Administration Policy. Will require a formal exit with the Dirisk that requires immediate attention, and Narcotic audit will include consultant completing a 30% residen MAR to Cart to verify the ordered are on hand in the cart, Carts a medication storage is proper, 30% sample of Narcotics to verify medications are on hand, narcotic correcord is compared to the MAR accuracy and 4 or more nurses administration observation utility medication observation tool whice technique and Administration recompliance. Weekly the RN Manager / designee 30% of the narcotic records to whorrowing of medications has occurrenarcotic count signatures, total conarcotics, and ordered medications are These audits will be completed we weeks and then tapered over 3 to 6 medications.	medication and narcotic borrowed, liquids are medication liance with this review ON for any The Cart the nurse to sample of medications are orderly, of resident by ordered with the count to verify medication will audit alidate no d, validate entities of e available, ekly for 4	2-14-12

CENTERS	ENT OF HEALTH AN FOR MEDICARE & T	MEDICAID SERVICES	(X2) ML	JLTIPLE	CONSTRUCTION	(X3) DATE SURV COMPLETED	EY)
TATEMENT OF	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUIL			c	
AND PLAN OF (ORREGION		B. WN	G		01/22	2012
		345517		STREE	T ADDRESS, CITY, STATE, ZIP CODE		
	OVIDER OR SUPPLIER				0 BLUE RIDGE ROAD LEIGH, NC 27612		
BLUE RID	GE HEALTH CARE CEN	TER		┸	TO STORE OF AN OF CORRECT	TION	(X5) COMPLETIO
(X4) ID PREFIX TAG		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IO PREI TAI	FIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD 05 1	DATE
F 329	Continued From parpsychoactive medication, potential of adverse drug real were found during done in addition to review. No additional unner identified with the 1/21/2012. 3. Systemic Channer Re-education with initiated on the mincluding: a. reading and into immediate discontinuation refill, pyxis utilization vol. Signing in Nare. Signing out of discontinuation with the significant sign	ge 8 cations to identify possible al dosing issues, and evidence actions. No drug irregularities this audit. This review was the monthly drug regimen ecessary medications were above listed narcotic reviews by ges a Licensed Nurses has been edication administration process cerpreting the correct dosage, continuation of the act of		= 329	The Control II/III/IV/V medication delivery/verification process has been as follows: 1. New medication order is received: script is obtained then proceed to #2. hard script is received and the physics sight then the nurse calls and request physician complete the script and fax pharmacy immediately. Admissions request, through the hospital dischar planners, that hard scripts accompanies dent. 2. Fax the script to the Pharmacy 3. A copy of the medication order is the MAR. 4. If the pharmacy is unable to delive after hours the facility may a) be notified the back up pharmacy used. Partners pharmacy will call the request the delivery to the center. b) be notified to remove the narcotic medication from the pyxis system. c) if a delivery does not arrive time medication is not available in pyxis DON/designee of the medication an needed for administration. The DON/designee will notify the physical pharmacist for resolution. 5. Once the medication arrives at the nurse will verify the medication and delivery manifest and sign acceptate control. 6. The nurse will partner with a second add in the medication on the resheet, place the medication in the place the count down record in the record book. The second nurse wising the manifest. 7. The manifest will be forwarded Director of Nursing. 8. The nurse that administers the fithe narcotic medication will match physicians order copy that is in the physicians or the copy that is in the physicians or the copy that is in the physi	If hard If no ian is off s a c to the personnel ge y the placed in ery due to will be hem and c ely and the s notify the nd time sician or ne facility the gainst the unce of the cond nurse narcotic count cart and e narcotic will then co- to the first dose of the	2-14-12

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

PRINTED: 02/03/2012 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MI	JLTIPLE	ECONSTRUCTION	(X3) DATE SUR COMPLETE	
ND PLAN OF	CORRECTION	IDENTIFICATION NOMBERS	A BUIL	.DING			3
		345517	B. WIN	G		01/2:	2/2012
	OVIDER OR SUPPLIER	TER		383	EET ADDRESS, CITY, STATE, ZIP CODE 30 BLUE RIDGE ROAD ALEIGH, NC 27612		
(X4) ID PREFIX FAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	٠,	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPH DEFICIENCY)	ULD BE	(25) COMPLETION DATE
F 329	Look alike / Sound a conversion chart for which was posted in managers on 1/22/2 assist nurses with m named and to validate morphine. An atert sticker has disposition record stresidents receiving fare used to alert the required, and that the potential for harm if for high alert has be DON/Nursing Super scheduled licensed February 1, 2012. N January 22,2012 wiresponsibilities until received. A new facility proceincludes two nurses prior to administrativalidation of narcoti pyxis. Validation impensure the 5 basic of dose, route, drug, publication errors we clinical meeting. A reconducted by the Didetermine appropri	provided the center with a like medication sheet and a oral morphine medication the MAR by the Unit 012. These resources will redications that are similarly the conversion of liquid been added to the drug ating "high alert" on current Roxanol. High Alert stickers 2 nurse dose validation is the medication has great improperly dosed. In-service en initiated by the visors. Completion of nurses to be completed by lurses not educated by	F	329	against the MAR and the instruction the medication to validate accuracy. 9. Once validated the medication is administered as ordered. 10. If a medication is discontinued of discharged the medication is remover. M-F and secured in double fool back up in the DON's office. Whe accepts the medication to the lock to medication is recorded on the medicate cart. 11. The DON will receive copies of manifests sent to the facility from the pharmacy. 12. Weekly the DON will reconcile manifests against copies of manifest validate two signatures and all narrogroperly processed. 13. Weekly the DON will return medicate for disposal to the pharmacy in a set for disposal to the pharmacy in a set for disposal. The record of medicate returned for disposal is maintained DON. 14. Items used from the pyxis system ordered by the DON for replacement weekly to assure quantities of medication is removed.	r a resident ed from the c narcotic n the DON up the cation narcotic ount from delivery he the ests to cotics were edications ecure box ations by the m will be ent twice	2-14-12

Event ID: 5V8T11

PRINTED. 02/03/2012 FORM APPROVED OMB NO. 0938-0391

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		MEDICAID SERVICES	(y3) III	u tipi i	E CONSTRUCTION	(X3) DATE SURV	
STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUIL			COMPLETE	
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	OVIDER OR SUPPLIER			38	ET AODRESS, CITY, STATE, ZIP CODE 30 BLUE RIDGE ROAD		
BLUE RIDO	GE HEALTH CARE CEN	TER		RA	ALEIGH, NC 27612		
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,	Continued From page Pharmacy response changes (location, pure drug). Medication erreported to Cecil G. Research by the Octobeadline. The Unit Manager was receiving Roxanot in administration of Romedication is administration of Romedication is administration of Romedication is administration of Romedication is administration. Errors individually rights are executed person). Errors individually require a med passion demonstration. The identification and errors was included nurse education. In Sheps Center for Hembraces a non-pureporting of errors, reckless actions), at as an opportunity through the Quality process. Borrowing of Narcomotic causes. Medication and timely.	e 10 , and environmental factor lacement, identification of the rors will continue to be Sheps Center for Health and tober 31 calendar year		329		tions are ing that ined. ine action d ce system including a on a monthly thereafter. and oversight g with	2-14-12
	narcotics that requ	s will provide a weekly report on ire script renewal to the DON ation to allow for timely refill to of medication. Weekly the Unit					

Event ID: 5V8T11

DESWILLIAM	ENT OF HEALTH AN	(D 130mm +			OMB NC	
ACMITCOL:	FOR MEDICARE &	MEDICAID SERVICES The provinces supplies CLIA		LE CONSTRUCTION	(X3) DATE SUI COMPLET	(VEY FD
CENTERO	DEFICIENCIES		l'			
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NAME OF PRO	WIDER OR SUPPLIER			830 BLUE RIDGE ROAD		
OLUE BIDG	E HEALTH CARE CE	NTER		RALEIGH, NC 27612	- conserion	(×5)
DEGE MO			10	PROVIDER'S PLAN C	CTION SHOULD OF	COMPLETIC
(X4) IU		STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL	PREFIX	TOO STREEFERENCED IV	3 THE APPROPRIATE	
PREFIX	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	1,70	DEFICIE	NCY)	
fAG			┼───			
			F 32			
F 329	Continued From pa	ige 11	F 34	9		
F 323	41	opki parcolics addinst usaye				
	of the parcetic and	renew script (if required) and				1
	reorder if indicated					
	ì					
	The process for ob	taining narcotic orders timely	1			
	1. New medication	order is received: If hard script		l l		
		roceed to #2. If no hard script is physician is off site then the				}
	1	ANACIC O MINSTERNI IV VVI P				
	The second for	io in a pharmacy minimodia.		1		
	I a t touland parco	nnel (eduest, unough the				
1	i : - Laliacharde	a nlanners, that halve solvers				
ļ	accompany the re	sident upon aumission.				
	را فحد استان مناه مسال	a ina Praiiliauv				
	3 If the pharmacy	y is unable to delivery due to				
1						
1	a, be notified the	back up pharmacy will be used. rmacy) pharmacy will call them				1
	l a mana tibro c	(macy) prairies)	1	Y		
	and request the	ADMARY IN THE COLLEGE	}			
		ADMARY IN THE COLLEGE				
	the purio cu	delivery to the center. emove the narcotic medication				
	from the pyxis sy	emove the narcotic medication retermines the state of the				
	from the pyxis sy	emove the narcotic medication estem test arrive timely and the tayailable in pyxis notify the				
	from the pyxis sy c. if a delivery do medication is no	emove the narcotic medication estem test arrive timely and the tavailable in pyxis notify the				
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	from the pyxis sy c, if a delivery do medication is no DON/designee o	emove the narcotic medication estem test arrive timely and the tayailable in pyxis notify the				
	from the pyxis sy c. if a delivery do medication is not DON/designee of needed for admit	delivery to the center. emove the narcotic medication attempts the standard arrive timely and the available in pyxis notify the of the medication and time anistration. The DON/designee will ian or pharmacist for resolution.				
	from the pyxis sy c. if a delivery do medication is no DON/designee of needed for adminotify the physic	emove the narcotic medication estem less not arrive timely and the tavailable in pyxis notify the of the medication and time inistration. The DON/designee will ian or pharmacist for resolution.				
	from the pyxis sy c. if a delivery do medication is not DON/designee of needed for adminotify the physic On 1/21/2012 the disasters both	emove the narcotic medication estem to the state of the medication and the medication and time instration. The DON/designee will ian or pharmacist for resolution.				
	from the pyxis sy c. if a delivery do medication is not pon/designed on needed for adminotify the physic On 1/21/2012 the medications bor refills/replacement.	emove the narcotic medication estem less not arrive timely and the tavailable in pyxis notify the of the medication and time inistration. The DON/designee will ian or pharmacist for resolution.				
	from the pyxis sy c. if a delivery do medication is no DON/designee of needed for adminotify the physic On 1/21/2012 the medications bor refills/replacementality.	emove the narcotic medication estem to the stem to the stem of the medication and the stavailable in pyxis notify the of the medication and time instration. The DON/designee will ain or pharmacist for resolution. The 15 residents identified to have rowed had narcotic ent ordered and billed to the				
	from the pyxis sy c. if a delivery do medication is not DON/designee of needed for adminotify the physic On 1/21/2012 the medications bor refills/replacementations.	emove the narcotic medication estem to the stem to the				
	from the pyxis sy c. if a delivery do medication is not DON/designee of needed for admit notify the physic On 1/21/2012 the medications bor refills/replacement facility. Monthly a pharmalization of the physic of	emove the narcotic medication estem to a stem				
	from the pyxis sy c. if a delivery do medication is not DON/designee of needed for admit notify the physic On 1/21/2012 the medications bor refills/replacementarills/replacementarills/replacementarills/regimen, dosagementarills/regimen, dosagementarills/regimen	emove the narcotic medication estem to a stem				
	from the pyxis sy c. if a delivery do medication is not DON/designee of needed for adminotify the physic On 1/21/2012 the medications bor refills/replacementarills/replacementarills/regimen, dosagaresidents received.	emove the narcotic medication estem to the stem to the				

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

STATEMENT OF DEFICIENCIES (X.E) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:		(X2) MULTIF	PLE CONSTRUCTION		(XJ) DATE SURVEY COMPLETED	
		345517	8 WNG _		01/	C 22/2012
	OVIDER OR SUPPLIER GE HEALTH CARE CEN	TER	3	REET ADDRESS, CITY, STATE, 2IP CO 8830 BLUE RIDGE ROAD RALEIGH, NC 27612		*****
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(A5) COMPLETION DATE
F 329	will require a formal of that requires immedia Admissions will be refax within 24 hours of There will be two sept Consultants: 1. Quarterly a nurse of pharmacy will conduct administration which audit. This review will the DON for any risk attention. The Cart and the nurse consultant sample of MAR to Camedications are on horderly, medications ir esident sample of Namedications are on horderly, medication siresident sample of Namedications are on horderly, medication siresident sample of Namedications are on horderly, record is compared to and 4 or more nurses observation utilizing tool which reviews terights for compliance. 2. Monthly a Regional will conduct a review which includes a cart validate no medication administration of nare two nurses, and meditechniques is in comp. Administration Policy formal exit with the Dimmediate attention.	exit with the DON for any risk ate attention. New viewed by a pharmacist via a damission. Farate reviews by Nurse consultant from the ct a review of medication includes a cart and narcotic a require a formal exit with that requires immediate and Narcotic audit will include completing a 30% resident and to verify the ordered and in the cart, Carts are torage is proper, 30% of arcotics to verify ordered and, narcotic count he narcotic count down to the MAR to verify accuracy a medication administration the medication observation chnique and Administration and narcotic audit to ns are borrowed, medication cotic liquids are verified by	F 329			

PRINTED 02/03/2012 FORM APPROVED OMB NO. 0938-0391

COMPLETION DATE

AL T11 ANI	O HUMAN SERVICES		OMB NO. 0330 009
DEPARTMENT OF HEALTH AN	ARDICAID SERVICES		(X3) DATE SURVEY
CENTERS FOR MEDICARE &	(XI) PROVIDERISUPPLIERICLIA	(XZ) MULTIPLE CONSTRUCTION	COMPLETED
STATEMENT OF DEFICIENCIES	(XI) PROVIDERSOFT A MINER	A BUILDING	С
AND PLAN OF CORRECTION		B WNG	01/22/2012
,	345517		
		STORE LADDRESS, CHY, STATE, ZIP CODE	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CHY, STATE, ZIP CODE

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

1830 BLUE RIDGE ROAD RALEIGH, NC 27612

BLUE RIDGE HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES

(X4) IO PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 329	Continued From page 13 30% resident sample of MAR to Cart to verify the ordered medications are on hand in the cart, Carts are orderly, medication storage is proper, 30% of resident sample of Narcotics to verify ordered medications are on hand, narcotic count reconciles correctly, the narcotic count down record is compared to the MAR to verify accuracy and 4 or more nurses medication administration observation utilizing the medication observation tool which reviews technique and Administration

rights for compliance.

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

Weekly the RN Manager / designee will audit 30% of the narcotic records to validate no borrowing of medications has occurred, validate narcotic count signatures, total entities of narcotics, and ordered medications are available. These audits will be completed weekly for 4 weeks and then tapered over 3 to 6 months based on findings.

The Controlled II/III/IV/V medication delivery/verification process has been updated as

- 1. New medication order is received: If hard script is obtained then proceed to #2. If no hard script is received and the physician is off site then the nurse calls and requests a physician complete the script and fax to the pharmacy immediately. Admissions personnel request, through the hospital discharge planners, that hard scripts accompany the resident.
- 2. Fax the script to the Pharmacy
- 3. A copy of the medication order is placed in the
- 4. If the pharmacy is unable to delivery due to after hours the facility may:
- a, be notified the back up pharmacy will be used.

F 329

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EPARTMENT OF HEALTH AND ENTERS FOR MEDICARE & M		AND MIN TIPLE	CONSTRUCTION	(X3) DATE SU COMPLE	RVEY TED
TOTAL OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUILDING		İ	C
PLAN OF CORRECTION	HALINA	n WNG		01/	22/2012
AME OF PROVIDER OR SUPPLIER	345517	STRE	EET ADDRESS, CITY, STATE, ZIP CO 30 BLUE RIDGE ROAD ALFIGH, NC 27612		(45)
PREFEX (EACH DEFICIENT OF OUL AFORY OF	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX FAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	THE APPROPRIATE	COMPLET
F 329 Continued From parequest the delivery be notified to refrom the pyxis system. If a delivery doe medication is not a DON/designee of needed for admininatify the physicia Once the medicat nurse will verify the delivery manifest control. 5. The nurse will add in the medicat place the medicat count down recont the second nurse. 6. The manifest of Nursing. 7. The nurse that narcotic medicat order copy that and the instruct validate accurate. 8. Once validate as ordered. 9. If a medication or the DON the medication recorded on the DON signs the	ge 14 charmacy will call them and y to the center. move the narcotic medication tem. s not arrive timely and the available in pyxis notify the the medication and time istration. The DON/designee will an or pharmacist for resolution. It is medication against the and sign acceptance of the partner with a second nurse and ation on the narcotic count sheet, ation in the cart and place the rd in the narcotic record book. It is will then co-sign the manifest. It is will then co-sign the manifest. It is in the MAR against the MAR is in the MAR against the MAR is in the MAR against the MAR is in label on the medication to cy. The description is removed from the ecured in triple lock narcotic back is office. When the DON accepts in to the lock up the medication is narcotic signature log which count from the cart. Will receive copies of delivery	F 329			

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES AND PLAN OF CORRECTION (DENTIFICATION NU		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE S COMPL	
AND LOW W			1		0.4	C /22/2012
	VIDER OR SUPPLIER	345517	STREET	ADDRESS, CITY, STATE, ZIP COL		1222012
	E HEALTH CARE CEN	TER	l l	BLUE RIDGE ROAD EIGH, NC 27612		
BLUE KIDO				PROVIDER'S PLAN OF	CORRECTION	(X5)
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	signatures and all maprocessed. 12. Weekly the DON disposal to the pharm disposal. The record disposal is maintained. Items used from ordered by the DON Tuesday and Friday medications are mained. Quality Assessment of the Committee will one month and month and month are results of audits to Committee on a rewill make recomment. On 01/22/12 at 1:45 credible allegation of the conversion sheet nurses are required medications, and will copy prescription for substance.	nifests to validate two anifests are properly will return medications for macy in a secure box for of medications returned for ed by the DON. the pyxis system will be for replacement every to assure quantities of intained as needed. The subcommittee of the ind Assessment Committee approve this plan. The	F 329			

PRINTED: 02/03/2012 FORM APPROVED OMB NO. 0938-0391

DELVIOR	EIII OI TIME	THE REPUBLIC			OMB NO. 0936-0391
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
STATEMENT OF C	CORRECTION	IDENTIFICATION NUMBER	A BUILDIN	G	C
		345517	8 WNG		01/22/2012
	OVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(X4) ID PREFIX TAG	CACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 329	QA Document dated done by the pharma current narcotic ana respective count do document included pharmacist on how An order to MAR me conducted to make transcribed clearly a possibility of error. A template of a new Count Sheet" was p documentation of the	ervices regarding Inducted. a copy of a document titled I 01/21/12. An audit was I cist on residents regarding I desics drug dosage and their	F 32		2.14.
F 333 SS=J	The facility must en any significant med This REQUIREMED by: Based on staff interfacility failed to preerror for 1 of 7 samorders; Resident # ordered liquid more Immediate leopard	SERRORS Issure that residents are free of ication errors. NT is not met as evidenced erview and record review the event a significant medication expled residents with narcotic received five times the obline (Roxanol) dose. Y (IJ) began on 01/06/12 when	F3	How corrective action will be accorthose resident(s) found to have been by the deficient practice; Resident #2 no longer resides at the How corrective action will be accorthose resident(s) having potential by the same deficient practice; The facility recognizes that curreceiving medications, particular narcotics, may be affected by this don 1/20/2012, during survey, 5 identified that are utilizing Roxance each current resident medication	facility. mplished for to be affected rent residents plarly liquid leficiency. residents were of the series of t
	Resident #2 receiv	ed five times the prescribed		Unit Managers.	

Roxanol dose. The administrator was notified of

DEPARTM	IENT OF HEALTH AN	D HUMAN SERVICES			OMB NO.	0938-0391
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STATEMENT OF	F DEFICIENCIES	IDENTIFICATION NUMBER:	A BUILDING		C	
AIND FEATH OF		345517	B. WING		01/22/	2012
				EET ADDRESS, CITY, STATE, ZIP CODE		
	OVIDER OR SUPPLIER			BOO BLUE RIDGE ROAD		
BLUE RID	GE HEALTH CARE CEN	TER	R	ALEIGH, NC 27612 PROVIDER'S PLAN OF CORRECT	TION	(X5)
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	Continued From page the immediate jeopardy 2:45 PM when the fallegation of complication of compliance a (no actual harm with minimal harm that is ensure monitoring completion of employments of stage metastasis, lympha history of pulmonar Record review of the MS (Morphine Sulf (milligram) three tin Compazine 10 mg nausea and vomith (milliliter), give one needed po /SL (by SOB (shortness of 20 mg of morphine Resident #2) Lexicomp's Gerial stated that MS Contact that MS Contact in the contact in th	ge 17 Indy on 01/20/12 at 4:05 PM. Iwas removed on 01/22/12 at acility provided a credible ance. The facility will remain that a scope and severity level Despends of potential for more than as not immediate jeopardy) to of systems put in place and object education. Idmitted to the facility from at 3:30 PM with cumulative at 4 endometrial cancer with address, hypertension and remove the physician's orders revealed fate) Contin 15 mg tablets mes a day (for pain), tablets three times a day (for ng) and Roxanol 100mg/5 ml and every four hours as a mouth or sublingually), for pain foreath).[One ml would equal as the prescribed dose for the prescribed dose for the prescribed dose for the prescribed dose for the prescribed and the dition and in it is a trademark for	F 333	Also on 1/20/2012 – 1/21/2012 a current residents controller receipt/record/disposition form completed to identify residents winedications. 15 current residents identified to have borrowed narcotic with borrowed drugs were identified number that the medication was "borrowed" was written on the disposition forms for each current residents and Pharmacy services by reviewing disposition forms for each current resident assessment, resident assessment count down sheet has been completed proper dosage, labeling, and effection management. This review was contuit Managers and Pharmacy service and propriate drug dosage and recount down sheet. Recommer reviewed with the DON. On 1/21/12 an audit of residents narcotic analgesics was completed services to verify that the ordered on hand. These residents were ider review. Once identified the cart was direction availability. Medical	has been the borrowed is have been the borrowed is have been is. Residents dependent of the control of the cont	
	morphine sulfate; Contin preparation released over a p also morphine sul breakthrough pair	a narcotic/Opiod Analgesic. MS in is extended release and eriod of hours. Roxanol liquid is ifate but it is used for in not relieved by the extended Roxanol is an immediate on. Lexi-Comp's Gerlatric Dose		refill were scripted and replace services on 1/21/2012. A physical audit, looking at the part of MAR, and medication label of Unit Managers was completed verify the transcription was cle	shysicians order, Roxanol by the	

CENTERS	FOR MEDICARE &	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MI	JLTIPL	E CONSTRUCTION	(X3) DATE SURV	EY O
ATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPEIERRALIA IDENTIFICATION NUMBER	A DUIL			С	
ID (E) III V		345517	B WN			01/22	2012
AME OF PR	OVIDER OR SUPPLIER			38	EET AODRESS, CITY, STATE, ZIP CODE 330 BLUE RIDGE ROAD		
BLUE RID	GE HEALTH CARE CE	ITER		R	ALEIGH, NC 27612		(X5)
(X4) ID PREFIX TAG	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL RUSC IDENTIFYING INFORMATION)	ID PREF TAC	IX.	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLETION
F 333	would be experience administration and 5-8 hours. The reference also prescribing or adm These products are concentrations. All by volume ml." Morphine of any formedication design government. [Contitrough CV dependabuse. A CII is the opiod medications signed by the presemedication. This prescription; i.e. the A nursing note we indicated the resign person, place and identify the name year. Her initial we (temperature), 98 108/70 (blood presemble) 108/70 (blood presemble) 2% on 3 Liters of cannula. Reside level on admission was unknown who Contin since she However ED (en 01/07/12 at 2:47	stated "Use care when inistering morphine solutions." available in different ways prescribe dose in mg not are drugs are listed as CII by the Federal trolled drugs are listed as CII ding on the serious potential for estrictest control type including on the serious potential for estrictest control type including on the serious potential for estrictest control type including on the serious potential for estrictest control type including on the serious potential for estrictest control type including on the serious potential for estrictest control type including on the serious potential for estrictest control type including on the serious potential for estrictest control type including on the serious potential for estrictest control type including on the serious potential for each cont	F	: 333	meaning the complete order was the transcription to the M/physicians order. A physical audit, looking at the Roxanol Medication cart to savailable in the cart and verify pharmacy services was complemedication in the medication was on hand and the invermeaning the correct medication for residents Roxanol and the quantity to avoid the risk of dand reducing the risk to borrow Prior to survey, an audit with 1/13/2012 by a pharmacist current residents included medication and psychoactividentify possible duplication issues, and evidence of adve No drug irregularities were audit. This review was done monthly drug regimen review. No additional significant medicatified with the above list by 1/22/2012. Recommendat with the attending physicians.	he residents with the test the medication by the quantity, by the dof the Roxanol cart to validate it the troy was correct in was on hand and the was a sufficient the pleting the supply the was completed on the which included the review of paint the medications to the potential dosing tree drug reactions found during this tin addition to the the dication errors were the dication error erro	

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING		COMPLETE	.O
		345517	8 WNG		01/22	, <u>1</u> 2012
	OVIDER OR SUPPLIER GE HEALTH CARE CE		S	TREET ADDRESS, CITY, STATE, ZI 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
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F 333	PM on the day of adose was taken at I dose was taken at I Between the nursin at 5 PM and the nursin at 1 PM the breakthrough pain notes do not reflect began; however the dated 01/06/12 at 8 arrived from home prescriptions with haccept any of her hospice had not propose Handbook, 1 effect would be expadministration and 5-8 hours. It is unknown how the liquid morphine home. Nurse #1 or Roxanol from anot give to Resident # Controlled medical pharmacy are accomined to the second in the person of the 'borrowed' meaning the pharmacy of the 'borrowed' means no pharmacy	dmission (01/06/12) but the home. Ig note of admission (01/06/12) rsing note of medication error resident asked for medication (Roxanol). Nurses' twhat time pain complaints e narcotic sign out sheet was 3:45 PM. When the resident she did not have hard copy her and the facility could not home medications and home ovided the facility with any hard ations. Lexi-Comp's Geriatric 4th edition estimates that peak perienced about 1 hour after duration of comfort would be many breakthrough doses of e she was used to using at the unit "borrowed" the liquid ther resident, Resident #6 to	F 3:	changes made to ensur- practice will not occur; A new facility process includes two nurses vali prior to administration a validation of narcotic to the pyxis. Validation is nurses ensure the 5 basi (time, dose, route, administration. Pharmacy Services produce to the pyxis of the conversion chart for owhich was posted in managers on 1/22/2011 assist nurses with med named and to validate morphine. An alert sticker has disposition record as we on the bottle stating residents receiving Roware used to alert the 2 required, and that the potential for harm if im Drug Handbooks are as	has been initiated which dating all liquid narcotics as well as two nurses for medication removal from mplies that two licensed c drug rights are executed drug, person) prior to evided the center with a remedication sheet and a real morphine medication the MAR by the Unit 2. These resources will ications that are similarly the conversion of liquid theen added to the drug ell as the medication label "high alert" on current tanol. High Alert stickers 2 nurse dose validation is me medication has great approperly dosed.	
	TATION ON CONTAIN Versions	Obsolete Event ID: 5V8	IT11	Facility ID: 20020003	If continuation she	et Page 20 of 1

OMB NO. 0938-0391 (X3) DATE SURVEY CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION COMPLETED (XI) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES C IDENTIFICATION NUMBER: A BUILDING AND PLAN OF CORRECTION 01/22/2012 B WNG 345517 STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD NAME OF PROVIDER OR SUPPLIER RALEIGH, NC 27612 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION **BLUE RIDGE HEALTH CARE CENTER** (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY) (X4) ID TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG dosages, drug categories, etc. during medication 2-14-12 F 333 Continued From page 20 sheet were handwritten with another resident's administration. name (Resident #6). The dose was stated as A new form titled "Nurse to Nurse Count Sheet" Morphine sulp (sulfate) and 0.25 ml (5mg). To has been implemented to verify that the narcotic obtain 20 mg of morphine, the nurse would have count is correct and has been validated by two nurses and that the number of counters on hand is to draw up one cc (mot) in the manufacturers correct. Each change of shift the off going nurse supplied syringe that comes with the product. and the oncoming nurse count each controlled The controlled drug administration sheet medication matching it against the reconciliation indicated that 5cc (100mg) was withdrawn from record to validate proper count. In addition the the 30 cc bottle (of resident #6) at 8:45 PM on number of controlled substance entities are 01/06/12. The physician's order for Resident #2 counted and reconciled with consideration to the called for 20 mg of morphine. The resident number of entities that came in and went out of received 5 times the dose of Morphine prescribed the cart. This allows for a clear chain of custody. Each nurse validating the correct narcotic count by the physician. signs the form. The 'borrowed' medication bottle of morphine A pharmacy generated declining inventory sheet was not available for inspection during the survey accompanies each medication filled/delivered by as the resident (Resident #6) died on 12/10/11 the facility pharmacy. In the case of narcotics and the bottle was still available on 01/06/12. obtained from back up pharmacy or pyxis a The chain of custody as to where the morphine handwritten declining inventory sheet is utilized. came from or went to was unclear. Borrowing of Narcotics was identified to have 3 A written statement from the floor nurse #1, who root causes. Medication not available due remade the error, written after Resident #2 left the order not timely, admissions processed without facility, stated: "At 20:20 (8:20 PM) medication hard scripts, and narcotic stock in pyxis depleting error was done to the patient. The (facility nurse) Pharmacy services will provide a weekly report supervisor was notified right away at 20:25 (8:25 on narcotics that require script renewal to the PM). The MD (attending) was notified and the DON prior to their expiration to allow for timely husband was at the bedside. Medication error refill to avoid running out of medication. management was initiated immediately, vital signs was taken, neurocheck was done and 1:1 Weekly the Unit Manager will audit PRN (a sitter to stay with the resident) was initiated. At narcotics against usage of the narcotic and renew 21:15 (9:15 PM) the resident's condition was still script (if required) and reorder if indicated. normal. Vitals were BP 104/76, pulse 77, resp(irations) 12, O2 (saturation) was 98%, but even though the resident was worried and requested to go the hospital, the resident was sent out as per request and as per doctor's order."

PRINTED: 02/03/2012 FORM APPROVED

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	[' ''		E CONSTRUCTION	(X3) ĐẠTE SURVEY COMPLETED C 01/22/2012	
AND PLANTON TO MILLONON	345517	8 WN				
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CEN (X4) ID SUMMARY ST	TER ATEMENT OF DEFICIENCIES	10	383 RA	ET ADDRESS, CHY, STATE, ZIP CODE 10 BLUE RIDGE ROAD LLEIGH, NC 27612 PROVIDER'S PLAN OF CORREC	TION	(A5) COMPLE BON
PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF	1	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)		DATE
Review of a telephor (un-timed) revealed (when he was notifie "1.Continuous pulse 2. v/s (vital signs-tem pressure and respirathrough the night 3. Call for [sic] over a respirations, (under) 4.1:1 sitter for 4 hour 5. Call Dr (medical dupdate." A facility incident/acc dated by the floor nuinstead of 1 ml morp strength 20 mg/ml." A medication Error Finurse #1 and the survey and the medication was called the 3-11 supe The supervisor's dor gave 5 ml instead of strength 20 mg/ml." Nurse #1 was not as the survey and did in her cell phone by the During an interview on 01/17/12 at 9:00 aware of the inciden	nsferred to the local hospital ent via ambulance the order on 01/06/12 hat the physician's orders, dof the error), were: Ox- call if < 90 reperature, pulse, blood tions) q (every) 15 minutes sedation or (decreased) 12 rs octor) at 9:30 PM with sident report; signed and rise #1, stated "I gave 5 ml hine sulfate (Roxanol) teport of 01/06/12 signed by pervisor stated "The order but noticed right away (after given to the resident) and rvisor." cumentation stated; "Nurse is mg morphine sulfate, railable for interview during of answer messages left on	F	333	Medication errors will be revier morning clinical meeting. A root of will be conducted by the DON/ADO will determine appropriate action include, but not limited to: in-service policy, pharmacy response, and enfactor changes (location, identification of the drug). Medicatic continue to be reported to Cecil G. for Health and Research by the calendar year deadline. Re-education with Licensed Nursinitiated on the medication administrincluding: reading and interpreting the correct dimmediate discontinuation of the borrowing medications, Appropriate actions for medication medication refill, back up pharmacy pyxis utilization with two nurses for Signing in Narcotic deliveries with the Signing out of Narcotics following discontinuation with nurse and Nursing, Counting narcotics and signatures and off going nurses that includes and off going nurses that includes and counted in addition to control sheet, Medication Administration Rights, High alert, And, the identification and reporting medication errors in alignment with the Sheps Center for Health and Researce embraces a non-punitive atmosphere reporting of errors, (With the exception reckless actions), allowing the center it as a opportunity for learning and characteristics.	nuse analysis DN. Findings on steps to be, change in nvironmental placement, on errors will Sheps Center October 31 les has been ation process and narcotics, wo nurses, discharge or Director of of oncoming of narcotics of Cecil G. In the facility for on of to embrace nange	2-14-12

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NAME OF PROVIDER OR SUPPLIER				O BLUE RIDGE ROAD		_
BLUE RIDGE HEALTH CARE CEN	TER		RA	LEIGH, NC 27612 PROVIDER'S PLAN OF CORRE	CTION	(×5)
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staff. He stated the with the resident (#2 explained what hap the attending MD had discussion with her husband elected to the local hospital. The resident statem bad happened, I'd for the order to transfer family request and out to transport. The facility's medicate the facility's medicate family request and out to transport. The facility's medicate family request and out to transport. The facility's medicate family request and out to transport. Respirations 14, To saturation of 98%. Services) transport to the hospital. Record review of 2:47 AM, indicate the hospital with post of the hospital with post o	pe 22 anvicing take place for the nursing supervisor had met 2) and her husband and pened and the monitoring that ad put in place. After husband, the resident and her be transferred to the ED of The DON stated, paraphrasing ent as, "in case something feel safer in the ED." Sician was called and he gave or the resident to the ED per the telephone order was filled cal records revealed Resident taken on 01/06/12 at 21:00 (9 at 136/72, HR (Heart rate) 90, remperature 98.2 and oxygen. EMS (Emergency Medical red resident at 21:15 (9:15 PM) The ED records on 01/07/12 at do the resident was admitted to possible altered mental status, are converse with the physician's are converse with the physician's are ceived an over dose of MS or received an over dose of MS or received five times the dose not (liquid morphine sulfate) are #3 on 01/17/12 at 1:01 PM, when a resident was admitted narcotic pain reliever, they orders and were able to get the	F	333	In-services were conducted by the supervisors/designee. Education licensed nurses was completed by 2012. Any nurses not educated by receive education at, or prior to, the next scheduled shift. The Unit Manager will observe 36 receiving Roxanol in a wee administration of Roxanol to medication is administered correspondedure is followed including the dand person). Errors indicated with will require a med pass in-service demonstration. The facility process for obtaining timely upon admission: 1. New medication order is rescript is obtained then proceed and off sight then the nurse call physician to complete the state pharmacy immediately personnel request, through discharge planners, that accompany the resident upon the pharmacy is unable to after hours the facility may a) be notified the back up pharm Partners pharmacy will call the delivery to the pharmacy is unable to after hours the facility may a) be notified to remove the nation of a delivery does not arrived the physician of the medication is not available in DON/designee of the medication for administration. The Denotify the physician or pharmacy of the physician or pharm	that date will. that he solute of the otly and proper that the 5 basic last, route, drug, in this procedure trice and return in narcotic orders ceived: If hard and reduction is and requests a script and fax to y. Admissions the hospital thard scripts in admission. The physician is a script and fax to y. Admissions the hospital thard scripts in admission. The physician is a script and fax to y. Admissions the hospital thard scripts in admission. The physician is a script and fax to y. Admissions the hospital thard scripts in admission. The physician is a script and fax to y. Admissions the physician is a script and fax to y. Admission. The physician is a script and the process of the physician is a script and request the endication of the physician process of the physic	e e dd

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		345517	B. WIN	iG	-	i	С	
NAME OF PR	ROVIDER OR SUPPLIER	340517		676	REET ADDRESS, CITY, STATE, ZIP CODE	01/2	22/2012	
	GE HEALTH CARE CEN	rer		3	830 BLUE RIDGE ROAD RALEIGH, NC 27612			
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F 333	medication from the pany in there. [A pyxis driven machine that demergency medication pharmacy can deliver many times the mach restocked), and that in narcotics and controll residents. The nurse came in with hard cophospital, they could fand it would come in Sometimes the nurse have him fax a hard of it was earlier in the The nurse stated that residents to be comfort knew it was wrong to was just not filling ord they needed. During an interview was just not filling ord they needed. During an interview was just not filling ord they needed. During an interview was just not fill in the pycheck the pyxis and it the residents don't have it in the pycheck the pyxis and it the residents don't have it from the pyxis, we can get out of the can. The pharmacy has a pharmacy has a pharmacy has a part out of the can. The pharmacy has a property in the pharmacy has a part out of the can. The pharmacy has a part out of the can. The pharmacy has a part out of the can. The pharmacy has a part out of the can. The pharmacy has a part out of the can. The pharmacy has a part out of the can. The pharmacy has a part out of the can. The pharmacy has a part out of the can. The pharmacy has a part out of the can. The pharmacy has a part out of the can.	ryxis machine, if there were machine is a computer ontains overstock or insight that can be used until the and to a lot of borrowing of ed drugs from other stated that if the residents by prescription from the existed that if the residents by prescription from the existed that if the pharmacy on the midnight delivery. It is could call the doctor and opy or approach the doctor day and get a hard copy. It is nurses just wanted intable and pain free and she borrow but the pharmacy ers, so they borrowed what in the Nurse #4 on 01/20/12 at the is in Virginia and we won't in until midnight and if we kis we have to borrow. We is not there, we borrow so	F	333	facility. Monthly a pharmacist will review the regimen, dosage and administration residents receiving Narcotics, includes narcotic orders for dosing of the MAR to the reconciliation review will require a formal exit we for any risk that requires immediate the pharmacist are addressed with the change orders written as indicated an medical record. New Admission medications will be a pharmacist via fax within 2 admission. The review record is Director of Nursing for followed the recommendations. There will be two separate review Consultants: 1. Quarterly a nurse consultant pharmacy will conduct a review of administration which includes a cart audit. This review will require a form the DON for any risk that require attention. The Cart and Narcotic include the nurse consultant complimentation are on hand in the are orderly, medications are on hand, nar reconciles correctly, the narcotic record is compared to the MAR accuracy and 4 or more nurses	reviewed by the he cart, Carts oper, 30% of arify ordered count count down R to verify medication lizing the cart with simmediate caudit will eting a 30% of arify ordered count count down R to verify medication lizing the cart with simmediate caudit will eting a 30% of arify ordered count count down R to verify medication lizing the cart reviews	2-14-12	

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F 333	pharmacy." The administrator vijeopardy on 01/20/administrator proviallegation on 01/22 1. Residents affect practice. Resident # 2 no look Resident # 2 was Roxanol medicati immediately to the normal, with no concept Resident # 2 was hospital for monificantly request desinvestigation was Educator on 1/6/a nurse and revidrug label. The to be the nurse calculation and The nurse receincluding medicon Roxanol was reand return demilearning. 2. Residents with the alleged definition on 1/20/2012.	vas notified of the immediate 12 at 4:05 PM. The ded the following credible 2/12 at 2:45 PM: ted by the alleged deficient onger resides in the facility. monitored closely following the on variance which was reported e physician, vital signs remained hanges in mental status. I transferred to acute care toring later the same day per espite her stable condition. An is completed by the Facility 2012 including an interview with ew of the physician order and cause of the error was identified misunderstood the drug did not read the complete order. ved a medication pass in-service ation rights, calculation of viewed, med pass competency, onstration to validate transfer of		F 333	2. Monthly a Regional Nurse Consult will conduct a review of administration which includes a cart audit to validate no medications at medication administration of narcott verified by two nurses, and administration techniques is in com Medication Administration Policy. Will require a formal exit with the risk that requires immediate attention and Narcotic audit will include consultant completing a 30% resid MAR to Cart to verify the ordere are on hand in the cart, Carts medication storage is proper, 30% sample of Narcotics to vermedications are on hand, in reconciles correctly, the narcotic record is compared to the Maccuracy and 4 or more nurse administration observation tool weechnique and Administration compliance.	and narcotic re borrowed, ic liquids are medication opliance with This review DON for any m. The Cart e the nurse ent sample of d medications are orderly, % of resident refiy ordered arcotic count c count down AR to verify es medication utilizing the	

CENTERS FOR MEDICARE & STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) ML	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING		c		
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F 333	A review of the medirecord, Pain assession and the count down ensure proper dosagnain management. It the Unit Managers at A physical audit, loo MAR, and medication Managers was complete order. A physical audit, loo MAR, and medication was the complete order. A physical audit, loo Roxanol Medication available in the cart pharmacy services medication in the mwas on hand and the meaning the correct for residents Roxand quantity to avoid the and reducing the rist on 1/20/2012 a revision complete identify residents we current residents he borrowed narcotics. A review of current completed to identify drug orders to utilize borrowed medication.	was conducted on 1/21/2012. cation label, administration ment, resident assessment sheet has been completed to ge, labeling, and effective This review was conducted by and Pharmacy services. king at the physicians order, on label of Roxanol by the Unit pleted by 1/22/2012 to verify as clear and accurate, meaning was transcribed and the MAR matched the physicians sking at the residents with a cart to see the medication and verify the quantity, by was completed of the Roxanol edication cart to validate it as inventory was correct the medication was on hand and and there was a sufficient as risk of depleting the supply sk to borrow. iew of current residents eipt/record/disposition form d by the Unit Managers to ith borrowed medications. 15 are been identified to have resident MAR's was fy residents with controlled te in the review to identify ons. Residents with borrowed		333	30% of the narcotic records to very borrowing of medications has occurrenarcotic count signatures, total carcotics, and ordered medications are These audits will be completed we weeks and then tapered over 3 to 6 me on findings. The Control II/III/IV/V medication delivery/verification process has been as follows: 1. New medication order is received: I script is obtained then proceed to #2. hard script is received and the physicia sight then the nurse calls and requests physician complete the script and fax apharmacy immediately. Admissions prequest, through the hospital discharge planners, that hard scripts accompany resident. 2. Fax the script to the Pharmacy 3. A copy of the medication order is planners, the facility may a) be notified the back up pharmacy was used. Partners pharmacy will call the request the delivery to the center. b) be notified to remove the narcotic medication from the pyxis system. c) if a delivery does not arrive timely medication is not available in pyxis no DON/designee of the medication and needed for administration. The DON/designee will notify the physici pharmacist for resolution. 5. Once the medication arrives at the fourse will verify the medication again delivery manifest and sign acceptance control.	validate no ed, validate contities of e available. ekly for 4 onths based updated If hard lif no an is off a to the coersonnel ethe acced in y due to will be m and the otify the time an or cacility the est the	2-14-12	
EODH CHS-2	587(02-99) Previous Versions	Obsolete Event ID: 5V8	T15	F	aciny to: 20020003	OHOHOMOH SHEE	J	

PRINTED: 02/03/2012 FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES (X3) DATE SURVEY CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA C STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER A BUILDING AND PLAN OF CORRECTION 01/22/2012 8 WNG 345517 STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD NAME OF PROVIDER OR SUPPLIER RALEIGH, NC 27612 BLUE RIDGE HEALTH CARE CENTER PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (X4) IO PREFIX TAG 6. The nurse will partner with a second nurse 2-14-12 and add in the medication on the narcotic count F 333 Continued From page 26 sheet, place the medication in the cart and drugs were identified by a room number that the place the count down record in the narcotic medication was used for or "borrowed" was record book. The second nurse will then cowritten on the disposition form. The audit was sign the manifest. completed by the Unit Managers, and Pharmacy 7. The manifest will be forwarded to the services by reviewing the narcotic disposition Director of Nursing. 8. The nurse that administers the first dose of forms for each current resident. The audit was the narcotic medication will match the completed by 1/21/2012. physicians order copy that is in the MAR against the MAR and the instruction label on On 1/21/12 an audit of residents with orders for the medication to validate accuracy. narcotic analgesics was completed by Pharmacy 9. Once validated the medication is services to verify that the ordered medications administered as ordered. are on hand. These residents were identified by 10.If a medication is discontinued or a resident MAR review. Once identified the cart was discharged the medication is removed from the checked for medication availability. Medications eart M-F and secured in triple lock narcotic requiring refill were scripted and replaced by back up in the DON's office. When the DON pharmacy services on 1/21/2012. accepts the medication to the lock up the medication is recorded on the medication An audit was completed on 1/13/2012 by a disposal log and the DON signs the narcotic pharmacist which included current residents signature log which subtracts the count from which was a review of pain medication and psychoactive medications to identify possible 11. The DON will receive copies of delivery duplication, potential dosing issues, and evidence manifests sent to the facility from the of adverse drug reactions. No drug irregularities pharmacy. 12. Weekly the DON will reconcile the were found during this audit. This review was manifests against copies of manifests to done in addition to the monthly drug regimen validate two signatures and all narcotics were properly processed. review. 13. Weekly the DON will return medications No additional significant medication errors were for disposal to the pharmacy in a secure box identified with the above listed narcotic reviews by for disposal. The record of medications returned for disposal is maintained by the

1/21/2012.

including:

3. Systemic Changes

Re-education with Licensed Nurses has been initiated on the medication administration process

a. reading and interpreting the correct dosage, b. immediate discontinuation of the act of

maintained as needed.

14. Items used from the pyxis system will be

ordered by the DON for replacement twice weekly to assure quantities of medications are

FORM APPROVED OMB NO. 0938-0391

PRINTED: 02/03/2012

DEPARTMENT OF HEALTH AND HONDARD SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES LYOUR DROVIDERISUPPLIERICLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
CENTERS FOR MEDICANE ATTEMENT OF DEFICIENCIES AD PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA SIDENTIFICATION NUMBER		A BUILDING			С		
) PLAN OF CO	OKKECTON		8 WN	3		01/22/	2012
BLUE RIDG	VIDER OR SUPPLIER E HEALTH CARE CEN SUMMARY S (EACH DEFICIEN	TATEMENT OF DEFICIENCIES	ID PREF	STRE 38: R/	ET ADDRESS, CITY, STATE, ZIP CODE 30 BLUE RIDGE ROAD ALEIGH, NC 27612 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)		(X5) COMPLÉTION DATE
F 333	Continued From particle action medication refill, baryis utilization with d. Signing in Narce e. Signing out of Narcing of Counting narcot and off going nurse counted in addition g. Medication Adrice and off going nurse counted in addition g. Medication Adrice and the Completion of some completed by the Completion of some completed by Feeducated by Janwork responsibility been received. Pharmacy Servit Look alike / South Conversion charwhich was post managers on 1/2 assist nurses where the conversion charwhich was post managers on 1/2 assist nurses where the conversion charwhich was post managers on 1/2 assist nurses where the conversion received are used to all required, and the conversion received are used to all required and to the conversion received and the conversion re	ge 27	F	333	How the facility plans to monitor in performance to make sure that so sustained. Plan to ensure for ensure the correction is achieved and sure the wimplementation of the correction in the ensure is evaluated for its effectiveness, integration into the quality assure of the facility. The Quality Assurance Committee pharmacy representative, will method basis for three months and quarter Findings from the results of audit will be reported to Committee all trending, analysis, and root cause Committee will make recommennecessary.	aring that stained. ctive action and ance system e, including a ct on a monthly ly thereafter. s and oversight ong with	2-14-12

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		ILTIPLE CONSTRUCTION DING	The state of the s	COMPLETED		
		345517	в мис	3	01	C /22/2012		
	COVIDER OR SUPPLIER	TER		STREET ADDRESS, CITY, STATE, ZII 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	P CODE			
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F 333	DON/Nursing Supervischeduled licensed of February 1, 2012. Nu. January 22, 2012 will responsibilities until streceived. A new facility process includes two nurses v prior to administration validation of narcotic repyris. Validation implieensure the 5 basic dougles for the dougle of the process of the following process of the followed drug rights are executed person). Errors indicat require a med pass indemonstration.	isors. Completion of curses to be completed by reses not educated by not resume work uch education has been with a been initiated which alidating all liquid narcotics as well as two nurses for medication removal from the es that two licensed nurses ag rights are executed (time, son) prior to administration. The reviewed in the morning of cause analysis will be evicently and environmental factor cement, identification of the res will continue to be the center for Health and ber 31 calendar year The observe 30% of residents are weekly audit of anol to ensure: the ered correctly and proper including that the 5 basic ed (time, dose, route, drug, ed with this procedure will	F	333				

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVID IDENTIFE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) M A BUI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345517	B WNG			C 01/22/2012	
	OVIDER OR SUPPLIER GE HEALTH CARE CEN	1		383	T ADDRESS, CITY, STATE, ZIP COD 0 BLUE RIDGE ROAD LEIGH, NC 27612		
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F 333	errors was included nurse education. In a Sheps Center for He embraces a non-pur reporting of errors, (reckless actions), ali it as an opportunity through the Quality process. Borrowing of Narcot root causes. Medicare-order not timely, hard scripts, and natoo soon. Pharmacy services narcotics that requir prior to their expirate avoid running out of Manager will audit fof the narcotic and reorder if indicated. On 1/21/2012 the 1 medications borrow refills/replacement of facility. Monthly a pharmac regimen, dosage ar residents receiving includes narcotic or of the MAR to the rewill require a format that requires immediates.	alignment with Cecil G. Bealth and Research the facility intive atmosphere for With the exception of lowing the center to embrace for learning and change Assessment and Assurance dics was identified to have 3 ation not available due admissions processed without recotic stock in pyxis depleting will provide a weekly report on the script renewal to the DON into allow for timely refill to finedication. Weekly the Uniter PRN narcotics against usage renew script (if required) and series script renewal to the condend and pilled to the red had narcotic ordered and billed to the list will review the medication administration records of Narcotics. This review ders for dosing and compare econciliation form. This review I exit with the DON for any risk diate attention. New reviewed by a pharmacist via	F	333			

DEPARTIM	ENT OF THE MEANS	MEDICAID SERVICES					() ()930-033
CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MI	JLTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
TATEMENT OF	DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER	- 1	A BUILDING			
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	345517		0 WN	G		01/	22/2012
	OVIDER OR SUPPLIER	1770		383	ET ADDRESS, CITY, STATE, ZIP CODE 0 BLUE RIDGE ROAD		
BLUE RIDG	SE HEALTH CARE CEN	HER		RA	LEIGH, NC 27612		
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F 333	Continued From page	де 30	F	333			
	There will be two separate reviews by Nurse Consultants:						
	pharmacy will cond administration which audit. This review with attention. The Cart the nurse consultar sample of MAR to medications are on orderly, medication resident sample of medications are or reconciles correctly record is compared and 4 or more nurse observation utilizing	e consultant from the suct a review of medication hincludes a cart and narcotic will require a formal exit with the that requires immediate and Narcotic audit will include at completing a 30% resident Cart to verify the ordered thand in the cart, Carts are a storage is proper, 30% of Narcotics to verify ordered hand, narcotic count y, the narcotic count down to the MAR to verify accuracy are medication administration g the medication observation technique and Administration ce.					
	will conduct a reviewhich includes a conduct and includes a condition of the condition of t	onal Nurse Consultant/designee ew of medication administration eart and narcotic audit to ations are borrowed, medication narcotic liquids are verified by nedication administration ompliance with Medication licy. This review will require a e DON for any risk that requires on. The Cart and Narcotic audit rese consultant completing a hale of MAR to Cart to verify the ons are on hand in the cart, medication storage is proper,					

PRINTED 02/03/2012

DEPARTM	MENT OF HEALTH AN	D HUMAN SERVICES					M APPROVED 0. 0938-0391	
	F DEFICIENCIES	MEDICAID SERVICES (A1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED C		
	345517		II WN) <u>-</u>		01/22/2012		
NAME OF PROVIDER OR SUPPLIER					FADDRESS, CITY STATE, ZIP CODE BLUE RIDGE ROAD			
BLUE RID	GE HEALTH CARE CEN	TER			EIGH, NC 27612	I, NC 27612		
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F 333	reconciles correctly, record is compared and 4 or more nurse observation utilizing tool which reviews trights for complianc. Weekly the RN Mar 30% of the narcotic borrowing of medicanarcotics, and order these audits will be weeks and then tap based on findings. The Controlled II/III delivery/verification follows: 1. New medication is obtained then provided and the provided a	the narcotic count the narcotic count to the MAR to verify accuracy as medication administration the medication observation echnique and Administration e. nager / designee will audit records to validate no ations has occurred, validate atures, total entities of red medications are available. e completed weekly for 4 pered over 3 to 6 months	F	333				

MAR.

2. Fax the script to the Pharmacy

after hours the facility may:

3. A copy of the medication order is placed in the

4. If the pharmacy is unable to delivery due to

a. be notified the back up pharmacy will be used.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GUA IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CUA	(X2) MULTIPLE C	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345517	B WNG		01/	C 22/2012	
	OVIDER OR SUPPLIER		3830	ADDRESS, CITY, STATE, ZIP CO BLUE RIDGE ROAD EIGH, NC 27612			
(X4) ID PREFIX IAG	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL RESC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETION DATE	
F 333	(pharmacy name) prequest the delivery b. be notified to rem from the pyxis syster. If a delivery does medication is not an DON/designee of the needed for administ notify the physician Once the medication nurse will verify the delivery manifest an control. 5. The nurse will pead in the medication place the medication count down record. The second nurse of Nursing. 7. The nurse that an anarcotic medication order copy that is and the instruction validate accuracy. 8. Once validated as ordered. 9. If a medication in discharged the medication to t	harmacy will call them and to the center. nove the narcotic medication	F 333				
L		Observation Event ID: 5V8	T11 Facil	ity ID: 20020003	If continuation s	heet Page 33 of 10	

PARTMENT OF INTERS FOR M	EDICARE & N	MEDICAID SERVICES (XI) PROVIDER/SUPPLIER/CLIA	(X2) MI	K HPU E	CONSTRUCTION	(X3) DATE SU COMPLE	TED	
EMENT OF DEFICIE PLAN OF CORRECT	NCIES	(XI) PROVIDERSOPPELEMONAL IDENTIFICATION NUMBER		A BUILDING			C	
SEND OF COMME			H WN			01/	22/2012	
ME OF PROVIDER O		345517		383	ET ADDRESS, CITY, STATE, ZIP CODE 0 BLUE RIDGE ROAD (LEIGH, NC 27812			
UE RIDGE HEAL	TH CARE CEN	TER	i ii)	┸┈╌	PROVIDER'S PLAN OF COL		COMPLET COMPLET	
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIENT REGULATORY OR	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	PREI	FIX	(FACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE		
				= 333				
DON subtra	acts the count	from the cart.						
manı	fest s sent to t							
agaii signa proc	nst copies of r atures and all essed.	N will reconcile the manifests nanifests to validate two manifests are property						
disp	osal to the ph	DN will return medications for armacy in a secure box for ord of medications returned for hined by the DON.						
13. ord	Items used fro	om the pyxis system will be ON for replacement every day to assure quantities of maintained as needed.						
4.	Quality Asses	sment and Assurance Committee						
Or Qu	n 1/19/2012 ar uality Assuran et to discuss a	n Ad Hoc subcommittee of the ce and Assessment Committee and approve this plan. The						
T! or th	ne Committee ne month and ne results of au	monthly thereafter. Findings from udits and oversight will be reported and monthly basis. The Committee						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ill make recor	na morning bachere necessary. 1:45 through 2:45 PM, the tion was validated as follows:						
1		vere interviewed regarding dication acquisition, reconciliation,			Facility ID: 20020003	If continua	ition sheet Pag	

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIP A BUILDING	LE CONSTRUCTION (X3) DATE SUR COMPLETE	D
		345517	B WNG		<u> </u>
	VIDER OR SUPPLIER	ENTER	3	EET ADDRESS, CITY, STATE, ZIP CODE 830 BLUE RIDGE ROAD RALEIGH, NC 27612	
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F 425	nursing staff were the conversion she nurses are require medications, and copy prescription substance. Review of the Emprescription substance. The facility provide QA Document date done by the pharm current narcotic as respective count of document include pharmacist on how the pharmacist on how the pharmacist on how the pharmacist on how the pharmacist of the conducted to make transcribed clearly possibility of error and the pharmacist of a new the pharmacist of the count Sheet" was documentation of correct. 483.60(a),(b) PHACCURATE PROTECTION of this unlicensed personal statement of the pharmacist of th	the interviews revealed that the instructed not to borrow, to use eets to figure out dosages, 2 d to receive controlled what to do if there is no hard for a resident's controlled ployee Education Attendance inservices regarding conducted. The data copy of a document titled ed 01/21/12. An audit was inacist on residents regarding inalgesics drug dosage and their down sheets. The QA direcommendations from the wito rectify the irregularities. The data correctly to reduce the resure the medications were and correctly to reduce the resure that the count was in the nurse that the count was also be sured to the form required in the nurse that the count was also be provided. The form required in the nurse that the count was also be provided. The form required in the nurse that the count was also be provided to its residents, or obtain greement described in the part. The facility may permit annel to administer drugs if State only under the general	F 333		2-14-12
		Charleto Event ID: 5V8		Facility ID: 20020003 If continuation she	et Page 35 of 10:

	DEPARTME	NT OF HEALTH AN	D HUMAN SERVICES AEDICAID SERVICES			acare to un HON	(X3) DATE SURVEY	1
_	CENTERS I	FOR MEDICARE &	MEDICAID SERVICES (XI) PROVIDER/SUPPLIER/CLIA	1		CONSTRUCTION		
[STATEMENT OF C	DFF1C1E140160	IDENTIFICATION NUMBER	A BUILDING			C 01/22/2012	
ľ	AND PLAN OF C	S/MCG-1		B. WIN	G		01/2/2/2	.012
١			345517			ET ADDRESS, CITY, STATE, ZIP CODE		
1		on CUPPLIER	1		383	O BLUE RIDGE ROAD		
		VIDER OR SUPPLIER			RA	LEIGH, NC 27612		(X5)
١	BLUE RIDG	E HEALTH CARE CEN	ITER		┸——	THE PROPERTY OF CORRECT	STION SHIDBE	COMPLETION
١			OF DESICIENCIES	PRE		PROVIDER'S PLAN OF COUNTY (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL CROSS-REFE	ROPRIATE	UATE
	(X4) ID PREFIX	(EACH DEFICIEN	TATEMENT OF DEFICIENCE CY MUST BE PRECEDED BY FULL RESC IDENTIFYING INFORMATION)	TAI	3	DEFICIENCY		
	TAG	REGULATORY OF	(C30 IDE. 17)	 		The facility recognizes that curre	ent residents	0 14 12
	L			1.	425	receiving narcone medican-	1	2-14-12
		Continued From pa	ne 35	'	423	by this deficiency.	ecidents were	
	F 425			1		On 1/20/2012, during survey, 3 to identified that are utilizing Roxanol identified that are utilized medication	by review of	
		A Carilliu must nrov	ide pharmaceutical services		İ	identified that are utilizing Roxanon each current resident medication	orders by the	
	1	1	ras mai assuro			1 Unit Managers.	ļ	
	1	acquiring, receiving	g, dispensing, and			Also on 1/20/2012 - 1/21/2012	a review of	
		administering of all	latada ana mara			residents		
		the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.				receipt/record/disposition form	with borrowed	
						completed to identity resident	nts have been	
				1				
						with borrowed drugs were to	as used for or	
						number that the medical	tienosition form.	
						"borrowed" was written on the d	Unit Managers,	
						The audit was completed by the and Pharmacy services by review	ving the narconc	
	1					and Pharmacy services by levice, disposition forms for each curren	(testacur	
		This REQUIREM	IENT is not met as evidenced	1		MAD to cart	r audit was	
	1	by:	nharmacist	1		During the survey a MAR to care conducted on 1/21/2012. A revision lobel admir	ew of the	
		Based on obser	vation, staff interview, pharmacist			conducted on 1/21/2012. A review Roxanol medication label, admir	histration record,	1
		interviews, and r	ecord review the tening system			Pain assessment, resident assess	nleted to ensure	
	l	establish and mi	isposition of controlled drugs			count down sheet has been comproper dosage, labeling, and effe	ective pain	
		of receipt and di	lications) to allow for accurate			proper dosage, labeling, and end management. This review was	conducted by the	
		(scheduled max	nd proper disposition of these			Unit Managers and Filating		1
		medications. T	he facility failed to maintain			Lamo	coiet completed	a
		necessary docu	The facility did not timely	-		Also during survey, a pharm drug regimen review of re	esidents receivir	ng
		medications ac	curately. The table			drug regimen review of the narcotic analgesics on 1/21	/2012 to value	tic
	1	acquire narcou	ident #2 and Resident #3),	1		appropriate drug dosago and	mmendations we	ere
		residents (ites	staff borrowing those medications			count down sheet. Recorreviewed with the DON.	•••	
		from other resi	dents and Resident #2 receiving 5			reviewed with the	tale orders	for
	l	times the dose	of Morphine prescribed by the	1		On 1/21/12 an audit of resid	ents with orders	acy
		physician. Th	e facility staff borrowed narcotic			narcotic analgesics was com-	and medications	are
		medications in	Om 10 tesidonio te 5			services to verify that the order on hand. These residents were	e identified by M	AR
		residents in 50	n Resident #5 in 21 instances and			on hand. These residents were review. Once identified the	cart was checked	ring
		borrowed from	t #8 in 11 instances.	1		review. Once identified the medication availability. M	edications requi	nacy
	ł					refull were scripted and re-	placed by phone	
	1	Immediate je	opardy (IJ) began on 01/06/12. The	'		services on 1/21/2012.	If continuation	sheet Page 36 o
				D: 5V8T11		Facility ID: 20020003		

STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
AND PLAN OF	CORRECTION		A BUILDING		04/2	2/2012
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F 425	administrator was no jeopardy on 01/21/12 jeopardy was remove when the facility procompliance. The factompliance at a sconactual harm with potherm that is not imministering of system completion of employed findings include: Pharmacy Policy and February 2008, state Under scope of use Procedure Manual, are handled in a material management of Pharmacy regarding medication accountability and under the facility. When narcotic/or confilled by the pharmacy with patient name, given (medication is sheet for this medication is the date given, amount of medication account of medication is the date given, amount of medication in the facility.	otified of the immediate 2 at 10:30 AM. Immediate ed on 01/22/12 at 2:45 PM vided a credible allegation of ility will remain out of pe and severity level D (no lential for more than minimal mediate jeopardy) to ensure ms put in place and lege education. If Procedure Manual, dated ed: for the Pharmacy Policy and "Ill Ensure that medications mner that satisfies all partment of Health, State and Federal regulations on procurement, storage, use" ires a complete and accurate for all controlled medications stered to a resident or leaving ontrolled prescriptions are acy, the medication is labeled prescription entity, dose to be abel). A declining inventory cation is printed [also calted ministration record' This form time given, amount given and	F 425	A physical audit, looking at MAR, and medication label. Unit Managers was comply verify the transcription was meaning the complete order the transcription to the physicians order. A physical audit, looking Roxanol Medication cart available in the cart and with pharmacy services was connedication in the medicat was on hand and the imeaning the correct medication for residents Roxanol and quantity to avoid the risk of and reducing the risk to both prior to survey, an auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey, an auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both prior to survey. An auditally looking the risk to both	I of Roxanol by the leted by 1/22/2012 to as clear and accurate, or was transcribed and MAR matched the at the residents with to see the medication verify the quantity, by appleted of the Roxanol tion cart to validate it anyther to validate it anyther was a sufficient of depleting the supply trow. It was completed on a review of pain active medications to the tion, potential dosing adverse drug reactions, and define the medication to the item.	2-14-12
!	The medication and			Facility ID: 20020003	If continuation shee	at Page 37 of 10

PRINTED: 02/03/2012 FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES (X3) DATE SURVEY CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA C STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A BUILDING AND PLAN OF CORRECTION 01/22/2012 n WNG 345517 STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD NAME OF PROVIDER OR SUPPLIER RALEIGH, NC 27612 PROVIDER'S PLAN OF CORRECTION BLUE RIDGE HEALTH CARE CENTER (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE 10 CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES PREFIX LEACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY) (X4) 1O TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX Measures that will be put into place or systemic 2-14-12 TAG changes made to ensure that the deficient F 425 practice will not occur; Continued From page 37 delivered to the unit by a pharmacy driver. A new facility process has been initiated which includes two nurses validating all liquid narcotics Narcotics/or controlled drugs are manifested prior to administration as well as two nurses for

separately from regular delivery items in a heat sealed locked bag. The nurse receiving the medications must sign, date and time the manifest before the driver will release it. The driver also signs the manifest and returns one copy to the pharmacy for its records. The nursing facility should keep the manifest for its records in the DON (Director of Nursing) office. These are records of all narcotics coming into the facility.

In order to maintain an accurate count, each shift of nurses must verify the amount of medication remaining before the medication cart keys are turned over to the on coming nurse. This is done by means of a shift count sheet signed by on-coming and off-going nurses. This sheet should verify the accuracy of each declining inventory sheet and the number of sheets that are in the narcotic/controlled medication ledger on the MAR (Medication Administration Record) book.

Discrepancies in inventory must be resolved before the on coming nurse will take the keys. If discrepancies cannot be resolved at the medication cart level, the nursing supervisor or Director of Nursing must be made aware for resolution to the count.

The declining inventory sheets are to be sent to the Director of Nursing to be matched up with the manifests when the medication is used up, discontinued by physician order and the resident is no longer in the facility.

This is a record of the controlled medications used in the facility.

validation of narcotic medication removal from the pyxis. Validation implies that two licensed nurses ensure the 5 basic drug rights are executed (time, dose, route, drug, person) prior to administration.

Pharmacy Services provided the center with a Look alike / Sound alike medication sheet and a conversion chart for oral morphine medication which was posted in the MAR by the Unit managers on 1/22/2012. These resources will assist nurses with medications that are similarly named and to validate conversion of liquid morphine.

An alert sticker has been added to the drug disposition record as well as the medication label on the bottle stating "high alert" on current residents receiving Roxanol. High Alert stickers are used to alert the 2 nurse dose validation is required, and that the medication has great potential for harm if improperly dosed.

Drug Handbooks are available in each medication cart to allow nurses to readily check medication dosages, drug categories, etc. during medication administration.

A new form titled "Nurse to Nurse Count Sheet" has been implemented to verify that the narcotic count is correct and has been validated by two nurses and that the number of counters on hand is correct. Each change of shift the off going nurse and the oncoming nurse count each controlled medication matching it against the reconciliation record to validate proper count. In addition the number of controlled substance entities are

CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 425	nurses can destroy secontrolled substance medication can be rewhere it is destroyed be noted on the declareturn to pharmacy warcotic destruction DON should receive accepted by the phathe pharmacy accepthis system enables records to be kept for in or out of the facility Resident #2 was add 01/06/12 at 3:30 PM Stage 4 endometrial lymphadema, hyperful pulmonary embolism Record review of the MS (Morphine Sulfathree times a day (for Roxanol 100mg/5 m hours as needed posublingually), 1 ml, for breath). [One ml wood Lexicomp's Geriatric stated that MS Contingually and the contingual for the continual	osition can occur: two small quantities of a c; i.e. one tablet or the clurned to the pharmacy l. In house destruction would ining inventory sheets and would be noted on the log in the DON's office. The a receipt of medications rmacy for destruction when its custody of the medication. Its complete and accurate or every controlled substance, by. mitted to the facility on with cumulative diagnoses of cancer with metastasis, tension and history of the physician's orders revealed the Contin 15 mg (milligram) for pain), Compazine 10 mg or nausea and vomiting) and the (milliliter), one ml every four tension to the facility on the physician's orders revealed the Contin 15 mg (milligram) for pain SOB (shortness of culd equal 20 mg of morphine) the Dose Handbook 14th edition in is a trademark for narcotic/Opiod Analgesic. MS as extended release and od of hours. Roxanol liquid is	F	425	counted and reconciled with considera number of entities that came in and with cart. This allows for a clear chain of Each nurse validating the correct narcisigns the form. A pharmacy generated declining inverse accompanies each medication filled/dethe facility pharmacy. In the case of obtained from back up pharmacy of handwritten declining inventory sheet in the causes. Medication not available order not timely, admissions processed hard scripts, and narcotic stock in pyxisto soon. Pharmacy services will provide a weed on narcotics that require script renew DON prior to their expiration to allow refill to avoid running out of medication. Weekly the Unit Manager will an anarcotics against usage of the narcotic script (if required) and reorder if indicated the conducted by the DON/ADON will determine appropriate action include, but not limited to: in-service, policy, pharmacy response, and envifactor changes (location, policentification of the drug). Medication continue to be reported to Cecil G. She for Health and Research by the Ordalendar year deadline.	rent out of of custody. To custody. To custody. To custody. To custody. To custody. To custody sheet elivered by finarcotics or pyxis as utilized. To have 3 to have 3 to deepleting sheet elivered without to the for timely of the custody of the c	2-14-12

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TAG	REGULATORY		-	F 425	A safe was purchased for	r the storage of hat have been	2-14-12
F 425	formulation.			F 423	discontinued or the resident n the facility, and was placed	no longer resides at in the Director of the Control	
	l prescribing or adn	o stated "Use care when ninistering morphine solutions. re available in different Nurse prescribe dose in mg not			Nursing office. Wee medications from the safe ar DON/designee and another not the pharmacy in a box provide The medication disposal log	e reconciled by the urse and returned to led by the pharmacy.	
	by volume ml."	liwaya proor			DON office and a copy medications back to the phar	y accompanies the	, !.
	government. (Co	formulation is highly restricted nated CII by the Federal ntrolled drugs are listed as CII ending on the serious potential for the strictest control type including			Re-education with License initiated on the medication a including:	ed Nurses has been administration proces	
	nnind medication	escriber is required before end the medication-this is called			borrowing medications, Appropriate actions for me medication refill, back up	edication availability pharmacy process ar	-
	A nursing note	written at 5:00 PM on 01/06/12 sident was alert and oriented to			Signing in Narcotic deliver Signing out of Narcotics discontinuation with nu	following discharge	or of
	person, place a identify the nar year. Her initia	ne of the facility, the month and the all vital signs were listed as 97.7			Nursing, Counting narcotics and s and off going nurses that counted in addition to con-	trol sheet,	ng ics
	92% on 3 Lite cannula. Res	rs of oxygen per minute via nasal ident #2 was asked about pain			Medication Administration High alert, And, the identification and medication errors in align	d reporting of	lity
	is unknown w Contin since	she was admitted from home.	h		Sheps Center for Health a embraces a non-punitive reporting of errors, (With	atmosphere for the exception of the center to embra	.
	01/07/12 at 2 she was adm	(emergency room) records of the local hospital to which the local hospital to which the after the error, estimated that last dose of MS Contin about 2:00 ay of admission (01/06/12) but the local thome.			it as a opportunity for lea through the Quality Asse process.		
	PM on the d	ken at home.	1				
	Between nu	irsing note of admission at 5 PM and		1	Facility ID: 20020003	If continuati	on sheet Page
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F 425	nursing note of med resident asked for b (Roxanol). Nurses' pain complaints begout sheet is dated 0 the resident arrived hard copy prescripticould not accept an and home hospice copy of her medical resident's discomfo increase because the dosage was 2:00 P Dose Handbook, 14 effect would be expadministration and 5-8 hours). It is unbreakthrough dose was used to using "borrowed" the liquin resident, Resident Controlled medical pharmacy are accompanied to the physician's nead directions for use, dispensing pharma. The controlled dru Resident #6, from (Roxanol) was tak generated label afform were handwrited.	ication error at 11 PM the reakthrough pain medication notes do not reflect what time pan; however the narcotic sign 1/06/12 at 8:45 PM. When from home she did not have ons with her and the facility y of her home medications had not provided with any hard tions. By 8:00 PM, the rt could be expected to the estimated time of the last M (Lexi-Comp's Geriatric with edition estimates that peak the effect of the did not provided with any hard tions. By 8:00 PM, the rt could be expected to the estimated time of the last M (Lexi-Comp's Geriatric with edition estimates that peak the effect of the liquid morphine she alknown how many is of the liquid morphine she at home. Nurse #1 on the unit wid Roxanol from another #6, to give to Resident #2. It ions dispensed from the ompanied by a declining so called controlled drug ord] which has a pharmacy intaining the Rx (prescription) eccived, the resident's name, the the amount dispensed and the		425	In-services were conducted by the Disupervisors/designee. Education for licensed nurses was completed by 12012. Any nurses not educated by the receive education at, or prior to, the ornext scheduled shift. The Unit Manager will observe 30% receiving Roxanol in a weekly administration of Roxanol to emedication is administered correctly procedure is followed including that drug rights are executed (time, dose, and person). Errors indicated with the will require a med pass in-service demonstration. The facility process for obtaining nartimely upon admission: 1. New medication order is received and the off sight then the nurse calls an physician to complete the script the pharmacy immediately, personnel request, through discharge planners, that he accompany the resident upon ad 2. Fax the script to the Pharmacy 3. If the pharmacy is unable to deafter hours the facility may a) be notified the back up pharmacy Partners pharmacy will call them and delivery to the b) be notified to remove the narcotiffom the pyxis system c) if a delivery does not arrive timedication is not available in pyxing DON/designee of the medication and for administration. The DON/d notify the physician or pharmacist for	scheduled February 1, at date will inset of their of residents audit of insure: the and proper the 5 basic route, drug, is procedure and return rectic orders red: 1f hard to #2. If no physician is d requests a tt and fax to Admissions the hospital ard scripts mission. livery due to will be used. d request the center. c medication nely and the time needed esignee will	2-14-12

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F 425	Continued From page and 0.25 ml (5mg). The nurse would have the manufacturers with the product. The declining inversion indicated that 5cc (Roxanol) was with 8:45 PM on 01/06/Resident #2 called resident received by the morphine (Roxanol inspection during on 12/10/11 but the 01/06/12. The chemorphine came from the it was resuncted. A written statemed made the error, when it was resuncted. A written statemed made the error, when it was resuncted. A written statemed made the error, when it was resuncted. "A error was done to supervisor was made the error, when it was resulted to supervisor was made the error, when it was resulted to state the supervisor was made the error was done to supervisor was management was signs was taken (a sitter to stay was 12, 02 (saturation resident was we hospital, the resident was we hospital, the resident was well as per doctors.	To obtain 20 mg of morphine, we to draw up one cc (ml) in supplied syringe that comes along the supplied syringe that comes along the supplied syringe that comes are supplied to supplied the survey. The survey are supplied to survey are supplied to survey. Resident #6 died are bottle was still available on ain of custody as to where the own was unclear and how, who moved from the cart is also are supplied to survey are supplied to the patient. The (facility nurse) are the patient. The (facility nurse) are the patient. The (facility nurse) are the bedside. Medication error as initiated immediately, vital and the resident) was notified and the survey are supplied to supplied the survey are supplied to supplied the survey are supplied to go the survey are supplied to go the survey are supplied to go the supplied to draw as sent out as per request		- 425	include the nurse consultations are of MAR ordered medications are of are orderly, medication storesident sample of Narco medications are on a reconciles correctly, the reconciles correctly, the reconciles compared to accuracy and 4 or mandministration observation	iew the medication stration records of ics. This review osing and compare illiation form. This exit with the DON mediate attention nendations made by with the physician cated and filed in the man will be reviewed within 24 hours of the cord is sent to the for follow up the review of medications a cart and narcoure a formal exit was a cart and narcoure a formal exit was at requires immediated Narcotic audit was at completing a 3 to Cart to verify a hand in the cart, Corage is proper, 30% offices to verify order narcotic count of the MAR to verify the man and the control of the marcotic count of the MAR to verify the man and the count of the marcotic count of the marcotic count of the marcotic count of the marcotic requires medication utilizing tool which revenistration rights	d of ne of see he on otic rith ate arts 6 of cred count own erify ation the iews for
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F 425	(un-timed) revealed when he was notified "1.Continuous pulsed 2. v/s (vital signs-ter pressure and respirations) through the night 3. Call for [sic] over respirations, (under 4.1:1 sitter for 4 hours 5. Call Dr (medical dupdate" A facility incident/acd dated by floor Nurse and the swas confusing to make the medication was called the 3-11 sup documentation state of 5 mg morphine so During an interview on 01/17/12 at 9:00 aware of the incided driving home that in that immediate instaff. He stated the with the resident (free explained what has the attending MD in discussion with he husband elected to the incal hospital.	that the physician's orders d of the error (untimed), were: a Ox- call if < 90 inperature, pulse, blood alions) q (every) 15 minutes sedation or (decreased) 12 irs doctor) at 9:30 PM with cident report; signed and a #1, stated "I gave 5 ml phine sulfate (Roxanol)	F	425	2. Monthly a Regional Nurse Conwill conduct a review of administration which includes a caudit to validate no medications medication administration of narverified by two nurses, and administration techniques is in Medication Administration Polit will require a formal exit with the risk that requires immediate attent and Narcotic audit will inconsultant completing a 30% remains that to Cart to verify the order on hand in the cart, Camedication storage is proper, sample of Narcotics to medications are on hand, reconciles correctly, the narcotic record is compared to the accuracy and 4 or more numerication observation medication observation medication observation tool technique and Administrate compliance. Weekly the RN Manager / do 30% of the narcotic record borrowing of medications has narcotic count signatures, narcotics, and ordered medicated These audits will be completed weeks and then tapered over 3 on findings. The Control H/HI/IV/V medicated delivery/verification process has follows: 1. New medication order is reconstructed and the sight then the nurse calls and rephysician complete the script is series.	of medication art and narcotic are borrowed, cotic liquids are and medication compliance with cy. This review the DON for any nation. The Cartilude the nurse esident sample of ered medications arts are orderly, 30% of resident verify ordered narcotic count down MAR to verify urses medication utilizing the which reviews ion rights for esignee will audit s to validate no occurred, validate total entities of tions are available. The decided weekly for 4 to 6 months based atton as been updated to #2. If no physician is off equests a		
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h a o r t	continued From parappened, I'd feel attending physicians order to transfer the equest and the televansport. Resident #2 had vias follows: bp 136. Respirations 14, T saturation of 98%. Services) transport to the hospital. Record review of AM, indicated the hospital with possibility ordered of Roxal but she actually ordered of Roxal 2. In an interview O1/18/12 at 3:30 manifests were nurse on duly a managers. The 30 days; if there unaware that the his office and dwhere the manifest the declining in stated that he were stored in			- 425	pnarmacy immediately. Admissive request, through the hospital disconners, that hard scripts accommediate. 2. Fax the script to the Pharmacy 3. A copy of the medication order the MAR. 4. If the pharmacy is unable to diafter hours the facility may a) be notified the back up pharm used. Partners pharmacy will crequest the delivery to the center b) be notified to remove the national medication from the pyxis systemedication is not available in pharmacist for administration. The DON/designee will notify the pharmacist for resolution. 5. Once the medication arrives nurse will verify the medication delivery manifest and sign accontrol. 6. The nurse will partner with and add in the medication on sheet, place the medication on sheet, place the medication in place the count down record record book. The second might the manifest. 7. The manifest will be forward the manifest will be forward the manifest of the manifest will be forward the manifest of the medication will physicians order copy that it against the MAR and the in the medication to validate a 9. Once validated the medication in the medication to validate a sordered.	r is placed in elivery due to nacy will be all them and r. cotic em. timely and the yxis notify the on and time e ohysician or at the facility the n against the eptance of the a second nurse the narcotic count in the cart and in the narcotic irse will then co- arded to the the first dose of match the s in the MAR struction label on ccuracy.	

CENTERS FOR MEDICARE & MEDICAID SERVICES

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STREET ADDRESS. CITY, STATE, ZP COUE 3930 BILUE RIDGE HEALTH CARE CENTER SUMMARY STATEMENT OF DEFIDENCES PRETAX RACIOH, NO 27512 F 425 Continued From page 44 Intal the medications were destroyed. He stated that he was unaware of the "borrowing" issue and no one had brought it to his intention. He stated borrowing of hymnager stated that the pharmacy manager stated that the pharmacy provided two deliveries a day and they the facility has the pysis machine for back-up. He was not aware of his essue of borrowing. He stated that the consultant were in "our" contract but "wa" are updating the count down sheet (declining inventory sheets). The expectations of the consultant pharmacy. The update would specify a complete reconciliation (of controlled medications) but (the consultant) have consultant saw a lot of borrowing going on, the consultant saw and the consultant saw and the consu	AND PEAN OF	CORRECTION		A BUI	DING		C	,
BLUE RIDGE HEALTH CARE CENTER DAILD SUMMARY STATEMENT OF DEFICIENCIES PROFUNE STATE			345517	AW B	G		01/22	/2012
F 425 Continued From page 44 that the medications were destroyed. He stated that he was unaware of the "borrowing' issue and no one had brought it to his intention. He stated borrowing was not acceptable. In a telephone interview with the pharmacy manager (out of State), the facility Administrator, Facility Director of Nursing, Corporate Nurse Consultant, the pharmacy manager stated that the pharmacy provided two deliveries a day and they (the facility) has the pyxis machine for back-up. He stated that the consultant pharmacist quarterly roview should include tooking at the count down sheet (declining inventory sheets). The expectations of the consultant pharmacist quarterly roview should include tooking at the count down sheet (declining inventory sheets). The expectations of the consultant pharmacist quarterly roview should include tooking at the count down sheet (declining inventory sheets). The expectations of the consultant pharmacist quarterly roview should include tooking at the count down sheet (declining inventory sheets). The expectations of the consultant pharmacist quarterly roview should include tooking at the count down sheet (declining inventory sheets). The expectations of the consultant pharmacist quarterly roview should include tooking at the count of the consultant pharmacy. The update would specify a complete reconcillation. If the consultant saw alot of borrowing going on, the controlled medications are validated to the controlled medications are validated to the consultant should have notified the unit manager(s) and the DON and if necessary the Administrator. The pharmacy manifest with the driver, the driver gave one copy to the nurse and one copy went back to the pharmacy one came back to the pharmacy and the second copy should go in a binder for the facility. He stated			TER		38	30 BLUE RIDGE ROAD		
that the medications were destroyed. He stated that the was unaware of the "borrowing" issue and no one had brought it to his intention. He stated borrowing was not acceptable. In a telephone interview with the pharmacy manager (out of State), on 01/20/12 at 2:00PM, the vice president of pharmacy operations (out of State), the facility Administrator, Facility Director of Nursing, Corporate Nurse Consultant, the pharmacy manager stated that the pharmacy provided two deliveries a day and they (the facility) has the pyxis machine for back-up. He was not aware of the consultant pharmacist quarterly review should include looking at the count down sheet (declining inventory sheet). The expectations of the consultant were in "our" contract but "we" are updating the contract. "We" will be updating the policies to delineate what was expected of the consultant pharmacy. The update would specify a complete reconcillation, if the consultant should have notified the unit manager(s) and the DON and if necessary the Administrator. The pharmacy manager stated, when the controlled medications arrived, the nurse on duty signed the delivery manifest with the driver, the driver gave one copy to the nurse and one copy went back to the pharmacy. He was unaware what the facility did with their copy of the delivery manifest. The corporate VP; however, stated when the mainlest went out in duplicate from the pharmacy, one came back to the pharmacy and the second copy should go in a binder for the facility. He stated	PREFIX	(FACH DEFICIENC	LY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL	ULD BE	COMPLETION
notified the unit manager(s) and the DON and if necessary the Administrator. The pharmacy manager stated, when the controlled medications arrived, the nurse on duty signed the delivery manifest with the driver, the driver gave one copy to the nurse and one copy went back to the pharmacy. He was unaware what the facility did with their copy of the delivery manifest. The corporate VP; however, stated when the manifest went out in duplicate from the pharmacy, one came back to the pharmacy and the second copy should go in a binder for the facility. He stated		that the medications that he was unaware and no one had brow stated borrowing wall in a telephone intervent manager (out of Stathe vice president of State), the facility Action of Nursing, Corporate pharmacy manager provided two deliver facility) has the pyximus not aware of the stated that the considerated that the considerated that the considerated that the considerated that the considerations of the contract but "we" a "We" will be updating what was expected. The update would see reconciliation (of consultant) should brief reconciliation.	were destroyed. He stated a of the 'borrowing' issue aght it to his intention. He is not acceptable. The will the pharmacy tele on 01/20/12 at 2:00PM, is pharmacy operations (out of diministrator, Facility Director tele Nurse Consultant, the stated that the pharmacy ies a day and they (the issue of borrowing. He issue of borrowing. He issue of borrowing. He consultant pharmacist quarterly tele looking at the count down entory sheets). The consultant were in "our" are updating the contract. In the consultant pharmacy. Pecify a complete introlled medications) but (the consultant saw a lot of	F	425	10.1f a medication is discontinued discharged the medication is remocart M-F and secured in double lo back up in the DON's office. Whaccepts the medication to the lock medication is recorded on the medisposal log and the DON signs the signature log which subtracts the the cart. 11. The DON will receive copies of manifests sent to the facility from pharmacy. 12. Weekly the DON will reconcil manifests against copies of manife validate two signatures and all naproperly processed. 13. Weekly the DON will return in for disposal to the pharmacy in a for disposal. The record of medic returned for disposal is maintaine DON. 14. Items used from the pyxis syst ordered by the DON for replacem weekly to assure quantities of me maintained as needed. How the facility plans to monitor performance to make sure that is sustained. Plan to ensure for entitle correction is achieved and set.	eved from the ck narcotic ten the DON up the dication the narcotic count from the narcotic count from the extra the extra to rectics were the dications secure box extra the em will be tent twice dications are solutions are solutions are suring that ustained.	2-14-12
should go in a binder for the facility. He stated		notified the unit man necessary the Admi manager stated, who arrived, the nurse of manifest with the droto the nurse and on pharmacy. He was with their copy of the corporate VP; howevent out in duplicat came back to the pleasure of the corporate to the pleasure of the corporate to the pleasure of the corporate to the pleasure of the Administration of the pleasure of the Administration of the A	nager(s) and the DON and if nistrator. The pharmacy sen the controlled medications on duty signed the delivery iver, the driver gave one copy e copy went back to the unaware what the facility did e delivery manifest. The ever, stated when the manifest e from the pharmacy, one harmacy and the second copy			is evaluated for its effectiveness integration into the quality assurant of the facility. The Quality Assurance Committe pharmacy representative, will me basis for three months and quarte Findings from the results of audit will be reported to Committee alottending, analysis, and root cause Committee will make recomment	e, and rance system re, including a et on a monthly rly thereafter. is and oversight ong with	
				14		16 (16) 1D: 20020003	continuation sheet	Page 45 of 10

FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES (XJ) DATE SURVEY CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA C STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER A BUILDING AND PLAN OF CORRECTION 01/22/2012 B WNG 345517 STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD NAME OF PROVIDER OR SUPPLIER RALEIGH, NC 27612 PROVIDER'S PLAN OF CORRECTION BLUE RIDGE HEALTH CARE CENTER COMPLETION (EACH CORRECTIVE ACTION SHOULD BE DATE เก CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX FAG F 425 Continued From page 45 F 425 that discontinued medications were picked up once a month but he would implement a more frequent pick up from the DON for security reasons. The consultant pharmacist services were provided in a separate contract by a different company than the vendor pharmacy. In a telephone interview with the President of the independent consulting group on 01/20/12 at 3:00 PM, she stated that reconciliation of scheduled drugs was not in her contract. She stated that if the vendor pharmacy wanted the reconciliation process for controlled drug added to the contract, something could be worked out. The administrator then printed a copy of the contract and upon review, that type of consultation was not specified. The contract stated that she would provide monthly medication review for each resident, in-services as requested, and attend the quarterly Quality Assurance Meetings. An Observation of the narcotic inventory box on 01/17/12 at 10 AM, revealed two stock bottles of Roxanol. One bottle was 100 mg (of morphine) per 5 ml (for Resident #4). The other bottle of Roxanol for 20 mg/1 ml was for Resident #5. The bottle was issued by the pharmacy on 12/27/2010 with order to give 0.5 cc (10 mg) every four hours as needed for breakthrough pain/or shortness of breath. When asked about Resident #4, the nurse on duty (Nurse #6) stated he was deceased. When asked how long he had been deceased, she stated she did not know exactly but perhaps a couple of months. When asked about Resident #5's use of narcotic medications, the nurse said the resident rarely used it. Review

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	F DEFICIENCIES	CX.1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(XJ) DATE SI	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER	A HUILDING			С
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F 425	revealed at least 23 #5's narcotics were residents. The nurse called and shown th the borrowing docur inventory sheet. Sh (Roxanol) was still in resident who had pa nurse was called an and she removed R declining inventory: Director of Nursing's closet where it woul pharmacy. The corp unaware of borrowin resident to another. Review of the Nursi for 6 of 6 medicatio stations was condu- indicated signature reconciliation did no many declining inventory and nurses did not sheet/ and or medic Review of the Nursi for the months of D 2012 revealed recon not signed off. The of the nurse comin signatures were m 7 AM. Ten signature coming on at 3 PM missing of the nurse signatures were m	clining inventory sheet instances where Resident borrowed to give to other a manager (Nurse #8) was the two bottles of Roxanot, and mented on the declining the was unaware that morphine in the medication cart from a the assed away. The corporate and shown the discrepancies the sident #4's Roxanot and sheet and took it to the soffice for relocation to the does not back to the toorate nurse stated she was and controlled drugs from one	F 425			

CENTERS FOR MEDICARE & MEDICAID SERVICES

1	DE DEFICIENCIES FOORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A BUILDING	CONSTRUCTION	(X3) DATE S COMPL	
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F 425	During an interview of Director of Nursing stamissing signatures of worked more than on An audit done by the pharmacist employed (not a consultant) revincluding Resident #7 Roxanol but had no material total of 22 declining in borrowed notations; CII narcotics, the other benzodiazepines-Xan (anxiolytics) and Ambicontrolled medications facility staff borrowed 10 residents to give to was borrowed from Resident #8 Review of Resident #8 revealed that narcotics other residents in 11 in Review of 22 declining	PM. In 01/20/12 at 11:20 AM, the ated that some of the ould be because a nurse e shift. In a shift by the vendor pharmacy ealed multiple discrepancies who had an order for nedication in the medication inclear from the pharmacy eation had disappeared. It is the declining inventory is on 01/21/12 revealed a niventory sheets with 10 of these sheets were for a 12 were for ax, Ativan, Klonopin ien (hypnotic), also in 50 instances, the narcotic medications from a other residents. Morphine esident #5 in 21 instances in 11 instances. It's declining inventory sheet is were borrowed to give to instances. It inventory sheet revealed did not have the signatures	F 425			

DEPARTME	NT OF HEALTH AN	D HUMAN SERVICES			(X3) DATE SU	RVEY
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	VIOER OR SUPPLIER			EIGH, NC 27612		
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F 425		Janakad IA INA IACINIY VII				
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	Disease, Congesti	Ne Heart I and of 1974				
	and diabetes melli					
	Review of the hos	pital discharge medications per				
	reliever) 10mg 1 t	to 3 tabs every 4 hours as	1 1			
	needed for pain.					
Ì	Review of the pai	in scale on admission, dated				
	Form" revealed to	ne assessment not to	ļ			
	Daview of the ph	ysician's orders for the resident's				
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1	things and the	Value ()XACORONO marria				
	hours as needed	d for moderate pain; and ng every 4 hours as needed for				
ŀ	severe pain.	ig dvory · · · ·				
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	Review of the re	esident's September 2011	į			
	Medication Adn	ninistration Record (in in				
1						
	Le contractil Q-2	R-11 II IS UITCIES! WHO IS				
	tablet given on	9-27-11 was obtained.				
	-616-0	facility "Controlled Drug		1		
1	promisely but	Directions on the form read "take 1				ion sheet Page

CENTERS	DEFICIENCIES	MEDICAID SERVICES (XI) PROVIDER/SUPPLIER/CLIA	(X2) MI	JLT1PE	E CONSTRUCTION	(X3) DATE SU COMPLE	TED
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	Continued From page to 3 tablets by mout for pain". The number received was record 12 of the medication "blank". It was uncliplacing a dose in the blister or if the medication and the resident from 9 form revealed the doses to be administed from the phane revealed Oxycodon 10-2-11 at 7:45 AM and 5 PM; 10-4-11 and again on 10-6 documentation recovered on the resident from 9 form revealed Oxycodon 10-2-11 at 7:45 AM and 5 PM; 10-4-11 and again on 10-6 documentation recovered from the resident from the resident of the resident from the resident of the resident from 10:29 AM, the number owed narcotic medication available of the resident from the phase from the resident from	h every four hours as needed per of tablets sent and ded as "20" tablets. Dose # in card was documented as lear if the pharmacy missed le medication card in the lication was used and lent's "Controlled Drug sposition Form", revealed lablets were administered to lablets were administered to lablets were administered to resident had no remaining listered after 10-1-11 without a macy. I dent's October 2011 MAR ne 20mg was given on 10-1-11; M and 5 PM; 10-3-11 at 3 AM lat 9:10 AM; 10-5-11 at 9 AM; 10-11 at 1 PM. The MAR wealed the resident received on 10-8-11 at 9 PM. It was lent after 10-1-11 were obtained. It with Nurse #7 on 1-20-12 at resereported the nurses called that when a resident was left that when a resident was left that when a resident was	F	: 425			
	the nurse transcr	lers for a narcotic pain reliever, ribed the orders and were able to on from the pyxis machine, if n there. [A pyxis machine is a					n sheat Page 50

CENTERS FOR MEDICARE & MEDICAID SERVICES

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (DENTIFICATION NUMBER A BUILDING			(X3) DATE SURVEY COMPLETED			
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F 425	computer driven made or emergency medication wasn't in relievers so that the pyxis to get the medication doses we store that particular retrievers the medication doses we store that particular retrievers the medication doses we store that particular retrievers the particular retrievers the particular retrievers the particular retrievers the particular retrievers the particular retrievers the particular retrievers the particular retrievers the pasked if they could g	chine that contains overstock ations that can be used until cliver]. The nurse stated that nine was empty (not lead to a lot of borrowing of led drugs from other estated that if the residents spital with a hard copy of led medication, they could charmacy and it would come clivery. Sometimes the nurse and have him fax a hard endoctor if it was earlier in the copy. The nurse stated that led residents to be a free and she knew it was the pharmacy was just not enthey borrowed what they with Nurse #4 on 1-20-12 at a reported new residents for pain management, the other state, and they didn't ications until the midnight eported when they didn't in the pyxis, the nurses had residents. Nurse #4 stated	F	425			
FORM CMS-258	7(02-99) Previous Versions Ob	solete Event ID: 5V8T	11	Facility ID: 20020003	If contin	nuation sheet	Page 51 of 103

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER A BUILDI			CONSTRUCTION	(X3) OATE SI COMPLE	TEO
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F 425	were received, but be happened occasional During an interview of 11:12 AM, the DON on arcotic count down Resident #3 was received by the facility dose of the 20 tablet Review of the resider after 10-1-11. The Don stated the resident and the other received after 10-1-1 The DON stated he spread borrowing of The administrator was jeopardy on 01/21/13 administrator provide aftegation on 01/22/11. Residents affected practice. No residents were in 2. Residents with the alleged deficient On 1/20/2012 5 resident are utilizing Rox current resident med. A MAR to cart audit A review of the medical care and the medical care and the medical care and the medical care audit and the medical care and the medical care are audit and the medical care and the medical care and the medical care are a care and the medical care and the medical care are a care and the medical care and the medical care and the medical care are a care and the medical care and	with the DON on 1-20-12 at reported the copy of the sheet for Oxycodone for revived from the pharmacy. The revealed 20 tablets were by on 9-28-11 and the last is was given on 10-1-11. The sheet for October 2011 at received additional doses for this per doses the resident for the wide the resident for the wide the following credible at 10:30 AM. The feet the following credible do	F	425			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X3) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(XJ) (DATE SURVEY COMPLETED	
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F 425	ensure proper dosage pain management. It the Unit Managers at A physical audit, too MAR, and medication Managers was complete order to transcription to the Morder. A physical audit, loo Roxanol Medication available in the cart pharmacy services to medication in the meaning the correct for residents Roxan quantity to avoid the and reducing the rist Controlled drug received has been completed identify residents with current residents has borrowed narcotics. A review of current completed to identify drug orders to utiliz borrowed medication was used medication was used.	sheet has been completed to ge, labeling, and effective this review was conducted by and Pharmacy services. king at the physicians order, an label of Roxanol by the Unit pleted by 1/22/2012 to verify a clear and accurate, meaning was transcribed and the MAR matched the physicians was completed of the Roxanol edication cart to validate it e inventory was correct medication was on hand and ol and there was a sufficient erisk of depleting the supply k to borrow. Item of current residents to the the Unit Managers to the later to have been identified to have	F 425			
<u></u>	FOZ.00 DOS Droulous Vorsions (T11 Facili	ity ID: 20020003	If continuation s	heet Page 53 of 10

FORM APPROVED OMB NO. 0938-0391

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BEOE MIDO			T	1	PROVIDER'S PLAN OF COL	RRECTION	(45)
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F 425	services by reviewing forms for each curred completed by 1/21/2 on 1/21/12 an audit narcotic analgesics services to verify the are on hand. These MAR review. Once checked for medical requiring refill were pharmacy services. An audit was comply pharmacist which in which was a review psychoactive medical duplication, potential of adverse drug real were found during the done in addition to review. No additional significant indentified with the alimitated on the mediculuding: a. reading and interest to borrowing medication of complexity and interest colories and inte	nit Managers, and Pharmacy ig the narcotic disposition ent resident. The audit was 2012. To residents with orders for was completed by pharmacy at the ordered medications residents were identified by identified the cart was tion availability. Medications scripted and replaced by on 1/21/2012. Teted on 1/13/2012 by a ficluded current residents of pain medication and cations to identify possible al dosing issues, and evidence actions. No drug irregularities his audit. This review was the monthly drug regimen Ticant medication errors were above listed narcotic reviews by es Licensed Nurses has been dication administration process repreting the correct dosage, intinuation of the act of	F	425			

CENTERS	FOR MEDICARE &	MEDICAID SERVICES	(x2) MI	JETIPLE C	ONSTRUCTION	(XJ) DATE SURVEY COMPLETED		
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F 425	Continued From parents of the potential for hard alert sticker harmony manner or sidents received and to age assist nurses with named and to various and the potential for high alert harmony Service and the potential for high alert harmony Service and the potential for high alert harmony Service and the potential for harmony Service and the potential for harmony Service and the potential for harmony Service and the potential for harmony Service and the potential for harmony service an	ge 54 In two nurses for narcotics. Itic deliveries with two nurses arcotics following discharge or in nurse and Director of the signatures of oncoming the signatures of narcotics in to control sheet.		- 425				

DEPARTMENT OF HEALTH AND TOUR OF SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (XI) PROVIDER/SUPPLIER/CLIA		(X2) M	L TIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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BLUE RIDG	SE HEALTH CARE CEN			ب با	UROVIDER'S PLAN OF	CORRECTION	(A5) COMPLETION
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F 40F	Continued From pag	ne 55	F	425			
F 425	1	ill not resume work such education has been					
	the state of the control of	ss has been initiated which s validating all liquid narcotics					
	prior to administration as well as two nurses for validation of narcotic medication removal from the pyxis. Validation implies that two licensed nurses ensure the 5 basic drug rights are executed (time, dose, route, drug, person) prior to administration.						
	dose, route, drug, person) prior to administration described in the modern clinical meeting. A root cause analysis will be conducted by the DON/ADON. Findings will be conducted by the DON/ADON.	vill be reviewed in the morning root cause analysis will be DON/ADON, Findings will			Action to the second se		
	determine appropri	iate action steps to include, but prvice, change in policy, the and environmental factor					
	drug). Medication	placement, identification of the errors will continue to be 3. Sheps Center for Health and October 31 calendar year					
	deadline. The Unit Manager	r will observe 30% of residents					
	administration of i	I in a weekly audit of Roxanol to ensure: the ninistered correctly and proper wed including that the 5 basic					
	drug rights are ex	recuted (time, dose, route, drug, dicated with this procedures will ss in-service and return					
	The identification	and reporting of medication led in the scheduled licensed					

ATEMENT OF	DEFICIENCIES	MEDICAID SERVICES (XI) PROVIDER/SUPPLIER/CLIA	1		CONSTRUCTION	COMPLETED	
ID PLAN OF G	CORRECTION	IDENTIFICATION NUMBER	A BUIL			į	C
		345517	B WN			01/22/2012	
	OVIDER OR SUPPLIER			383	T ADDRESS, CITY, STATE, ZIP CODE O BLUE RIDGE ROAD		
BLUE RIDG	GE HEALTH CARE CE	NTER		RA	PROVIDER'S PLAN OF CO	PODECTION	(45)
(X4) II) PREFIX TAG	FIX (EACH DEFICIENCY MOST SELECTION)		PREF	PREFIX (EACH CORRECTIVE CROSS-REFERENCE		ACTION SHOULD BE OTO THE APPROPRIATE CHENCY)	
F 425	Continued From parembraces a non-pureporting of errors, reckless actions), at as an opportunity through the Quality process. Borrowing of Narco root causes. Medic re-order not timely hard scripts, and not too soon. Pharmacy service narcotics that require root their expiration avoid running out Manager will audit of the narcotic and reorder if indicate. The process for outpon admission: 1. New medication is obtained then preceived and the nurse calls and rethe script and fax Admissions persent accompany the recover accompany the reserver.	ge 56 Initive atmosphere for (With the exception of Illowing the center to embrace for learning and change Assessment and Assurance otics was identified to have 3 cation not available due admissions processed without farcotic stock in pyxis depleting s will provide a weekly report on the script renewal to the DON ation to allow for timely refill to of medication. Weekly the Unit t PRN narcotics against usage d renew script (if required) and	F	425			
	after hours the fa a, be notified the (name of the pha	acility may: back up pharmacy will be used. armacy) pharmacy will call them delivery to the center. remove the narcotic medication					

CENTERS FOR MEDICARE & MEDI	MEDICAID SERVICES	DICAID SERVICES					
		(X1) PROVIDERISUPPLIERICUA	(X2) M	ULTIPLE:	CONSTRUCTION	(X3) DATE SU COMPLE	
STATEMENT () AND PLAN OF	F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER	A BUI	LDING		COMPE	C
			B WNG			01/	22/2012
		345517				017	22/2012
NAME OF PR	OVIDER OR SUPPLIER				FADDRESS, CITY, STATE, ZIP CODE		
01.00	GE HEALTH CARE CE	:NTER		i	BLUE RIDGE ROAD		
BLUE KID	GE REALIN CARE OF			HAL	LEIGH, NC 27612	CTION	(×5)
(X4) ID PREFIX TAG	A ACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR USC IDENTIFYING INFORMATION)	ID PREF TAG	1X	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP (DEFICIENCY))ULD BE	COMPLETION
	Continued From particular from the pyxis system. If a delivery doe medication is not a DON/designee of needed for admininatify the physicial On 1/21/2012 the medications borro refills/replacement facility. Monthly a pharma regimen, dosage residents receiving includes narcotic of the MAR to the will require a form that requires imm Admissions will be fax within 24 hours. There will be two Consultants: 1. Quarterly a nursivillar conduct a review will require a review will require any risk that requires that requires includes a review will require any risk that requires the requires that requires that requires the requires that requires the requires that requires that requires tha	age 57 tem s not arrive timely and the available in pyxis notify the obstration. The DON/designee will in or pharmacist for resolution. 15 residents identified to have wed had narcotic ordered and billed to the cist will review the medication and administration records of g Narcotics. This review orders for dosing and compare reconciliation form. This review all exit with the DON for any risk ediate attention. New		425	DEFICIENCY)		
	MAR to Cart to voon hand in the castorage is proper Narcotics to verified hand, parcotic co	eting a 30% resident sample of erify the ordered medications are art, Carts are orderly, medication 30% of resident sample of a cordered medications are on bunt reconciles correctly, the bown record is compared to the					

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OFNIEDE	COD MEDICARE &	MEDICAID SERVICES					O. 0530 0550
	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE	CONSTRUCTION	(x3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER	A BUI	LDING		1	C
			a w	1G		01/22/201	
		345517					22/2012
NAME OF PR	OVIDER OR SUPPLIER	 -			ET ADDRESS, CITY, STATE, ZIP CODE O BLUE RIDGE ROAD		
DE DE DIN	GE HEALTH CARE CEN	ITER		1	LEIGH, NC 27812		
BLUE MID				┸	PROVIDER'S PLAN OF C	ORRECTION	(45)
(X4) ID PREFIX FAG	(EACH DEFICIENCY MUST BE PRECEDED BY TOLE		1D PREI FAI	FIX	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO TO DEFICIENCY	E ACTION SHOULD BE D TO THE APPROPRIATE	
F 425	medication administ medication observat	acy and 4 or more nurses ration observation utilizing the ion tool which reviews	F	425			
	medication observation tool which reviews technique and Administration rights for compliance. 2. Monthly a Regional Nurse Consultant/designee						Andreas - Company of the Company of
	will conduct a review which includes a car validate no medicati administration of na two nurses, and me techniques is in con Administration Polic formal exit with the immediate attention will include the nurs 30% resident samp ordered medication Carts are orderly, m 30% of resident sam ordered medication reconciles correctly record is compared and 4 or more nurs observation utilizing tool which reviews rights for compliance	or of medication administration of and narcotic audit to sions are borrowed, medication recotic liquids are verified by dication administration appliance with Medication appliance with Medication appliance with Medication appliance with Medication and This review will require a DON for any risk that requires and The Cart and Narcotic audit are consultant completing a see on hand in the cart, and the medication storage is proper, and of Narcotics to verify are on hand, narcotic count are on hand, narcotic count to the MAR to verify accuracy the medication administration the medication observation technique and Administration					
	30% of the narcotic borrowing of medic narcotic count sign narcotics, and orde These audits will b	c records to validate no cations has occurred, validate atures, total entities of cred medications are available. e completed weekly for 4 pered over 3 to 6 months					

Facility ID: 20020003

CENTERS FOR MEDICARE & MEDICAID SERVICES

	FOR MEDICARE & DUFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(XZ) M	UL FII	ME CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ND PLAN OF C	CORRECTION	IDENTIFICATION NUMBER	A BUII			C 01/22/2012	
		345517	11 441				12212012
	OVIDER OR SUPPLIER	ITER			REETAODRESS, CHY STATE, ZIP COD 1830 BLUE RIDGE ROAD RALEIGH, NC 27612	ÞË	
BLUE RIDC	GE HEALTH CARE CEN				PROVIDER'S PLAN OF	CORRECTION	(45)
(X4)1D PREFIX IAG	JE ARU MERICIENI	IATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL RESC IDENTIFYING INFORMATION)	ID PREF TAG	FIX	(EACH CORRECTIVE ACT CROSS REFERENCED TO 1 DEFICIENCE	ION SHOULD BE HE APPROPRIATE	COMPLUTION DATE
				- 42!	 		
F 425	Continued From page	ge 59	i r	42:			
	The Controlled II/III/	/IV/V medication					
	delivery/verification	process has been updated as	•				
	follows:						
	1. New medication	order is received; If hard script					
!	is obtained then pro	oceed to #2, If no hard script is			į		•
	received and the ph	hysician is off site then the					
	nurse calls and req	uests a physician complete o the pharmacy immediately.					
	the script and tax to	nel request, through the					1
	Admissions person	planners, that hard scripts			1		
	accompany the res	ident.					
	a Fay the script to	the PharmacV					l l
	3. A conv of the me	edication order is placed in the	1				
	MAR						
	A If the pharmacy	is unable to delivery due to					
	offer hours the faci	lilv mav					
	a he polified the b	ack up pharmacy will be used.			k q		
	(pharmacy name)	pharmacy will call them and					
	request the deliver	v to the center.					
	b. be notified to rea	move the narcotic medication					
	from the pyxis syst	tem.			L		
	c. if a delivery doe	s not arrive timely and the					
	medication is not a	available in pyxis notify the					
	DON/designee of	the medication and time					
	needed for admini	stration. The DON/designee will n or pharmacist for resolution.					
	notify the physicia	ion arrives at the facility the					
	Once the medical	e medication against the					
	delivery manifest	and sign acceptance of the					
	control.	u					
	5 The nurse will r	partner with a second nurse and					1
	add in the medica	tion on the narcotic count sneet,					
	place the medicat	ion in the cart and place the					
	count down recor	d in the narcotic record book.					
	The second nurse	will then co-sign the manifest.					
1	6. The manifest w	vill be forwarded to the Director					
	of Nursing.	administers the first dose of the					
1					Facility ID: 20020003	If continuation	sheet Page 60 of

CENTERS	DEFICIENCIES	MEDICAID SERVICES (XI) PROVIDER/SUPPLIER/CLIA	(X2) MI	JLTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 01/22/2012	
D PLAN OF	CORRECTION	IDENTIFICATION NUMBER	A BUIL	DING.			
		345517	NW B	G			
IAME OF PRO	OVIDER OR SUPPLIER			38	ET ADDRESS, CHY, STATE, ZIP CODE 30 BLUE RIDGE ROAD	Ē	
BLUE RIDO	SE HEALTH CARE CEN	TER		R/	ALEIGH, NC 27612		(X4)
(X4) ID PREFIX TAG	REFIX DECLI ATORY OR LSC IDENTIFYING INFORMATION		ID PREF FAC	ŧΧ	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (DEFICIENCY)	
1	Continued From pay	ge 60 will match the physicians	F	425			
	order copy that is in and the instruction I	the MAR against the MAR abel on the medication to		!			
	8. Once validated that as ordered.	discontinued or a resident					
1	discharged the med cart M-F and secur-	dication is removed from the ed in triple lock narcotic back lock. When the DON accepts					
	the medication to the recorded on the me	ne lock up the medication is edication disposal log and the colic signature log which					
	subtracts the count	t from the cart. eceive copies of delivery he facility.					
	11. Weekly the DO against copies of r signatures and all	N will reconcile the manifests nanifests to validate two manifests are properly					
	diagonal to the phi	ON will return medications for armacy in a secure box for					
	disposal is mainta	m the pyxis system will be					
	ordered by the DC	ON for replacement every ay to assure quantities of naintained as needed.					
	1	ment and Assurance Committee					
	Quality Assurance	Ad Hoc subcommittee of the e and Assessment Committee and approve this plan. The					
	Medical Director	has approved the plan.					
	The Committee v	vill meet on a weekly basis for nonthly thereafter. Findings from					

STATEMENT OF DEFICIENCIES (X.1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A BUILDING	EE CONSTRUCTION	COMPLETED		
		345517	8 WNG _		01	C <u> /22/2012</u>
	OVIDER OR SUPPLIER GE HEALTH CARE CEN	TER	3	REET AUDRESS, CITY, STATE, ZIP CODE 830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(K5) COMPLETION DATE
F 425	the results of audits at to Committee on a mill make recommen. On 01/22/12 at 1:45 credible allegation w. Nursing staff were incontrolled medication and disposition. The nursing staff were insthe conversion sheet nurses are required medications, and who copy prescription for substance. Review of the Emplo Record revealed instendications were controlled to the pharmac current narcotic analy respective count down document included repharmacist on how to the transcribed clearly a possibility of error. A template of a new Count Sheet was pilled to the transcribed of the transc	and oversight will be reported tonthly basis. The Committee dations where necessary. Ithrough 2:45 PM, the as validated as follows: Iterviewed regarding acquisition, reconciliation, einterviews revealed that the structed not to borrow, to use is to figure out dosages, 2 to receive controlled at to do if there is no hard a resident's controlled are resident's controlled at the envices regarding inducted. In a copy of a document titled 01/21/12. An audit was coist on residents regarding gesics drug dosage and their with sheets. The QA ecommendations from the orectify the irregularities. Indication audit was also sure the medications were and correctly to reduce the form titled "Nurse to Nurse rovided. The form required as nurse that the count was	F 425			
	199199(3)) (3), (3) 3					

DEPARTM	ENT OF HEALTH AN	ID HUMAN SERVICES				UNIB NO. C	_
CENTERS	FOR MEDICARE &	WEDICAID SEKAIOLO	(Y2) MIII	IIPLE	CONSTRUCTION	(X3) DATE SURVE	Υ
TATEMENT OF	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l			1	
ND PLAN OF C	ORRECTION	DENTIFICATION TOWNS 2.4	A BUILE			C	
			8 MNG	·		01/22/	2012
		345517		orne.	ET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PRO	VIDER OR SUPPLIER		ŀ	31KE	30 BLUE RIDGE ROAD		
		17E0	į		ALEIGH, NC 27612		
BLUE RIDG	SE HEALTH CARE CE	11EN	l		PROVINCED OF AN OF CORRECT	TION	(X5) COMPLETION
(X4) ID PREFIX TAG		ITATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI FAG		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	IULU 0 □ □ I	DATE
		62	F	431			
F 431 SS≃J	Continued From pa	ge 62 UGS & BIOLOGICALS			How corrective action will be accon those resident(s) found to have bee.	plished for affected	2-14-12
30 -	i				by the deficient practice;		
	The facility must er	nploy or obtain the services of			L ·	the facility	
	a licensed pharma	cist who establishes a system of and disposition of all			Resident #2 & #3 no longer reside a	the facility.	
		AUDICIONI REIAII (O CRIGO) V			How corrective action will be accor	nplished for	2-14-12
					those resident(s) having potential	o be affected	
	l i io orde	or and that all account or on			by the same deficient practice;		
	controlled drugs is	maintained and periodically			a manigae that cur	rent residents	
	reconciled.				The facility recognizes that our receiving narcotic medications ma	y be affected	
		cals used in the facility must be					
	Drugs and biologic	ance with currently accepted				residents were	
	foodional princ	inies, and michide the			On 1/20/2012, during survey, 3 identified that are utilizing Roxand each current resident medication		
	1	ento and Cautionery			Unit Managers.	•	
	instructions, and	the expiration date when			.	of and	
!	applicable.				Also on 1/20/2012 - 1/21/2012	l a review of	
1	1	out and Enderal laws, the			Current rosaurition form	has been	
İ		th State and Federal laws, the a all drugs and biologicals in			Tecemporecora disposition recidents	with borrowed	
į							1
	locked comband	mit only authorized personnel to			I	11102. 10031001110	
1	have access to the	he keys.			with borrowed drugs were identi number that the medication w		
	4				I Proposition On 100 U	120021000	
	The facility must	provide separately locked,			l -m Primes completed by IRC	Ullill Managers	
	l amandu offi	AND COMPANIES OF SIGNARY			1 Disampou ceruices hy review	Will the naroons	
	controlled drugs	listed in Schedule II of the Drug Abuse Prevention and			disposition forms for each curren	f tesident.	
	1 40	THE AND OTHER UTING SUPPOSITION			During the survey a MAR to cart	audit was	
1	1	Las ind tartilly tiaga sitigly will			1 -4-4 on 1/21/21117 A FGYIS	W OI HIS	
					to the label administration	recoru, i am	
}	quantity stored	is minimal and a missing does			assessment, resident assessment	to ensure proper	
	be readily detec	cted.			l Labellag and effective D	ann managaire	1
					This review was conducted by the	ne Unit Managers	·
1					and Pharmacy services.		
	This DEOLUCE	MENT is not met as evidenced					1
	1.	(CESSAGE V.C. 100 T.C.)	1				
ı	by:		1			Mantinualion s	neet Page 63

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MU A BUILI		E CONSTRUCTION	(X3) DATE SUR' COMPLETE	:O
	345517	B MNG	3		1	<u>2</u> 2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CEN		- 10	38	EET ADDRESS, CITY, STATE, ZIP CODE 30 BLUE RIDGE ROAD ALEIGH, NC 27612 PROVIDER'S PLAN OF CORRECTI	ION I	{X5}
PRESIV (FACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	- 1	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	COMPLETION DATE
interviews, and reconstablish and maintrefree of receipt and disposite (scheduled medicate reconciliation and predications. The factorial formation of the residents accurated acquire narcotic meteridents (Resident resulting in the staff from other residents times the dose of Mighysician. The factorial from Residents in 50 instaborrowed from Resident #8 in was not disposing appropriately after a 2 residents (Resident Immediate jeopardy administrator was repopardy on 01/21/jeopardy was remowhen the facility precompliance at a scalation accurate harm with potential formation of systematics completion of employed.	on, staff interview, pharmacist ord review the facility failed to sain a record keeping system sition of controlled drugs ions) to allow for accurate reper disposition of these acility failed to maintain station to reconcile controlled stely. The facility did not timely dications for 2 of 3 sampled #2 and Resident #3), borrowing those medications and Resident #2 receiving 5 orphine prescribed by the lity staff borrowed narcotic 0 residents to give to other ances. Morphine was dent #5 in 21 instances and 11 instances. The facility of controlled drugs residents left the facility in 1 of int #4). If (IJ) began on 01/06/12. The potified of the immediate red on 01/22/12 at 2:45 PM ovided a credible allegation of cility will remain out of ope and severity level D (no otential for more than minimal mediate jeopardy) to ensure ms put in place and	F	431	Also during survey, a pharmacist co drug regimen review of residents narcotic analgesics on 1/21/2012 to appropriate drug dosage and review count down sheet. Recommendating reviewed with the DON. On 1/21/12 an audit of residents with narcotic analgesics was completed by services to verify that the ordered medion hand. These residents were identified review. Once identified the cart was comedication availability. Medications refill were scripted and replaced by services on 1/21/2012. A physical audit, looking at the physical MAR, and medication label of Roxal Unit Managers was completed by 1/verify the transcription was clear an meaning the complete order was transithe transcription to the MAR may physicians order. A physical audit, looking at the residents order. A physical audit, looking at the residents order. A physical audit, looking at the residents order to see the available in the cart and verify the opharmacy services was completed of the medication in the medication cart to was on hand and the inventory was on hand and the inv	orders for pharmacy cations are doby MAR checked for requiring pharmacy cians order, anol by the 22/2012 to do accurate, scribed and atched the didents with medication quantity, by he Roxanol validate it was correct in hand and a sufficient the supply mpleted on included w of pain ications to tial dosing g reactions, during this	2-14-12

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	l'		E CONSTRUCTION	(X3) DATE SURV COMPLETE	
ANÐ PLAN OF	CORRECTION	345517	A BUIL			01/22	/2012
	OVIDER OR SUPPLIER			38	EET ADDRESS, CITY, STATE, ZIP CODE 330 BLUE RIDGE ROAD ALEIGH, NC 27612		
(X4) ID PREFIX FAG	IFACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG	ıx	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ND 8E	(A5) COMPLETION DATE
F 431	as follows: When narcotic/or co filled by the pharmac with patient name, p given (medication has accurate count, each the amount of medic keys are turned ove This is done by measheet' also called 'crecord.' This form I given, amount given remaining. Discrept before the on comin The medication and delivered to the unit Narcotics/or control separately from reg bag. The nurse rec sign, date and time will release it. The and returns one coprecords. The nursim manifest for its reconsultation of Nursing) office. The narcotics coming in The declining invented the Director of Nursing invented the control of the control o	ntrolled prescriptions are cy, the medication is labeled rescription entity, dose to be bet). In order to maintain an hishift of nurses must verify cation remaining before the rothe on coming nurse. Inside of a 'declining inventory controlled drug administration ist the date given, times and amount of medication ancies must be resolved gnurse will take the keys. I declining inventory sheet are by a pharmacy driver. Ited drugs are manifested ular delivery items in a locked eiving the medications must the manifest before the driver driver also signs the manifest by to the pharmacy for its are records of all	F	431	No additional significant medication identified with the above listed narce by 1/22/2012. Recommendations were with the attending physicians. Measures that will be put into place of changes made to ensure that the definition practice will not occur; A new facility process has been intrincludes two nurses validating all liquidation of narcotic medication rethe pyxis. Validation implies that the nurses ensure the 5 basic drug rights (time, dose, route, drug, person administration. Pharmacy Services provided the conversion chart for oral morphine which was posted in the MAR managers on 1/22/2012. These reassist nurses with medications that named and to validate conversion morphine. An alert sticker has been added disposition record as well as the medication the bottle stating "high alert" residents receiving Roxanol. High are used to alert the 2 nurse dose required, and that the medication potential for harm if improperly dose. Drug Handbooks are available in eaccart to allow nurses to readily cheed dosages, drug categories, etc. during administration.	pr systemic licient liated which lid narcotics on urses for moval from wo licensed are executed lipprior to enter with a sheet and a medication by the Unit sources will are similarly in of liquid to the drug lication label on current Alert stickers validation is in has greated.	2-14-12
	reazing 00) Floridaya Versione (Obsolute Event ID: 5V8	 T11	F	acility ID: 20020003 If o	continuation sheet	Page 65 of 1

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	ENT OF HEALTH AN	D HUMAN SERVICES				ONID NO.	
DEPARTM	COD MEDICARE &	MEDICAID OCHANGES	-T		CONSTRUCTION	(X3) DATE SURVE	Y
CENTERS	FUR MEDICANE &		(X2) MI	ULTIPLE	COMPTHONISM	1	
STATEMENT OF	DEFICIENCIES	IDENTIFICATION NUMBER	A BUII	DING		C	
AND PLAN OF C	OVVECTION		IR IAAK	ıG		01/22/	2012
		345517	D AVIIV				
!				STREE	ET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PRO	OVIDER OR SUPPLIER			383	30 BLUE RIDGE ROAD		
i		ut E P		RA	LEIGH, NC 27612		
BLUE RIDG	GE HEALTH CARE CEN	11 to 17		┸	THE PROPERTY OF CORRE	CTION	(X5) COMPLETION
ļ	CUMMARY S	STATEMENT OF DEFICIENCIES	PRE		(EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP	100000	DATE
(X4) ID			TA		CROSS-REFERENCED TO THE AMERICAN		
PREFIX TAG	REGULATORY OF	CY MUST BE PALSCED RESCRIPTION) RESCRIPTIFYING INFORMATION)	1				
,,,,,			 			C . Chast?	0.1.1.10
 				F 431	A new form titled "Nurse to Nurse	Count Sheet	2-14-12
F 431	Continued From pa	ge 65			l	If the minor	
1 6.431	1 .	turned to the maillieux			count is correct and has been val nurses and that the number of coun		
1				i			
1							
1							
1			1				
1			1				
						HII MOHE ORE OF	
					the cart. This allows for a clear cl Each nurse validating the correct	latti or concent.	
	kept for every con	trolled substance, in or out of			Each nurse validating the correct		
1	the facility.				signs the form.		
· I	L	barmanist WASA			A pharmacy generated declining	inventory sheet	
	The services of th	ne consultant pharmacist were					
1							
	separate contract	t from the vendor pharmacy.					
1					handwritten declining inventory s	neet is amized.	
	1. In an interview	with the Director of Nursing on			Borrowing of Narcotics was ide	atified to have 3	
	01/20/12 at 3:30	PM he stated the pharmacy					
		signed by the drivers and the					
		nd then kept with the unit manifests were discarded after			hard scripts, and narcotic stock i	n pyxis depleting	
			1				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A WARRING SHOULD DO DOWN O	1			a weekly report	
					t	I ICHONAN IO	ł
			1		DOM prior to their expiration is	anon to time	
		CONTROL SHUILD OF THE STATE OF			relill to avoid running out of me		
					Weekly the Unit Manager	will audit PRN	
		TA YAM DAUK HIEUICARONG			U 300 IO Seer tenion against usage of the U	medite and terrain	'
	فيصنا استنتا	PY DUM'S CIDSEL III GENOUISS.			script (if required) and reorder i	f indicated.	
					South (in tedament)		
			ł				1
	l i one hai	d brought it to the attention.					
	and no one na	ng was not acceptable.					
Ì			1				
l l	During an inte	rview on 01/20/12 at 9:30 AM,	1				
l	During arrinto	ed that on change of shift the	-				
	Minze # o star	.♥₩ ₩ 1-27 E1	1_			If continuation	sheet Page 6

Facility ID: 20020003

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA A BUILDING B. WING NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER (X2) MULTIPLE CONSTRUCTION A BUILDING STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	01/2 RECTION SHOULD BE	
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NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	01/2 RECTION SHOULD BE	2/2012
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F 431 Continued From page 68 oncoming nurse counted narcotics in the medication cart with the offgoing nurse. The oncoming nurse verified that the medication physical count matched the declining inventory sheets. When the count was complete, both nurses signed off on the Nurse Narcotic Check List sheet for their shift. The signature meant the oncoming nurse was taking responsibility for the cart and the medications in it. Review of the Nurses Narcotic Check List sheet for 6 of 6 medication carts at the four nurses stations was conducted on 01/20/12. The review indicated signatures for change of shift reconciliation did not include a record of how many declining inventory sheets they should have and nurses did not have a space to document if a sheet/ and or medication card was missing. Review of the Nurses Narcotic Check List sheet for the months of December 2011 and January, 2012 revealed reconciliation of some shifts were not signed off. There were 4 missing signatures of the nurse coming on at 7 AM. Twelve signatures were missing of the nurse coming on at 3 PM. Nine signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse coming on at 11 PM. Twelve	t cause analysis ADON. Findings ction steps to rvice, change in a environmental, placement, cation errors will G. Sheps Center the October 31 the storage of the been longer resides at the Director of the Control econciled by the e and returned to by the pharmacy, maintained in the accompanies the	

		SULLIAN SERVICES				OMB NO. 0	938-0391
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BLUE RIDGE HEALTH	CARE CEN	TER		R/	PROVIDER'S PLAN OF COR	RECTION	(X5) COMPLETION
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F 431 Continue pharmace (not a continue including Roxanol cart draw report with Roxanol shift accompany including Roxanol cart draw report with a telemanage preside Adminic Corpor manage deliver pyxis of the issue consumer consumer were updated as a continue conti	d From parist employed insultant) registers and the countability ephone interest at the Nurse per stated the countability enacting for the countability enacting for the countability enacting the policited of the te would specified the unit enacting the countability should be the countability enacting the countability should be the countability that the countability should be the unit enacting the countability should be the countability should be the countability should be should be countable to the countability of the co	ge 67 ed by the vendor pharmacy evealed multiple discrepancies #7 who had an order for o medication in the medication o unclear from the pharmacy dication had disappeared. dule It drug that requires shift to		= 431	Re-education with Licensed N initiated on the medication adminincluding: reading and interpreting the corresponding medications, Appropriate actions for medicate medication refill, back up pharmagnets utilization with two nurses Signing in Narcotic deliveries were Signing out of Narcotics follow discontinuation with nurse Nursing, Counting narcotics and signat and off going nurses that inclusion and off going nurses that inclusion to control seed the medication Administration Rightligh alert, And, the identification and reperior medication errors in alignment Sheps Center for Health and Rembraces a non-punitive atmore reporting of errors, (With the reckless actions), allowing the it as a opportunity for learning through the Quality Assessment process. In-services were conducted supervisors/designee. Educations and reprocess was completed to the control of the con	ct dosage, if the act of ion availability — macy process and for narcotics, ith two nurses, ving discharge or and Director of ures of oncoming des # of narcotics meet, hts, orting of with Cecil G. essearch the facility sphere for. exception of center to embrace and change nt and Assurance by the DON/nursing titled by February 1 titled by that date with	Г

CENTERS FOR MEDICARE & M		Linnan		E CONSTRUCTION	(X3) DATE SURV	ÆΥ
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1	345517	8 WN	G		01/22	/2012
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FACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF	ix	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE OPRIATE	UATE
however, stated wher duplicate from the pharmacy and the binder for the facility. medications were pict would implement a methe DON for security. In a telephone intervisindependent consulting 01/20/12 at 3:00 PM, reconciliation of sche contract. She stated wanted the reconciliation of sche contract. She stated wanted the reconciliation was not. The contract stated to monthly medication inservices as request Quality Assurance Methodology. The facility was unable documentation that of was done on a routing 2. An Observation of on 01/17/12 at 10 All of Roxanol. One both morphine) per 5 ml (bottle of Roxanol for #5. The bottle was 12/27/2010 with ord every four hours as	nanifest. The corporate VP; In the manifest went out in In the manifest went out in In armacy, one came back to It is second copy should go in a It is stated that discontinued ked up once a month but he lore frequent pick up from reasons. It is with the President of the long pharmacy group on she stated that leduled drugs was not in her lithat if the vendor pharmacy ation process for controlled contract, something could be ministrator then printed a long and upon review, that type of specified in the contract, that she would provide review for each resident, led and attend the quarterly leetings. It is produce any controlled drugs reconciliation me basis. If the narcotic inventory box M, revealed two stock bottles	F	431	The Unit Manager will observe 30% of receiving Roxanol in a weekly administration of Roxanol to emedication is administered correctly procedure is followed including that drug rights are executed (time, dose, and person). Errors indicated with thi will require a med pass in-service demonstration. The facility process for obtaining nartimely upon admission: 1. New medication order is received script is obtained then proceed thard script is received and the off sight then the nurse calls amphysician to complete the script the pharmacy immediately, personnel request, through the discharge planners, that he accompany the resident upon admission: 2. Fax the script to the Pharmacy 3. If the pharmacy is unable to delafter hours the facility may a) be notified the back up pharmacy after hours the facility may a) be notified to remove the narcotifrom the pyxis system c) if a delivery does not arrive timedication is not available in pyx DON/designee of the medication and for administration. The DON/d notify the physician or pharmacist for	audit of nsure: the and proper the 5 basic route, drug, is procedure and return cotic orders ed: If hard to #2. If no physician is d requests a t and fax to Admissions he hospital ard scripts mission. livery due to will be used. d request the center. c medication mely and the is notify the I time needed designee will	2-14-12

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DENACION	EOR MEDICARE &	MEDICAID SERVICES		*101 5	CONSTRUCTION	(X3) DATE SURVE	Υ
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FAG	REGULATORY OF	(CRC IDEMIII 11110 IIII DIII					
				1	On 1/21/2012 the 15 residents ide	ntified to have	2-14-12
		60	F	431			
F 431	Continued From pa	ge 09	1		retills/replacement ordered and	Diffed to an	
	Resident #4, the nu	arse on duty (Nurse #6) stated	1		facility.		
	he was deceased.	When asked how long he had		ļ	Monthly a pharmacist will review	the medication	
	been deceased, sn	e stated she did not know s a couple of months. When					
	i i i i i i i i i i i i i i i i i i i	ANT MIN'S LISTE OF HOLOVILY					
	i Jiantione the N	urse said the resident raising			includes narcotic orders for dosi of the MAR to the reconcilia		
	I I Davidus of	Dagingni ab a decili ili a			1 . II magnira a formai exi	E WILLS THE DOLL	
		rated at least 20 libration			1 . (a) that requires little	catato accommen	
	Lange Decident #5	A USICOIICS MEIO DOLLOLION IL					
		anie The IIIIse IIIdiiusy			I		
		lied and showli the the come-			change orders written as indicate	d and mount	
	lanai and in	a sorrowing documented on			medical record.		
	the declining inver	ntory sheet. She was unaware			New Admission medications wi	I be reviewed by	
1	that morphine (Ro	oxanol) was still in the			l	3 Z4 HOUIS VI	
	medication care in	rate nurse was called and	1		The review recor	12 20111 10	1
	la la discros	Sanciae and Site Icitiosoc			Director of Nursing for recommendations.	toron -r	
	The state Day	vand and deciling inverces					1
	1	ia ina i irrecioi di Nuivios 🗸			There will be two separate r	eviews by Nurse	
	ir - (ioonii)	on to the closer where it income			1 m 11 11 11 11 11 11 11 11 11 11 11 11		
	الأحوا بالمسماد ا	na nhaimacy. The corporate	1		Consultants: 1. Quarterly a nurse consultants pharmacy will conduct a revi	and medication	
1	1adadaba	mag linaware of portaring	1		The state of the s	a cont ann naccour	' 1
	controlled drugs	from one resident to another.			e. This soulous will reculife	a idiliai evit min	• 1
1	do.	clining inventory sheet revealed			L CONTRACTOR VIOLENCE TO A DATE OF THE PARTY	cuunca mimiadais.	
	Heview of 22 de	heets did not have the signatures			The Cost and N	MITCHEL AUGUS """	
Į	of the nurses red	ceiving the controlled			include the nurse consultant resident sample of MAR to	Cart to verify the	2
1	medications.	J			t the adjointions are on that	III III IIIO CUIN ~	- 1
1					L L. madication storage	2 18 0100001, 2070 9	- 1
	Record Review	of all the declining inventory			I the sample of Narcouch	Itt voisit order	- ;
	the steep of all for	ir halls on 01/21/12 levelled a			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	unicume com	•• ,
	l on dooli	ning inventory specis with			the appropriate the Date	Culle count avii	[
	horrowed nois	HOUS: JO OLITIESE SHOOTS HAT A			record is compared to the accuracy and 4 or more	INITIAL IN TAIL	<i>y</i> 1
-	Cit parenties th	e other 12 were ior			h i had observation	i iiiiiziik "	
1	benzodiazepine	s-Xanax, Ativan, Klonopin	1		diamination observation to	ol which review	vs
	(anxiolytics) an	d Ambien (hypnotic), also	1		technique and Administr	ation rights f	or
	controlled medi	cations. In 50 instances, the rowed narcotic medications from	1		compliance.		
	facility staff bor	LOMER LISICONO MORIOGRAPIA				If continuation s	heet Page 7
		Svent ID	5V8T11		Facility ID: 20020003	ti Continuation a	

PRINTED: 02/03/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A BUII		E CONSTRUCTION	(X3) DATE SUR COMPLETE	€D
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	(EACH DEFICIENC	ITER TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IO PREF TAG	JE R	EET ADDRESS, CITY, STATE, ZIP CODE 130 BLUE RIDGE ROAD ALEIGH, NC 27612 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	LOBE	(X5) COMPLETION DATE
F 431	10 residents to give was borrowed from I and from Resident # During an interview 1:01 PM, she stated admitted with orders the nurse transcribe get the medication for there were any in the computer driven many or emergency medicate pharmacy can domany times the macrestocked), and that narcotics and control residents. The nurse came in from the hoprescription of control fax the order to the pin on the midnight docould call the doctor copy or approach the day and get a hard of the nurses just want comfortable and pai wrong to borrow but filling their orders, so needed. During an interview 10:37 AM, the nurse came in with orders pharmacy was in an get the ordered medication.	to other residents. Morphine Resident #5 in 21 instances 8 in 11 instances. with Nurse #3 on 01/17/12 at that when a resident was for a narcotic pain reliever, defended that were able to form the pyxis machine, if the ere. [A pyxis machine is a chine that contains overstock that can be used until the eliver]. The nurse stated that thine was empty (not the lead to a lot of borrowing of the estated that if the residents spital with a hard copy to the elivery. Sometimes the nurse and have him fax a hard e doctor if it was earlier in the copy. The nurse stated that	F	431	2. Monthly a Regional Nurse Consultar will conduct a review of administration which includes a cart at audit to validate no medications are medication administration of narcotic verified by two nurses, and administration techniques is in compl Medication Administration Policy. Twill require a formal exit with the DC risk that requires immediate attention. and Narcotic audit will include consultant completing a 30% resident MAR to Cart to verify the ordered rare on hand in the cart, Carts at medication storage is proper, 30% sample of Narcotics to verify medications are on hand, narcotreconciles correctly, the narcotic correctly is compared to the MAR accuracy and 4 or more nurses administration observation utilized medication observation tool which technique and Administration recompliance. Weekly the RN Manager / designee 30% of the narcotic records to verowing of medications has occurrenarcotic count signatures, total conarcotics, and ordered medications are These audits will be completed we weeks and then tapered over 3 to 6 moon findings.	medication and narcotic borrowed, liquids are medication liance with this review DN for any The Cart the nurse a sample of medications are orderly, of resident and out down to verify medication ging the heart and the reviews lights for will audit radidate noted, validate entities of e available, ekly for 4	2-14-12

Facility ID: 20020003

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PREFIX TAG	REGULATORY OF	CY MUST BE PRECEDED OF A TION) RESC IDENTIFYING INFORMATION)	<u> </u>				
ing .			!		The Control II/III/IV/V medication	n	2-14-1
			1	F 431	The Control II/III/IV/V medicate delivery/verification process has	oeen updated	
F 431	Continued From pa	ige 71			as follows:		
, 40.						ed: It hard	
	medication wasn't	in there, they borrowed pain a racidents didn't have to be in					
	relievers so that th	e residents didn't have to be in			hard script is received and me pu	nests a	
	pain. The nurse re	e residents didn't have been to experience and either the			sight then the nurse cans and re-	I fay to the	
	the pyxis to get the	the discussion of a first didn't	1				
	medication doses	Well- all disc. The nurse stated					
	store that particular	ar medication.	l l		planners, that hard scripts accom	npany the	
	there were times	they can be thing they had in the			resident.		
	asked it they could	d give something they ident's ordered medications at horrowing of medications			2. Fax the script to the Pharmac 3. A copy of the medication ord	er is placed in	
	pyxis until the rec	ut borrowing of medications			3.A copy of the medication of a	•	
	happened occas	ionally			the MAR. 4.If the pharmacy is unable to c	lelivery due to	
	nappened occas	o 4 (00/42 of	1		after hours the facility may	ill ba	
1	Ouring an intervi	ew with Nurse #5 on 01/20/12 at	1			macy war oo	
1	3:33 PM, she sta	ated they faxed the medication			1 Dortners marmacy will	V	
	orders to the phi	armacy when the resident came			request the delivery to the cent b) be notified to remove the na	arcotic	
	in. If the medica	allons were the nuvis. She			medication from the pyxis sys	tem.	
1	needed them, tr	ley got a from ant out of the pyxis			medication from the pyxis sys	e timely and the	
1	stated they got	The pharmacy has			c) if a delivery does not arrive medication is not available in	pyxis notify the	
1	and borrowed v	mat they don't have just as long to			1 DONIGORE OF THE HIGHWA	TON WITE	
	a back up phan	macy, and it took just up pharmacy.	1		needed for administration. T	physician or	
1	get the medica	1			pharmacist for resolution.		1
1	a Bocard revie	ew of a medication error report	1			s at the facility the	
1	revealed that	lurse #1 had 'borrowed' Roxanol	1		5.Once the medication arrive	ion against the	1
1			1		delivery manifest and sign a	ceptance of the	
	8:20 PM to giv	te to Resident #2. After	1		control.	a second nurse	1
1	administering	the medication to Resident #2, she the medication to Resident #2, she the had administered the wrong	1				
1	discovered in	at site tiad daring					
-	dose to Resid	ent #2.			place the count down record	I til tile man	
1		nad an order for "Roxanol 100 mg/5	1		record book. The second r	turse will then co-	
	Resident #2 l	per cubic centimeter), give one cc	1		sign the manifest.		l l
1	cc (milligram/	per cubic centimeter), give or season as needed for pain or shortness of the latest dose for Resident#2 would	1		3.5° · · · ·		
	every 4 hours	s as needed for pain of shear e total dose for Resident#2 would	1				
	breath." [In	o mg of morphine per dose).					1
- 1	have been 2	0 mg of morphilis per doos, was a new admission on 01/06/12 a	[
1	Resident #4	HAA	ļ			If continuatio	n sheet Pag
1	3:30 PM.		D: 5V8T11		Facility ID: 20020003	It COMBROADO	

FULLIA	DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) ML	LTIPLE	CONSTRUCTION	(X3) DATE SURY COMPLETE	D
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		345517	B. WN			01/22	2/2012
ME OF PRO	OVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE 30 BLUE RIDGE ROAD		
	GE HEALTH CARE CEN	ITER			ALEIGH, NC 27612		
SEOF KID			ID	1	PROVIDER'S PLAN OF CORRECT	TION	(X5) COMPLETION
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F 431	mg) every 4 hours of When nurse #1 with up 5 cc instead of cotal of 100 mg of mordered dose. Nurse #1 asked that she confusing and had it to the resident. The supervisor call obtained support of 1:1 sitter for 4 hour hour. The resident emergency room of the nurse was intelled borrowing of more substances was intelled borrowing of more substances was intelled borrowing of more delivery of medical prompted staff to to treat residents not always signer count system did declining invento how much medication cart of gone missing; she signed by the nurse in system of the nurse in system of the system of	order for Roxanol 0.25 cc (5 for pain. Indrew the morphine she drew one cc and gave Resident #2 a morphine, five times the esupervisor to view her error. In a found the morphine orders drawn up too much and given the attending MD and orders for oxygen saturation, a grand a call back to him in one at elected to go to the for evaluation and treatment. Serviced and counseled and narcotic/or controlled	F	431	7. The manifest will be forwarded to Director of Nursing. 8. The nurse that administers the first the narcotic medication will match the physicians order copy that is in the Nagainst the MAR and the instruction the medication to validate accuracy. 9. Once validated the medication is administered as ordered. 10. If a medication is discontinued of discharged the medication is remove cart M-F and secured in double lock back up in the DON's office. Whe accepts the medication to the lock us medication is recorded on the medication is recorded on the medication is recorded on the medication is recorded on the medication is recorded on the medication is recorded on the medication is recorded on the medication is recorded on the medication is recorded on the medication is recorded on the medication is recorded on the medication. 11. The DON will receive copies of manifests sent to the facility from the pharmacy. 12. Weekly the DON will reconcile manifests against copies of manife validate two signatures and all narropoperly processed. 13. Weekly the DON will return medication is maintained for disposal to the pharmacy in a set for disposal to the pharmacy in a set or disposal. The record of medication is maintained by the DON for replacem weekly to assure quantities of medication is needed.	dose of ne MAR label on label on ra resident ed from the marcotic in the DON p the cation in the resident from racotic count y in the country in the racotic country in the	2-14-12

PRINTED: 02/03/2012 FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES (XJ) DATE SURVEY CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER A BUILDING

CENTERS	FOR MEDICARE OF	(X1) PROVIDER/SUPPLIER/CLIA	1.			C	
FATEMENT OF ND PLAN OF !	F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER	A BUIL!			01/22/	2012
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	OVIDER OR SUPPLIER			38	EET ADDRESS, CITY, STATE, ZIP CODE 830 BLUE RIDGE ROAD IALEIGH, NC 27612 PROVIDER'S PLAN OF CORRE	CTION	(X5)
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F 431	Continued From part 4. Resident #3 war 9-27-11. Review of the resident's admin as: lung cancer, Congestiand diabetes mellicated in part reliever) 10mg 1 in needed for pain. Review of the part revealed to the Promit revealed to the part revealed to the part revealed to the part revealed to the part revealed to the part revealed to the part revealed to the part revealed to the part revealed for mild hours as needed to mild hours as needed to pain. Review of the part revealed to the part revealed for mild hours as needed to part revealed one of the part revealed one	age 73 as admitted to the facility on of the medical record revealed dission diagnoses were listed Chronic Obstructive Pulmonary live Heart Failure, hypertension, litus. spital discharge medications per Physical Report, dated 9-27-11, as: Oxycodone (narcotic pain to 3 tabs every 4 hours as sin scale on admission, dated facility's "Resident Evaluation the assessment was left blank. hysician's orders for the resident's ad 9-27-11, revealed orders for ag 1 tablet every 4 hours as I pain; Oxycodone 20mg every 4 and for moderate pain; and ang every 4 hours as needed for resident's September 2011 ministration Record (MAR), Oxycodone 10mg tablet were given 5 PM. However the "Controlled Record/Disposition Form" revealed Oxycodone did not arrive at the 28-11. It is unclear where the one an 9-27-11 was obtained. a facility "Controlled Drug ord/Disposition Form" revealed the ent "Oxycodone tab 10mg" on a Directions on the form read "take 1		F 431	How the facility plans to monitor is performance to make sure that so sustained. Plan to ensure for ensure the correction is achieved and sust thow implementation of the corre is evaluated for its effectiveness, integration into the quality assure of the facility. The Quality Assurance Committee pharmacy representative, will meabasis for three months and quartee Findings from the results of audit will be reported to Committee alot trending, analysis, and root cause Committee will make recommen necessary.	aring that stained. ctive action and ance system e, including a et on a monthly rly thereafter. s and oversight ong with the dations where	2-14-12

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DEPARTME	ENT OF HEALTH AN	ID HUMAN SERVICES				(A)) DATE SU	RVEY
CENTERS	FOR MEDICARE &	MEDICAID SERVICES (x1) PROVIDER/SUPPLIER/CLIA	(X2) MI	JL EIPEE	CONSTRUCTION	COMPLE	TEO
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AND PLAN OF C	ORRECTION		B WIN	G		01/	22/2012
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				21111	ET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PRO	WIDER OR SUPPLIER				30 BLUE RIDGE ROAD		
	GE HEALTH CARE CEI	NTER		R/	PROVIDER'S PLAN OF CORR	ECHON	(55)
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			1	F 431			
F 431	Continued From pa	ige 75					
F 431	•	Cina that callfillia Oversion.	ļ		1		
l	or emergency med	lications that can be used until					
ł			1				
1	many times the ma	achine was empty (not at lead to a lot of borrowing of	1				
}	restocked), and th	at lead to a love					
1							
1	residents. The he	hospital with a hard copy					
	prescription of co	ntrolled medication, they could	ļ				
1	fax the order to th	ntrolled medication, would come the pharmacy and it would come the nurse	1				1
1	in on the midnigh	t delivery. Some fax a hard					
	could call the doc	tor and navo the earlier in the	1				
l			Ì				
ļ	day and get a tia	vanted residents to be v					
	the nurses just the	pain free and she knew it was	1				1
	wrong to borrow	but the pharmacy was just not			•		
l	filling their order	s, so they borrowed what they					
l	needed.	•	1				
1		riew with Nurse #4 on 1-20-12 at	}				
					1		
1	10:37 AW, the	ders for pain management, the					1
1			ļ				
1							
1	delivery. Nurse	e #4 reported when they didn't	-				
1	have the medic	cation in the pyxis, the nurses had other residents. Nurse #4 stated	1				
1	to borrow from	other residents. The other the	1				1
	nurses checke	sn't in there, they borrowed pain	1				
	medication wa	at the residents didn't have to be in					
							1
	the pyxis to de	et the medication, and either the					1
	medication do	es the medication, and didn't used or just didn't					
			1		1		1
	there were tin	nes they called the physician and			t e		l l
		nes they called the physical had in the could give something they had in the resident's ordered medications					
Ì	pyxis until the) Lesideur 2 Ordored Wear			20020003	If continue	ition sheet Page 76 o

1	OF DEFICIENCIES CORRECTION	(X.1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MI A. BUII		CONSTRUCTION	(X3) DATE S COMPL	
	•	345517	a ww	G		01	/22/2012
	OVIDER OR SUPPLIER GE HEALTH CARE CEN	TER		3830	ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE ROAD EIGH, NC 27612		
(X4) ID PREFIX TAG	(FACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREF FAG	x	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(35) COMPLETION DATE
F 431	were received, but be happened occasional During an interview of 11:12 AM, the DON narcotic count down Resident #3 was received by the facility dose of the 20 tablet Review of the resider after 10-1-11. The End of the resider after 10-1-11. The End of the and the other ceived after 10-1-17 The DON stated he spread borrowing of The administrator was jeopardy on 01/21/13 administrator provide allegation on 01/22/11. Residents affected practice. No residents were in 2. Residents with the alleged deficient On 1/20/2012 5 resident are utilizing Rox current resident med.	with the DON on 1-20-12 at reported the copy of the sheet for Oxycodone for ceived from the pharmacy. The revealed 20 tablets were ty on 9-28-11 and the last is was given on 10-1-11. The sharm of the received additional doses from the pharmacy did oxycodone tablets for this fair doses the resident for the wide the received in the facility. The sharm of the wide the following credible for the set of the following credible for the received and the following credible for the set of the following credible for the set of the following credible for the followi	F	431			

CENTERS	DEFICIENCIES	MEDICAID SERVICES (X.1) PROVIDERISUPPLIERICIA	(X2) MI	JUDPLE C	UNSTRUCTION	COMPLE	IEO
AD BEVN OF (ORRECTION	IDENTIFICATION NUMBER	A BUIL	DING			С
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	OVIDER OR SUPPLIER			1830	ADDRESS, CITY, STATE, ZIP COD BLUE RIDGE ROAD EIGH, NC 27612	ĐE	
(X4) ID PREFIX TAG	A AND LONG THE SECOND	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF	ix	PROVIDER'S PLAN OF (FACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	ION SHOULD BE THE APPROPRIATE	ECH ECHMPLETION DATE
F 431	record, Pain assess and the count dow ensure proper dos pain management the Unit Managers. A physical audit, lo MAR, and medical Managers was controlled drug recontrolled dr	sment, resident assessment in sheet has been completed to age, labeling, and effective if this review was conducted by and Pharmacy services. Tooking at the physicians order, and label of Roxanol by the Unit impleted by 1/22/2012 to verify as clear and accurate, meaning ar was transcribed and the a MAR matched the physicians Tooking at the residents with and and verify the quantity, by as was completed of the Roxanol medication cart to validate it the inventory was correct act medication was on hand and anol and there was a sufficient the risk of depleting the supply	F	431			
	A review of curre completed to ide drug orders to u	have been identified to flave					sheet Page 78 c

A BUILDING 1345517 A BUILDING C B WNG SIREET ADDRESS, CITY. STATE, ZIP CODE 3830 BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER BLUE RIDGE HEALTH CARE CENTER		F DEFICIENCIES	OCT) PROVIDER/SUPPLIER/CUA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SI COMPLE	
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PHETAL MANAMAY STATE MENT OF DEFICIENCIES ULAS THE PRECUES OF PHETAL PROPERTY AND ACCORDECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY OF THE PROPERTY AND ACCORDECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY. F 431 Continued From page /8 F 431 The medication was used for or "borrowed" was written on the disposition form. The audit was completed by the Unit Managers, and Pharmacy services by reviewing the narcolic disposition forms for each current resident. The audit was completed by 1/21/2012. On 1/21/12 an audit of residents with orders for narcolic analgesics was completed by pharmacy services to verify that the ordered medications are on hand. These residents were demilified by MAR review. Once identified the cart was checked for medication availability. Medications requiring refill were scripted and replaced by pharmacy services on 1/21/2012. An audit was completed on 1/13/2012 by a pharmacy service of 1/21/2012. An audit was completed on 1/13/2012 by a pharmacy service of pain medication and psychoactive medications to identify possible duplication, potential dosing Issues, and evidence of adverse drug reactions. No drug fregularities were found during this audit. This review was done in addition to the monthly drug regimen review. No additional significant medication errors were identified with the above listed narcolic reviews by 1/21/2012. 3. Systemic Changes Re-education with Licensed Nurses has been initiated on the medication administration process including: a. reading and interpreting the correct dosage, b. Immediate discontinuation of the act of			ENTER	3830	BLUE RIDGE ROAD	OE	
written on the disposition form. The audit was written on the disposition form. The audit was completed by the Unit Managers, and Pharmacy services by reviewing the narcotic disposition forms for each current resident. The audit was completed by 1/21/2012. On 1/21/12 an audit of residents with orders for narcotic analgesics was completed by pharmacy services to verify that the ordered medications are on hand. These residents were identified by MAR review. Once identified the cart was checked for medication availability. Medications requiring refill were scripted and replaced by pharmacy services on 1/21/2012. An audit was completed on 1/13/2012 by a pharmacist which included current residents which was a review of pain medication and psychoactive medications to identify possible duplication, potential dosing issues, and evidence of adverse drug reactions. No drug irregularities were found during this audit. This review was done in addition to the monthly drug regimen review. No additional significant medication errors were identified with the above listed narcotic reviews by 1/21/2012. 3. Systemic Changes Re-education with Licensed Nurses has been initiated on the medication administration process including: a. reading and interpreting the correct dosage, b. immediated discontinuation of the act of	(X4) ID PREFIX	SUMMARY	STATEMENT OF DEFICIENCIES	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETION
	F 431	medication was us written on the disp completed by the Uservices by review forms for each cur completed by 1/21 On 1/21/12 an audit narcotic analgesic services to verify the are on hand. Thes MAR review. Once checked for medic requiring refill were pharmacy service. An audit was compharmacist which which was a review psychoactive medication, potent of adverse drug rewere found during done in addition to review. No additional signification with the 1/21/2012. 3. Systemic Charket Re-education with initiated on the mincluding: a. reading and in b. immediate disciplined.	sed for or "borrowed" was osition form. The audit was Unit Managers, and Pharmacy ing the narcotic disposition rent resident. The audit was 1/2012. dit of residents with orders for swas completed by pharmacy that the ordered medications is residents were identified by elidentified the cart was cation availability. Medications is escripted and replaced by son 1/21/2012. Appleted on 1/13/2012 by a included current residents is wo f pain medication and dications to identify possible itial dosing issues, and evidence elial dosing issues, and evidence elial dosing issues, and evidence elial audit. This review was the monthly drug regimen inficant medication errors were above listed narcotic reviews by inges The Licensed Nurses has been nedication administration process iterpreting the correct dosage, continuation of the act of	F 431			

ENTERS	HUR MEDICARE &	MEDICAID SERVICES (A1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	DPLE CO	NSTRUCTION	(XJ) DATE SI COMPLE	EIEO
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F 431	medication refill, ba pyxis utilization with d. Signing in Narco e. Signing out of Na discontinuation with Nursing. f. Counting narcotic and off going nurse counted in addition g. Medication Adm As of 1/21/2012 26 received this educ conducted by the Completion of sch completed by Feb educated by Janu work responsibiliti been received.	ns for medication availability - ck up pharmacy process and n two nurses for narcotics. tic deliveries with two nurses arcotics following discharge or n nurse and Director of cs and signatures of oncoming as that includes # of narcotics it to control sheet. inistration Rights 6 of 39 licensed nurses have ation. In-services will be DON/nursing supervisors. eduled licensed nurses to be ruary 1, 2012. Nurses not ary 22, 2012 will not resume es until such education has	F	431			
	Look alike / Soun conversion chart which was posted managers on 1/2 assist nurses with named and to var morphine. An alert sticker his disposition recorresidents receiving are used to alert required, and the potential for hard for high part has	es provided the center with a dalike medication sheet and a for oral morphine medication in the MAR by the Unit 2/2012. These resources will medications that are similarly lidate conversion of liquid as been added to the drug d stating "high alert" on currenting Roxanol. High Alert stickers the 2 nurse dose validation is at the medication has great if improperly dosed. In-service is been initiated by the upervisors. Completion of					

PRINTED. 02/03/2012 FORM APPROVED

DEPARTM	ENT OF HEALTH AN	D HUMAN SERVICES				OMB NO	O. 0938-0391
CENTERS	FOR MEDICARE &	MEDICAID SERVICES	(Q) M	ULIBY	E CONSTRUCTION	COMPLE (X3) DATE 20	TEO
ATCHENT OF	DEFICIENCIES CORRECTION	(X.1) PROVIDER/SUPPLICATION NUMBER	A BUIL	DING			С
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	OVIDER OR SUPPLIER				830 BLUE RIDGE ROAD RALEIGH, NC 27612		
BLUE RIDG	GE HEALTH CARE CEN		<u> </u>	ــــــــــــــــــــــــــــــــــــــ	T WOOMINGERS DI AN OF	CORRECTION	COMPLETION
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F 431	Continued From pa	nurses to be completed by		F 43			
	February 1, 2012. N January 22, 2012 v responsibilities unti	durses not educated by all not resume work such education has been					
		ess has been initiated which s validating all liquid narcotics					
	prior to administrativation of narco	tion as well as two nurses for tic medication removal from the inplies that two ticensed nurses drug rights are executed (time,					
	dose, route, drug,	person) prior to administration person) prior to administration person person prior to administration person					
	clinical meeting.	DON/ADON. Findings will prize action steps to include, but					
	not limited to: in-s Pharmacy respor changes (location	nse, and environmental factor n, placement, identification of the					
	reported to Cecil Research by the deadline.	October 31 calendar year					
	receiving Roxan administration o	er will observe 30% of residents of in a weekly audit of f Roxanol to ensure: the Iministered correctly and proper					
	procedure is foll	owed including that the observerses are couted (time, dose, route, drug, indicated with this procedures will bass in-service and return	And the second s				
		on and reporting of medication uded in the scheduled licensed					on sheet Page 8

<u>ENTERS</u>	FOR MEDICARE &	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL1	IPLE CONSTRUCTION	COMPLE (X3) DATE SU	TED
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) PLAN OF (ORRECTION		8 WNG		01/	22/2012
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יי ייב פוענ	GE HEALTH CARE CE	NTER		RALEIGH, NC 27612	- and Callon	(45)
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F 431	Continued From pa	ge 81	+4	431		
F 401		alignment with Cecil G.				1
	Louisian Contor for H	lealth and izeacon manager,				
	1 2 2001-01	initive attitospileio ioi				
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	فالمستقال	MUMINA INFLETION OF THE PARTY				
		y for learning and change y Assessment and Assurance				
	through the Quality	y Assessment and the				
	process.					1
	Described of Nato	otics was identified to have 3				
	hard scripts, and	narcotic stock in pyxis depleting				
	too soon.					
		: to a washly report on				
	Pharmacy service	es will provide a weekly report on				
		uire script renewal to the DON ration to allow for timely refill to				1
						1
	Manager will add	nd renew script (if required) and				
	reorder if indicate	ed.	1			
į	1					
	The process for	obtaining narcotic orders timely				
į						
						1
1	is obtained then	proceed to #2. If no hard script is				
		e physician is off site then the requests a physician to complete				}
		TO TA THE HIMITIACT INCOME.				ļ
						1
1	i u laiceanai	raa hianneis, illat liulu uurri				
1	accompany the	resident upon admission.				
		A to the Phalillaux.				
1	3 If the pharma	acy is unable to delivery doe to				
1						
	1 13	ne back up pharmacy will be used. harmacy) pharmacy will call them				
	1	harmacy) pharmacy will call their	ŀ	į.	If continuat	

	OUT OF HEALTHAI	ND HUMAN SERVICES). 093 <u>8-0391</u>
DEPARTME	ENT OF HEALITY	MEDICAID SERVICES			www.tone.ticN	(X I) DATE SU COMPLE	RVEY
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D PEAN OF C	ONNECTION	1	0 MNC	3		01/	22/2012
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TAG							
ļ	u lesom n	200 B2	F	431			
F 431	1	allocation the center.	1	}			
	and request the de	alivery to the center. move the narcotic medication	ļ	1			
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	from the pyxis sys	A AAT BILLY HILLS TO THE					
			l l				
	DON/designee of	the medication and time	İ				
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	notify the physicia	an or pharmacist to					
	On 1/21/2012 the	15 residents identified to have					
!	1	awad nan naituuv					1
	refills/replaceme	nt ordered and billed to the					1
	facility.						1
	t -						
	Monthly a pharm	nacist will review the medication and administration records of					
	regimen, dosage	and administration					
	residents receive	c orders for dosing and compare					i i
	1	Mai brit With the Dorring					
							1
	اانف عصونومنسد ما	Pa (GAIGMED D) a burning	-		1		
1	fax within 24 ho	ours of admission.					1
	There will be to	vo separate reviews by Nurse					
	Consultants:						1
		ourse consultant from the pharmacy	-				
1							
1			1				
-							
-							
1	Narcotics to v	verify ordered medications are on	1			Manadia (191	ion sheet Page

BLUE RIDGE HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY ORLISC IDENTIFYING INFORMATION) F 431	A BUILDI	STREET AC 3830 BL RALEIC	(EACH CORRECT!) CROSS-REFERENCE	AN OF CORRECTI	LDBE	0
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (FACTIDE FICENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) F 431	B WNG	STREET AC 3830 BL RALEN	ADDRESS, CHY, STATE, 2 JULIE RIDGE ROAD JGH, NC 27612 PROVIDER'S PL (EACH CORRECTE CROSS-REFERENCE	AN OF CORRECTI VE ACTION SHOUL ED TO THE APPRO	01/22/	(C)
BLUE RIDGE HEALTH CARE CENTER (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 431 Continued From page 83 hand, narcotic count reconciles correctly, the narcotic count down record is compared to the MAR to verify accuracy and 4 or more nurses medication administration observation utilizing the medication observation tool which reviews technique and Administration rights for compliance. 2. Monthly a Regional Nurse Consultant/designee will conduct a review of medication administration which includes a cart and narcotic audit to validate no medications are borrowed, medication administration of narcotic liquids are verified by two nurses, and medication administration Administration Policy. This review will require a formal exit with the DON for any risk that requires immediate attention. The Cart and Narcotic audit will include the nurse consultant completing a 30% resident sample of MAR to Cart to verify the ordered medications are on hand in the cart, Carts are orderly, medication storage is proper, 30% of resident sample of Narcotics to verify ordered medications are on hand, narcotic count reconciles correctly, the narcotic count down record is compared to the MAR to verify accuracy and A or more nurses medication administration	ID PREFIX TAG	STREET AU 3830 BL RALEN	ADDRESS, CHY, STATE, 2 JULIE RIDGE ROAD JGH, NC 27612 PROVIDER'S PL (EACH CORRECTE CROSS-REFERENCE	AN OF CORRECTI VE ACTION SHOUL ED TO THE APPRO	01/22/	(C)
BLUE RIDGE HEALTH CARE CENTER (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 431 Continued From page 83 hand, narcotic count reconciles correctly, the narcotic count down record is compared to the MAR to verify accuracy and 4 or more nurses medication administration observation utilizing the medication observation tool which reviews technique and Administration rights for compliance. 2. Monthly a Regional Nurse Consultant/designee will conduct a review of medication administration which includes a cart and narcotic audit to validate no medications are borrowed, medication administration of narcotic liquids are verified by two nurses, and medication administration Administration Policy. This review will require a formal exit with the DON for any risk that requires immediate attention. The Cart and Narcotic audit will include the nurse consultant completing a 30% resident sample of MAR to Cart to verify the ordered medications are on hand in the cart, Carts are orderly, medication storage is proper, 30% of resident sample of Narcotics to verify ordered medications are on hand, narcotic count reconciles correctly, the narcotic count down record is compared to the MAR to verify accuracy and A or more nurses medication administration	ID PREFIX	3830 BL RALEI	PROVIDER'S PL (EACH CORRECT!) CROSS-REFERENCE	AN OF CORRECTI VE ACTION SHOUL ED TO THE APPRO	LDBE	COMPLETION
F 431 Continued From page 83 hand, narcotic count reconciles correctly, the narcotic count down record is compared to the MAR to verify accuracy and 4 or more nurses medication observation tool which reviews technique and Administration rights for compliance. 2. Monthly a Regional Nurse Consultant/designee will conduct a review of medication administration which includes a cart and narcotic audit to validate no medications are borrowed, medication administration for narcotic liquids are verified by two nurses, and medication administration techniques is in compliance will medication Administration Policy. This review will require a formal exit with the DON for any risk that requires immediate attention. The Cart and Narcotic audit will include the nurse consultant completing a 30% resident sample of MAR to Cart to verify the ordered medications are on hand in the cart, Carts are orderly, medication storage is proper, 30% of resident sample of Narcotics to verify ordered medications are on hand, narcotic count reconciles correctly, the narcotic count down record is compared to the MAR to verify accuracy and 4 or more nurses medication administration	PREFIX	x	PROVIDER'S PL (EACH CORRECT!) CROSS-REFERENCE	VE ACTION SHOUL ED TO THE APPRO	LDBE	COMPLETION
F 431 Continued From page 83 hand, narcotic count reconciles correctly, the narcotic count down record is compared to the MAR to verify accuracy and 4 or more nurses medication administration observation utilizing the medication observation tool which reviews technique and Administration rights for compliance. 2. Monthly a Regional Nurse Consultant/designee will conduct a review of medication administration which includes a cart and narcotic audit to validate no medications are borrowed, medication administration of narcotic liquids are verified by two nurses, and medication administration techniques is in compliance with Medication Administration Policy. This review will require a formal exit with the DON for any risk that requires immediate attention. The Cart and Narcotic audit will include the nurse consultant completing a 30% resident sample of MAR to Cart to verify the ordered medications are on hand in the cart, Carts are orderly, medication storage is proper, 30% of resident sample of Narcotics to verify ordered medications are on hand, narcotic count record is compared to the MAR to verify accuracy and 4 or more nurses medication administration	PREFIX		(EACH CORRECT!) CROSS-REFERENCE	VE ACTION SHOUL ED TO THE APPRO	LDBE	
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observation utilizing the medication observation tool which reviews technique and Administration rights for compliance. Weekly the RN Manager / designee will audit 30% of the narcotic records to validate no borrowing of medications has occurred, validate narcotic count signatures, total entities of						

SCOADIMEN	IT OF HEALTHAN	D HUMAN SERVICES				CAVIDAN		
DENITEDS EC	OR MEDICARE &	MEDICAID OCKNOSS	Trown	a fari E	CONSTRUCTION	(XJ) DATE SU	KVE T	
ATEMENT OF DE	FICIENCIES	(X.1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUIL			C		
ATEMENT OF THE ID PLAN OF COR	RECTION	(DENTIFICATION NUMBER	1''			01/22/2013		
			D WN	G		01/	22/2012	
		345517			ET ADDRESS, CITY, STATE, ZIP CODE			
	DER OR SUPPLIER			18	30 BLUE RIDGE ROAD			
					ALEIGH, NC 27612			
BLUE RIDGE	HEALTH CARE CEN	(IER		┸╾┰	THE PIC BLAN OF COR	RECTION	COMPLETION	
	SHIMARY S	TATEMENT OF DEFICIENCIES	OF PREF	1	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A		DATE	
(X4) IO PREFIX	(EACH DEFICIEN	TATEMENT OF OCCUPIED BY FULL CY MUST BE PRECEDED BY FULL RESC IDENTIFYING INFORMATION)	[Al		DEFICIENCY)			
TAG	REGULATORY OF	SEPTIMENTAL PROPERTY.						
		an 94	F	431			Ì	
F 431 C	Continued From pa	ge ov						
W	veeks and then tap	pered over 3 to 6 months						
b	pased on findings.							
},	The Controlled II/II	WVV medication						
	Halivery/verification	n process has been updated as						
		order is received; If hard script						
t t		(ACOOD 11) #Z. 31 NO NOV. = 1						
	received and the p	nysician is on one complete						
	hospital discharge	9 plantiers, that have seen						
1	moany the re	esident.					1	
1 1								
1	3. A copy of the n	o the Pharmacy nedication order is placed in the						
1		y is unable to delivery due to						
1	4. If the pharmac after hours the fa	eility mav:	1					
1								
	Labormacy name	1) Onafiliacy will con man					1	
			1					
	h, be notified to	remove the harcono moss-						
\		ystem. oes not arrive timely and the					1	
1							1	
	medication is no	of the medication and time						
1								
1							1	
1		ANAN ANIONS OF THE PARTY	1					
1								
ļ	delivery manife	st and sign acceptance of the						
	control.	in and with a second nurse and			•			
		ill partner with a second nurse and lication on the narcotic count sheet,	1					
	The second n	urse will then co-sign the manifest.						
1	THE SECOND IN	5 may 10:			Facility IO: 20020003	If continual	ion sheel Page	

ATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER	l l	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
IÐ PLAN OF	CORRECTION	(DEMILICATION NO. 1021)	A BUILDING			С		
		345517	H WNG		01/22/2012			
	OVIDER OR SUPPLIER		3830	FADDRESS, CITY, STATE, ZIP CC BLUE RIDGE ROAD	DDE			
BLUE RID	GE HEALTH CARE CEN	ITER	RAL	EIGH, NC 27612	e consection	(45)		
(X4) (D PREFIX TAG	ALACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST HE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	COMPLETION		
F 431	6. The manifest will of Nursing. 7. The nurse that ac narcotic medication order copy that is in and the instruction I validate accuracy. 8. Once validated thas ordered. 9. If a medication is discharged the medication to the medication to the medication to the medication to the medication to the medication to the medication to the medication to the medication to the medication to the medication to the medication to the medication to the medication to the medication to the medication to the medication that the medication to the medication to the medication that	Iministers the first dose of the will match the physicians the MAR against the MAR abel on the medication to the medication is administered discontinued or a resident discontinued from the ed in triple lock narcotic back the lock up the medication is edication disposal log and the	F 431					
	subtracts the count 10. The DON will re manifests sent to th 11. Weekly the DO against copies of n signatures and all processed. 12. Weekly the DO disposal to the pha disposal. The reco disposal is maintai	eceive copies of delivery ne facility. N will reconcile the manifests nanifests to validate two manifests are properly N will return medications for armacy in a secure box for rd of medications returned for ned by the DON. m the pyxis system will be						
	ordered by the DC Tuesday and Frida medications are m 4. Quality Assessr On 1/19/2012 and Quality Assurance met to discuss an	N for replacement every by to assure quantities of maintained as needed. Ad Hoc subcommittee of the and Assessment Committee diapprove this plan. The mas approved the plan.						

PRINTED: 02/03/2012 FORM APPROVED

DEDAGIA	AENT OF HEALTH AN	ID HUMAN SERVICES				OMB N	O. 0938-0391
DEPARTED	S FOR MEDICARE &	MEDICAID SERVICES			· · · · · · · · · · · · · · · · · · ·	(XJ) DATE SU	URVEY
CENTER	of DEFICIENCIES	LAG DRIVING RESULT CO. 1995	- 1		E CONSTRUCTION	COMPLE	
ANDPLANOS	CORRECTION	IDENTIFICATION NUMBER	A BUI	LDING			С
1			4W B	iG _		01/	122/2012
		345517		T.,,,,,	LET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PI	TOVIDER OR SUPPLIER			38	130 BLUE RIDGE ROAD		
1		uter			ALEIGH, NC 27612		
BLUE RIC	IGE HEALTH CARE CE				DISCUIPER'S PLAN OF COF	RECTION	(A5) COMPLETION
19.40.10	SUMMARY S	STATEMENT OF DEFICIENCIES	1D PREI		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULUBE	DATE
(X4) IO PREFIX IAG	(EACH DEFICIEN REGULATORY O	ICY MUST BE PRECEDED BY FULL RESC IDENTIFYING INFORMATION)	TA	G	(CROSS-REFERENCE)	(NOSSINEL ENCY)	
		22	,	431			
F 431	Continued From pa	ge 86					
		mant on a weekly basis for					
	1 14	meet on a weekly basis for nthly thereafter. Findings from					
	la la afourdite	e and oversions will be reported					
		monthly pasis, the committee					
	Light make recomme	augations within trecessority.					
		5 through 2:40 Pivi, tile					
	credible allegation	was validated as follows:					
ļ	Numerica staff were	interviewed regarding					
•		BAN ACHUSURUU, LECUTORUUSIS					
		ha interviews revealed him in					
	Later atoff word	metricied flot to policit to ac-					
	the conversion sh	66K to lighte our goangoor -					
	nurses are require	ed to receive controlled what to do if there is no hard					
	medications, and	for a resident's controlled	ł				
	hadaaaa						
	Covious of the Fir	ployee Education Attendance					
ŀ	Record revealed	inservices regarding					
	medications were	conducted.					
		ded a copy of a document titled			1		
	- Los Daramont de	iad 11777/12. All audit frus					
	مستسلمان أا	madiet on residents (eudrum)					
	I	anainesics drug dosago aria ara	1				
	to a second	down sheets. The war					
	La - umant includ	ed recommendations non the					
	pharmacist on h	ow to rectify the irregularities.					1
	A - order to MAE	R medication audit was also					-
	dusted to ma	ske sure the medications were	Ì				
-	transcribed clea	rly and correctly to reduce the					
	possibility of err	or.					
	1		Ì				
	A template of a	new form titled "Nurse to Nurse					1
	Count Sheet" w	as provided. The form required of the nurse that the count was					
	documentation	Of Highland wat the seam has	1				Poop 87 of 1

CENTERS	TATEMENT OF DEFICIENCIES (X1) PROVIDERASOFFICIONES		1		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ND PLAN OF (CORRECTION	IDENTIFICATION NUMBER	A BUII				C	
		345517	8 WIN	IG		01/	22/2012	
	OVIDER OR SUPPLIER			3830	ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE ROAD			
BLUE RIDG	GE HEALTH CARE CEN	ITER		RAL	PROVIDER'S PLAN OF C	ORRECTION	(35) COMPLETION	
(X4) ID PREFIX IAG		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREF TAG	FIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 431	Continued From page	ge 87	F	= 431				
• • •	correct.							
	On 01/22/12 at 1:45 credible allegation v	5 through 2:45 PM, the was validated as follows:						
	controlled medication and disposition. The nursing staff were in the conversion sherp nurses are required medications, and we copy prescription for substance. Review of the Emparate Record revealed in medications were the facility provided QA Document data done by the pharm current narcotic and respective countries.	interviewed regarding on acquisition, reconciliation, he interviews revealed that the instructed not to borrow, to use lets to figure out dosages, 2 do to receive controlled what to do if there is no hard or a resident's controlled bloyee Education Attendance inservices regarding conducted. Bed a copy of a document titled ed 01/21/12. An audit was macist on residents regarding nalgesics drug dosage and their down sheets. The QA and recommendations from the wood to rectify the irregularities.						
	An order to MAR conducted to mal transcribed clearl possibility of erro	medication audit was also ke sure the medications were ly and correctly to reduce the r.						
F 4	documentation of correct.	new form titled "Nurse to Nurse as provided. The form required at the nurse that the count was a solution. IVE DN/RESIDENT WELL-BEING		F 490				

CENTERS	FOR MEDICARE &	MEDICAID SERVICES	IX21 MU	LIIPLE	CONSTRUCTION	(X3) DATE SURV	EY)
TATEMENT ()F	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUIL			С	
IND PLAN OF C	CORRECTION		- 1			01/22/2012_	
		345517	8 WNC			1 01/22	2012
				STREE	T ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PRO	OVIDER OR SUPPLIER				O BLUE RIDGE ROAD		
BLUE RIDO	GE HEALTH CARE CEN	TER		RA	LEIGH, NC 27612	TION	(X5)
		TATEMENT OF DEFICIENCIES	10		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO	າປະນາຍະ	COMPLETION
(X4) ID		NO MILEST RE PRECEUEU DI FULL	PREF		CROSS-REFERENCED TO THE APP	ROPRIATE	1
PREFIX IAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)			DEFICIENCY)		
	- " J.Fram nar	na 88	F	490			1
F 490	Continued From pag	Iministered in a manner that	1		How corrective action will be accom-	plished for	2 14 12
	A facility must be ac	resources effectively and			those resident(s) found to have been	і пуресіен	2-14-12
	enables it to use its	or maintain the highest		ì	by the deficient practice;		[
	efficiently to attain o	, mental, and psychosocial			Resident #2 & #3 no longer reside at	the facility.	
	well-being of each r	resident.		İ			
	Well-boning or seem				How corrective action will be accord	aplished for	2-14-12
					those resident(s) having potential t	о ве пујестен	2-1-1 12
	This REQUIREMEN	NT is not met as evidenced			by the same deficient practice;		
	by:				The facility recognizes that curi	ent residents	
	Based on observa	tion, staff interview, pharmacist ord review the facility failed to			I receiving medications (including na	rcones, nquic	
	interviews, and rec	nt medication error for 1 of 7			narcotics) therefore requiring	lug tegimen	
	l Luisandonete	/Deginent # Zi. (dilou to			reviews may be affected by this def	icicitoy.	
	I am a of on a	aveagive (1028 of filospinio io.			On 1/20/2012, during survey, 5 t	esidents were	
	I de ter montodicae	idents (Resident #2/, Idnoc to			identified that are utilizing Roxano	I by teriem of	
1	teachileb and mair	Main a record keeping system	1		each current resident medication	orders by the	
	I is a market and dish	PUSITION OF COLLEGIONS ALABA			Unit Managers.		
İ	I take distant modic:	ations) to allow for accurate			Also on 1/20/2012 - 1/21/2012	a review of	
1	reconciliation and	proper disposition of these			current residents contro	lled drug	
	medications. The	facility failed to maintain entation to reconcile controlled			a sint/record/disposition form	has been	
1	necessary docum	rately. The facility did not timely			completed to identify residents	with borrowed	
	La aguiro parcotic D	nedications for Z of 3 aprilpion			medications. 15 current resider identified to have borrowed narco	ILS HAVE DECLI	
	. l Dooido	nitty and Resident from			with horrowed drings were identify	ted by a room	
	tallian in the city	AH KATIAWINII IIIOSO IIIOGOOGOO			number that the medication Wa	s used for or	
Ì	for a shor regide	nts and Resident #4 receiving "			"horrowed" was written on the di	sposition form.	
	أحمم ملك الأ	Morning prescribed by ""			The audit was completed by the	Unit Managers,	
-	business The fa	acility Staff Dollowed Harcons			and Pharmacy services by review	ing the narcotte	
ł	disations from	10 residents to give to other			disposition forms for each current	* Antaons	
1	residents in 50 in	stances. Morphine was			During the survey a MAR to cart	audit was	
	borrowed from R	esident #5 in 21 instances and 3 in 11 instances. The facility			conducted on 1/21/2012. A review	w of the	1
	l diamonin	a of controlled Gruus			Dovanot medication label, admini	stration record,	
	was not disposin	er residents left the facility in 1 of			Pain assessment, resident assessm	ent and the	
	appropriately and 2 residents (Res	ident #4).			count down sheet has been comple proper dosage, labeling, and effect	tive pain	
	1				management. This review was co	nauctea by me	
	Immediate icona	ardy (IJ) began on 01/06/12. The			Unit Managers and Pharmacy ser	vices.	
\	administrator Wa	as notified of the immediate	1				

13 T.M.	ENT OF HEALTH AN	D HUMAN SERVICES					938-0391
ENTERS	FOR MEDICARE &	MEDICAID SCITTIG	Try 2) Mi	n TIPLE	CONSTRUCTION	(X3) DATE SURVE COMPLETED	Y
TOUGHT ()F	DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUIL	ÐING		C 01/22/2	
		345517	8 WN			01/22/	2012
				STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
	OVIDER OR SUPPLIER				30 BLUE RIDGE ROAD ALEIGH, NC 27612	_	
BLUE RIDC	GE HEALTH CARE CEN	NTER	<u>, </u>	K	TO UNDER OF AN OF CORRECT	TION	(X5) COMPLETION
(X4) ID PREFIX TAG		STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREI	ix	(EACH CORRECTIVE ACTION SAC CROSS-REFERENCED TO THE APPI DEFICIENCY)	ROPRIATE	DATE
F 490	Continued From para jeopardy on 01/20/ jeopardy was remowhen the facility procompliance. The facompliance at a so actual harm with pharm that is not immonitoring of system completion of empletion of completion	ge 89 12 at 4:05 PM. Immediate oved on 01/22/12 at 2:45 PM ovided a credible allegation of acility will remain out of cope and severity level D (no otential for more than minimal amediate jeopardy) to ensure ems put in place and cloyee education. The F329. Based on staff or dreview the facility failed to were free of unnecessary in 1 of 7 sampled residents elived an excessive dosage of a con. Resident #2 received five diquid morphine (Roxanol) The F333. Based on staff cord review the facility failed to cant medication error for 1 of 7 ints with narcotic orders; Resident it times the ordered liquid		490	narcotic analgesics on 1/21/2012	to validate view narcotic dations were vith orders for by pharmacy nedications are utified by MAR vas checked for ions requiring by pharmacy chysicians order, Roxanol by the cy 1/22/2012 to be and accurate, transcribed and accurate, transcribed and matched the eresidents with the medication the quantity, by dof the Roxano art to validate is cory was correct was on hand and was a sufficient detailed the supply as completed of which include review of pai medications to potential dosing the drug reaction to cound during the	n d n o o g s s is in e

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	INT OF HEALTH AN	D HUMAN SERVICES				OWIG 110:	
DEPARTM	COD MEDICARE &	MEDICAID SCITTISEE		n rici c	CONSTRUCTION	(X3) DATE SURVE COMPLETED	, ¥
CENTERS	FOR MEDICARE G.	(X1) PROVIDER/SUPPLIER/CLIA	1			1	
STATEMENT OF	DEFICIENCIES OBRECTION	IDENTIFICATION NUMBER.	A BUIL	DING		C	
AND PLAN OF C	ORREGION		In WN	IG		01/22/	2012
		345517					
1				STREE	ET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PRO	VIDER OR SUPPLIER				O BLUE RIDGE ROAD		
		ITER		RA	LEIGH, NC 27612		(X5)
BLUE RIDG	SE HEALTH CARE CEN			1	PROVIDER'S PLAN OF CORRECT	TION	COMPLETION
	SUMMARY S	TATEMENT OF DEFICIENCIES	ID PRE		(EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR	OPRIATE	DATE
(X4) ID	(EACH DEFICIEN	TATEMENT OF DETICATION CY MUST BE PRECEDED BY FULL RESC IDENTIFYING INFORMATION)	TA	G	DEFICIENCY)		
PREFIX TAG	REGULATORY OF	S F2C IDENTIFY THE STATE OF THE					
			T	-	No additional significant medication	1 errors were	
			1	F 490	No additional significant metheuristic identified with the above listed nare	ore addressed	
F 490	Continued From pa	ge 90	1		by 1/22/2012. Recommendations w	SIC addresses	
1 ' ' ' ' '		Later The tactilly all 1101 minor)			with the attending physicians.		
1				•			
1	residents (Residen	t # 2 and Resident #3).			Measures that will be put into place	e or systemic	2-14-12
1					changes made to ensure that the d	eficient	
1					practice will not occur;		1
1						nitiated which	
					A new facility process has been in includes two nurses validating all I	iquid narcotics	
	1	TITPSHERIO IV 911 - 11	1				
l		tances. Morphine was sident #5 in 21 instances and					
	borrowed from Re	SIGERT #O III 21 IIIO					
Ì	from Resident #8	IU 11 Instances.					
İ					(time, dose, route, drug, per	son) prior to	1
l		ce F431. Based on observation,					
1					administration. Pharmacy Services provided the Look alike / Sound alike medical	ion sheet and a	
	المانات والمساد والمسا	talled to establish arre					
	1 11	everant til teccipt an-			which was posted in the MA	R by the Uni	t
1							
1	medications) to 8	allow for accurate reconciliation					
l	l I dispo	ISITION OF ILLESS HEROTOGUE	- 1		named and to validate conve	rsion of fidur	"
	the state of the P	nginiali i ileccoom)			morphine.		
l					An alert sticker has been ado	ted to the dru	g
1							
			1				
1			-		and that the lifeting	catton 11500 B	at 1
					potential for harm if improperly	gosea.	1
l l			į.				on
l		m THERRIERG W ST	1		Drug Handbooks are available i	check medicati	on
	residents in 50	instances. Morphine was Resident #5 in 21 instances and	Ì		dosages, drug categories, etc.	during medicati	ion
l l	borrowed from	#8 in 11 instances. The facility	- 1		dosages, drug categories, etc.	-	
ļ					administration.		1
1	was not dispos	sing of controlled drugs after residents left the facility in 1 of	1				
1	appropriately a	nici resident #A)	1				
	2 residents (Re	esideili n-ij.			· ·		
ł							
	1		1		1		

Facility ID: 20020003

		ID HUMAN SERVICES				OND NO.	
DEPARTME	NT OF HEALIH AN	ID HUMAN SERVICES			achie roug HON	(X3) DATE SURVE COMPLETED	Ą
CENTERS	FOR MEDICARE &	WILD TO WEST STIPPLIERICUA	(X2) MULTIPLE CONSTRUCTION			1	
CHENT OF	NEFICIENCIES	IDENTIFICATION NUMBER	A BUIL	DING		C	_
AND PLAN OF C	ORRECTION	1	D MAN	G		01/22/	2012
		345517					
				STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
	VIDER OR SUPPLIER			38	30 BLUE RIDGE ROAD		
				R/	ALEIGH, NC 27612		(X5)
BLUE RIDG	E HEALTH CARE CE	NIEK		┸	2 - LAN 05 CC	RRECTION	COMPLETION
		THE OF DESIGNATION	ID PREI		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE		MAIE
(X4) ID	SUMMART S	STATEMENT OF DEPICIENT OF BY FULL ICY MUST BE PRECEDED BY FULL DUE OF DENTIFYING INFORMATION)	TA		CROSS-REPERENCES		
PREFIX TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)					
IAG						1	
}			1 1	F 490		use Count Sheet"	2-14-12
5 400	Continued From pa	age 91	1		A new form titled "Nurse to Nu	that the narcotic	
F 490		DAE DOUBLE OF THE	1		has been implemented to votal	-intidated by two	
1			1		count is correct and mas	aunters on hand is	
1	jeopardy on U1/20/	ided the following credible	1		nurses and that the number of	he off going nurse	1
ł	allegation on 01/2:	2/12 at 2:45 PM	1		correct. Each change of sale	at each controlled	
1					and the oncoming nurse cou- medication matching it agains	t the reconciliation	
1	- ii -i- offoc	ted by the alleged deficient			medication matching it agains	nt. In addition the	
1	1. Residents affect	(ica by week	1		record to validate proper cour number of controlled subs	tance entities are	
1	practice.		1		number of controlled subs	consideration to the	
	_ , , , , , , , , , , , , , , , , , , ,	o longer resides in the facility.	1		counted and reconciled with a number of entities that came	in and went out of	
1	Resident # 4 #3 1	10 longer -			number of entities that came the cart. This allows for a cle	ar chant of customy	
i i		s monitored closely following the			Each nurse validating the	ttect nations	
	Resident # 2 was	ion variance which was reported	1		signs the form.		1
1						ning inventory sheet	
1	immediately to the	changes in mental status.			A pharmacy generated dechi accompanies each medication	n tilled/delivered by	
			Ì		accompanies each meanant	the case of narcotics	1
l l			1		the facility pharmacy. In obtained from back up pl	narmacy or pyxis a	
l			1		obtained from back up pl handwritten declining inven	tory sheet is utilized.	
1	iamily request of	s completed by the Facility			nandwitten	would to have ?	. 1
1	investigation wa	s completed by the fidewise with /2012 including an interview with	1		Borrowing of Narcotics wa	s identified to have re	-
1	Educator on the	iew of the physician order and			root causes. Medication	- processed withou	t I
1			•		root causes. Medication roder not timely, admission hard scripts, and narcotic st	ens processed	g
l	orug laber. The	misunderstood the drug	1		hard scripts, and nated to		1
1	to be the north	did not read the complete order.	1		to soon.	ide o weekly repo	rt
1					Pharmacy services will pronounce on narcotics that require	script renewal to th	16
1	including medic	cation rights, calculation of	- 1		on narcotics that require DON prior to their expirat	tion to allow for time	ıy
	Doverd was re	eviewed, med pass competency,	1		DON prior to their expira- refill to avoid running out	of medication.	
	and return den	nonstration to validate transfer of	Į		Lenn to avoid range	30 4:E. III	N
	learning.				Weekly the Unit Man	ager will audit i'r	ew
1		. •	1		Weekly the Unit Man	the narcotte and ten	-
	Pasident #2 ()	exycodone was administered as	-		narcotics against usage of script (if required) and re-	orger ii iligicaica.	
			1		_ • •		1
			1				
	حسسته د ا	was instituted on the same					
1			1				
	WillCII (iii) th	No other dosages of Oxycodone	1				
	Giscoriumueu.	etween 10/8 and the discharge on					
1			1				
1	10/11. The le	to lethargy and poor appetite.	1				-heat Gage 9'
l	hospital due	(O (O)(0)(0)(0)			20020003	If continuation	sheet Page 92

(X3) DATE SURVEY CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA C IDENTIFICATION NUMBER STATEMENT OF DEFICIENCIES A BUILDING 01/22/2012 AND PLAN OF CORRECTION B WING STREET ADDRESS, CITY, STATE, LIP CODE 345517 3830 BLUE RIDGE ROAD NAME OF PROVIDER OR SUPPLIER RALEIGH, NC 27612 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION BLUE RIDGE HEALTH CARE CENTER (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG Medication errors will be reviewed in the morning clinical meeting. A root cause analysis F 490 2-14-12 will be conducted by the DON/ADON. Findings Continued From page 92 F 490 will determine appropriate action steps to 2. Residents with the potential to be affected by include, but not limited to: in-service, change in policy, pharmacy response, and environmental the alleged deficient practice. placement, (location, changes identification of the drug). Medication errors will On 1/20/2012 13 residents have been identified continue to be reported to Cecil G. Sheps Center that are utilizing Oxycodone. A review of the for Health and Research by the October 31 count down sheet has been completed to identify calendar year deadline. medications borrowed. A safe was purchased for the storage of On 1/20/2012 5 residents have been identified that have controlled medications, that are utilizing Roxanol by review of each discontinued or the resident no longer resides at the facility, and was placed in the Director of current resident medication orders. Weekly, the Control Nursing office. medications from the safe are reconciled by the A MAR to cart audit was conducted on 1/21/2012. DON/designee and another nurse and returned to the pharmacy in a box provided by the pharmacy. A review of the medication label, administration The medication disposal log is maintained in the record, Pain assessment, resident assessment and the count down sheet has been completed to DON office and a copy accompanies the ensure proper dosage, labeling, and effective medications back to the pharmacy. pain management. This review was conducted by the Unit Managers and Pharmacy services. A physical audit, looking at the physicians order, MAR, and medication label of Roxanol by the Unit Managers was completed by 1/22/2012 to verify the transcription was clear and accurate, meaning the complete order was transcribed and the transcription to the MAR matched the physicians A physical audit, looking at the residents with Roxanol Medication cart to see the medication available in the cart and verify the quantity, by pharmacy services was completed of the Roxanol medication in the medication cart to validate it was on hand and the inventory was correct meaning the correct medication was on hand and for residents Roxanol and there was a sufficient If continuation sheet Page 93 of 1

PRINTED: 02/03/2012 FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES (X3) DATE SURVEY COMPLETED CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA C A BUILDING IDENTIFICATION NUMBER STATEMENT OF DEFICIENCIES 01/22/2012 AND PLAN OF CORRECTION 9 WNG STREET ADDRESS, CITY, STATE, ZIP CODE 345517 3830 BLUE RIDGE ROAD NAME OF PROVIDER OR SUPPLIER RALEIGH, NC 27612 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION BLUE RIDGE HEALTH CARE CENTER (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG Re-education with Licensed Nurses has been 2-14-12 initiated on the medication administration process F 490 Continued From page 93 quantity to avoid the risk of depleting the supply reading and interpreting the correct dosage, F 490 including: immediate discontinuation of the act and reducing the risk to borrow. borrowing medications, Appropriate actions for medication availability medication refill, back up pharmacy process and On 1/20/2012 a review of current residents pyxis utilization with two nurses for narcotics, controlled drug receipt/record/disposition form Signing in Narcotic deliveries with two nurses, has been completed by the Unit Managers to Signing out of Narcotics following discharge or identify residents with borrowed medications. 15 discontinuation with nurse and Director of current residents have been identified to have Counting narcotics and signatures of oncoming Nursing, borrowed narcolics. and off going nurses that includes # of narcotics A review of current resident MAR's was counted in addition to control sheet, completed to identify residents with controlled Medication Administration Rights, drug orders to utilize in the review to identify borrowed medications. Residents with borrowed High alert. And, the identification and reporting of medication errors in alignment with Cecil G. drugs were identified by a room number that the Sheps Center for Health and Research the facility medication was used for or "borrowed" was embraces a non-punitive atmosphere for written on the disposition form. The audit was reporting of errors, (With the exception of completed by the Unit Managers, and Pharmacy reckless actions), allowing the center to embrace services by reviewing the narcotic disposition it as a opportunity for learning and change forms for each current resident. The audit was through the Quality Assessment and Assurance completed by 1/21/2012. process. On 1/21/12 an audit of residents with orders for In-services were conducted by the DON/nursing supervisors/designee. Education for scheduled narcotic analgesics was completed by pharmacy licensed nurses was completed by February 1, services to verify that the ordered medications 2012. Any nurses not educated by that date will are on hand. These residents were identified by receive education at, or prior to, the onset of their MAR review. Once identified the cart was checked for medication availability. Medications next scheduled shift. requiring refill were scripted and replaced by pharmacy services on 1/21/2012. An audit was completed on 1/13/2012 by a pharmacist which included current residents which was a review of pain medication and

psychoactive medications to identify possible duplication, potential dosing issues, and evidence

PRINTED: 02/03/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIES BLUE RIDGE HEALTH CARE CENTER SUMMARY SINGURED OF DEPOSITIONS AND ADMINISTRATION OF CORRECTION PROVIDER OR SUPPLIES SOLD RESERVE AND SUMMARY SINGURED OF DEPOSITIONS AND SUPPLIES AND SUMMARY SINGURED OF DEPOSITIONS AND SUPPLIES AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF DEPOSITIONS AND SUMMARY SINGURED OF SUMMARY SING		CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, PP CODE 330 BLUE RIDGE HEALTH CARE CENTER SUMMARY STATEMENT OF DESICIENCIES (MAJ ID PRETTY MCS CONTINUED From page 94 were found during this audit. This review was done in addition to the monthly drug regimen review. No additional significant medication errors or unnecessary drugs were identified with the above isited narcolic reviews by 1/21/2012. 3. Systemic Changes Ro-education with Licensed Nurses has been initiated on the medication administration process including: a, reading and interpreting the correct dosage, b, immediate discontinuation of the act of borrowing medications c. Appropriate actions for medication availability medication is fill, back up pharmacy process and pyxis utilization with nurse and Director of Nursing, 1. Counting narcotics and signatures of oncoming and off going nurses that includes # of nercotics counted in addition to control shert. g, Medication Administration Rights As of 1/21/2012 26 of 39 ilcensed nurses have received this education. In-services will be conducted by the DONYbursing supervisors. Completion of scheduled licensed nurses to be completed by February 1, 2012. Nurses not educated by January 22, 2012 will not resume work responsibilities until such education has been received.	AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER				1 -	12012
BLUE RIDGE HEALTH CARE CENTER 339 BLUE RIDGE RAD RALEIGH, NC 27812 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES CHOOSE REFERENCED TO THE APPROPRIATE TO SUMMER THE TO THE MAIL THE TO			345517	U VVI			01/22	2012
Page			ITER		38	330 BLUE RIDGE ROAD		
SUMMARY STALEMENT OF DEFICEDORY STALL PRICE STAT	BLUE RID			 	┷		CTION	
were found during this audit. This review was done in addition to the monthly drug regimen review. No additional significant medication errors or unnecessary drugs were identified with the above listed narcotic reviews by 1/21/2012. 3. Systemic Changes Ro-education with Licensed Nurses has been initiated on the medication administration process including: a. reading and interpreting the correct dosage, b. immediated discontinuation of the act of borrowing medications. C. Appropriate actions for medication availability-medication refifil, back up pharmacy process and pxysis utilization with hur nurses of narcotics. d. Signing out of Narcotics following discharge or discontinuation with nurse and Director of Nursing. f. Counting narcotics and signatures of oncoming and off going nurses that includes # of narcotics counted in addition to control sheet. g. Medication Administration Rights As of 1/21/2012 26 of 39 licensed nurses have received this education. In-services will be conducted by the DON/nursing supervisors. Completion of scheduled licensed nurses to be completed by February 1, 2012. Nurses not educated by January 22, 2012 will not resume work responsibilities until such education has been received.	PREFIX	CACU DEFICIENC	CYMUST BE PRECEDED BY FULL	PRE	FΙΧ	(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP	OULD BE	
Pharmacy Services provided the center with a	F 490	were found during the done in addition to the review. No additional signification and interest and interest action intitiated on the mediate disconstruction and interest action medication refill, but a pyxis utilization with designing in Narce and off going nurse counted in addition g. Medication Adm. As of 1/21/2012 20 received this educated by the Completed by February and work responsibilities.	cant medication errors or were identified with the above ws by 1/21/2012. es Licensed Nurses has been dication administration process repeting the correct dosage, ntinuation of the act of lons ons for medication availability ack up pharmacy process and have nurses for narcotics. Office deliveries with two nurses arcotics following discharge or harse and Director of los and signatures of oncoming less that includes # of narcotics in to control sheet. Ininistration Rights 6 of 39 licensed nurses have cation. In-services will be DON/nursing supervisors. Intelled licensed nurses to be larged 1, 2012. Nurses not larged 22, 2012 will not resume less until such education has	F	: 490	receiving Roxanol in a weekl administration of Roxanol to medication is administered correctly procedure is followed including that drug rights are executed (time, dose and person). Errors indicated with the will require a med pass in-service demonstration. The facility process for obtaining not timely upon admission: 1. New medication order is recesseript is obtained then proceed hard script is received and the off sight then the nurse calls aphysician to complete the script the pharmacy immediately. personnel request, through discharge planners, that accompany the resident upon a company the resident upon a company that accompany the facility may a) be notified the back up pharmacy. If the pharmacy is unable to dather hours the facility may a) be notified the back up pharmacy after hours the facility may a) be notified to remove the narconfrom the pyxis system c) if a delivery does not arrive medication is not available in pronounce of the medication after administration. The DON notify the physician or pharmacist. On 1/21/2012 the 15 residents id medications borrowed herefills/replacement ordered and	y audit of ensure: the y and proper at the 5 basic s, route, drug, his procedure e and return arcotic orders wed: If hard to #2. If no e physician is and requests a apt and fax to Admissions the hospital hard scripts dmission. elivery due to y will be used. The center of the medication timely and the yxis notify the not timely and the yxis notify the not time needed designee will for resolution.	

Facility ID: 20020003

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/03/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT O	F DEFICIENCIES	(X.1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	345517	a Bull			C 01/22/2012	
	OVIDER OR SUPPLIER			38	EET AODRESS, CITY, STATE, ZIP CODE 330 BLUE RIDGE ROAD ALEIGH, NC 27612		_
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F 490	conversion chart for which was posted in managers on 1/22/2 assist nurses with maned and to validate morphine. An alert sticker has disposition record stresidents receiving fare used to alert the required, and that the potential for harm if for high alert has be DON/Nursing Superscheduled licensed February 1, 2012. N January 22, 2012 w responsibilities until received. A new facility proceincludes two nurses prior to administrativalidation of narcoti pyxis. Validation impensure the 5 basic of dose, route, drug, publical meeting. A reconducted by the Didetermine approprianot limited to: in-ser Pharmacy response changes (location,	like medication sheet and a oral morphine medication the MAR by the Unit 012. These resources will edications that are similarly the conversion of liquid been added to the drug ating "high alert" on current Roxanol. High Alert stickers 2 nurse dose validation is the medication has great improperly dosed. In-service en initiated by the visors. Completion of nurses to be completed by lurses not educated by	F	490	Monthly a pharmacist will review the regimen, dosage and administration residents receiving Narcotics. Thi includes narcotic orders for dosing an of the MAR to the reconciliation of the MAR to the reconciliation of the marcotic orders for dosing an of the MAR to the reconciliation of the pharmacist are aformal exit with for any risk that requires immediate. The monthly regimen recommendation the pharmacist are addressed with the change orders written as indicated and medical record. New Admission medications will be real pharmacist via fax within 24 admission. The review record is solirector of Nursing for follow recommendations. There will be two separate reviews Consultants: 1. Quarterly a nurse consultant pharmacy will conduct a review of administration which includes a cart a audit. This review will require a form the DON for any risk that requires attention. The Cart and Narcotic include the nurse consultant comple resident sample of MAR to Cart to ordered medications are on hand in the are orderly, medication storage is proved record is compared to the MAR accuracy and 4 or more nurses administration observation tool whitechnique and Administration compliance.	records of its review d compare form. This is the DON e attention. It is made by physician, filed in the eviewed by hours of sent to the wup of the immediate end exit with a immediate end exit with a immediate end exit will ting a 30% of rify ordered exit count down to verify medication lizing the ch reviews	2-14-12

Facility ID: 20020003

CENTERS FOR MEDICARE & MEDICAID SERVICES

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	l l		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDIONYO	33.11.23.13.1	345517	A BUI			01/22) 1/2012
	OVIDER OR SUPPLIER	ITER		38	EET ADDRESS, CITY, STATE, ZIP CODE 930 BLUE RIDGE ROAD ALEIGH, NC 27612		
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F 490	reported to Cecil G. Research by the Oct deadline. The Unit Manager w receiving Roxanol in administration of Ro medication is admin procedure is followe drug rights are exec person). Errors indic require a med pass demonstration. The identification an errors was included nurse education. In Sheps Center for He embraces a non-pur reporting of errors, (reckless actions), al it as an opportunity through the Quality process. Borrowing of Narcol root causes. Medica re-order not timely, hard scripts, and na too soon. Pharmacy services narcotics that requi prior to their expirat avoid running out of Manager will audit if	sheps Center for Health and tober 31 calendar year fill observe 30% of residents a weekly audit of exanol to ensure: the istered correctly and proper dincluding that the 5 basic cuted (time, dose, route, drug, cated with this procedures will in-service and return and reporting of medication in the scheduled licensed alignment with Cecil G. ealth and Research the facility initive atmosphere for (With the exception of clowing the center to embrace for learning and change Assessment and Assurance atics was identified to have 3 ation not available due admissions processed without arcotic stock in pyxis depteting will provide a weekly report on rescript renewal to the DON ion to allow for timely refill to f medication. Weekly the Unit PRN narcotics against usage renew script (if required) and	F	490	2. Monthly a Regional Nurse Consultativill conduct a review of administration which includes a cart a audit to validate no medications are medication administration of narcotic verified by two nurses, and administration techniques is in comp Medication Administration Policy. Will require a formal exit with the Drisk that requires immediate attention, and Narcotic audit will include consultant completing a 30% residen MAR to Cart to verify the ordered are on hand in the cart, Carts amedication storage is proper, 30% sample of Narcotics to verify medications are on hand, nare recordies correctly, the narcotic record is compared to the MAR accuracy and 4 or more nurses administration observation tool white technique and Administration compliance. Weekly the RN Manager / designers 30% of the narcotic records to borrowing of medications has occur narcotic count signatures, total narcotics, and ordered medications at These audits will be completed weeks and then tapered over 3 to 6 in on findings.	medication and narcotic borrowed, liquids are medication aliance with This review ON for any. The Cart the nurse at sample of medications are orderly, of resident and the count down to verify medication lizing the chare reviews rights for the will audit validate no red, validate entities of are available, weekly for 4	2-14-12

PRINTED: 02/03/2012 FORM APPROVED OMB NO. 0938-0391

A BUILDING 345517 NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) A BUILDING B WNG STREET ADDRESS, CITY, STATE, ZIP CODE 3810 BLUE RIDGE ROAD RALEIGH, NC 27612 ID PROVIDER'S PLAN OF CORRECTION SHOULD BE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	C 01/22/2012
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(X4) ID SUMMARY STATEMENT OF DEFICIENCES PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH CORRECTIVE ACTION SHOUL	(X5)
	COMPLETION
The process for obtaining narcotic orders timely upon admission: 1. New medication order is received: If hard script is obtained then proceed to #2. If no hard script is received and the physician is off site then the nurse calls and requests a physician to complete the script and fax to the pharmacy immediately. Admissions personnel request, through the hospital discharge planners, that hard scripts accompany the resident upon admission. 2. Fax the script to the Pharmacy 3. If the pharmacy is unable to delivery due to after hours the facility may a. be notified the back up pharmacy will be used. (name of the pharmacy) pharmacy will call them and request the delivery to the center. b. be notified to remove the narcotic medication from the pxysis system c. if a delivery does not arrive timely and the medication is not available in pxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution. On 1/21/2012 the 15 residents identified to have medications borrowed had narcotic refilis/replacement ordered and billed to the facility. Monthly a pharmacist will review the medication regimen, dosage and administration records of residents receiving Narcotics. This review will require a formal exit with the DON for any risk that requires immediate attention. New Admissions will be reviewed by a pharmacist via	ne

Facility ID: 20020003

Event ID: 5V8T11

PRINTED: 02/03/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		TIPLE CONSTRU	ICTION	(X3) DATE SURVEY COMPLETED	
		345517	B WNG			01/2	C 2/2012
	OVIDER OR SUPPLIER GE HEALTH CARE CEN	TER		STREET ADDRES 3830 BLUE RI RALEIGH, N			
(X4) ID PREFIX FAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF COR EACH CORRECTIVE ACTION S OSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION (SATE
F 490	Continued From page 98 fax within 24 hours of admission. There will be two separate reviews by Nurse Consultants: 1. Quarterly a nurse consultant from the pharmacy will conduct a review of medication administration which includes a cart and narcotic audit. This review will include narcotic administration observations to verify medications are not borrowed and narcotics are administered properly in compliance with the 5 medication rights. This review will require a formal exit with the DON for any risk that requires immediate attention. The Cart and Narcotic audit will include the nurse consultant completing a 30% resident sample of MAR to Cart to verify the ordered medications are on hand in the cart, Carts are orderly, medication storage is proper, 30% of resident sample of Narcotics to verify ordered medications are on hand, narcotic count reconciles correctly, the narcotic count down record is compared to the MAR to verify accuracy and 4 or more nurses medication administration observation utilizing the medication beservation tool which reviews technique and Administration rights for compliance. 2. Monthly a Regional Nurse Consultant/designee will conduct a review of medication administration which includes a cart and narcotic audit to validate no medications are borrowed, medication administration of narcotic liquids are verified by two nurses, and medication administration techniques is in compliance with Medication Administration Policy. This review will require a formal exit with the DON for any risk that requires		F 4	Director 8. The medical against the medical disposal signature the cart. 11. The I manifest pharmae 12. Week manifest validate properly 13. Week for disposal for disposal signature the cart. 14. Items ordered weekly to	DON will receive copies of the sent to the facility from	first dose of ch the me MAR ion label on cy. is d or a resident oved from the ock narcotic hen the DON k up the dication he narcotic count from of delivery in the let the fests to recotics were nedications secure box cations ad by the term will be nent twice	2-14-12

Facility ID: 20020003

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		345517	a ww	ig		1	C 2/2012	
	OVIDER OR SUPPLIER	TER		38	EET ADDRESS, CITY, STATE, ZIP CODE 830 BLUE RIDGE ROAD ALEIGH, NC 27612			
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F 490	will include the nurse 30% resident sample ordered medications. Carts are orderly, me 30% of resident sample ordered medications reconciles correctly, trecord is compared to and 4 or more nurses observation utilizing to tool which reviews terights for compliance. Weekly the RN Mana 30% of the narcotic roborrowing of medicat narcotic count signaturancetics, and ordere These audits will be oweeks and then taped based on findings. The Controlled ti/til/l/delivery/verification prollows: 1. New medication or is obtained then procoreceived and the phynurse calls and request the script and fax to the Admissions personner hospital discharge pla accompany the reside 2. Fax the script to the 3. A copy of the medications.	of MAR to Cart to verify the are on hand in the cart, dication storage is proper, ole of Narcotics to verify are on hand, narcotic count the narcotic count down to the MAR to verify accuracy a medication administration the medication observation chnique and Administration the medication observation chnique and Administration the medication observation chnique and Administration the medication observation chnique and Administration the medication observation chnique and Administration the medications are available. The state of the medications are available, the medication are available. The medication rocess has been updated as the deriver of the months. If you medication rocess has been updated as the pharmacy immediately. The pharmacy immediately the pharmacy immediately. The pharmacy immediately the pharma	F	490	How the facility plans to monitor its performance to make sure that solution sustained. Plan to ensure for ensuring the correction is achieved and sustain How implementation of the corrective is evaluated for its effectiveness, and integration into the quality assurance of the facility. The Quality Assurance Committee, inclipharmacy representative, will meet on a basis for three months and quarterly the Findings from the results of audits and will be reported to Committee along wittending, analysis, and root cause. The Committee will make recommendations necessary.	s that ed. action system uding a monthly reafter. oversight	2-14-12	

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

FORM APPROVED OMBINO: 0938-0391 (x2) MULTIPLE CONSTRUCTION (x3) DATE SURVEY

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		LDING		COMPLETED C 01/22/2012		
345517			aw B	ıG				
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER				3830	FADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE ROAD EIGH, NC 27612			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		L	PROVIDER'S PLAN OF CORRECTION SHOUL FAG CROSS-REFERENCED TO THE APPROXIDER OF THE AP		D BE COMPLETION		
	a. be notified the back (pharmacy name) pharequest the delivery to b. be notified to remove from the pyxis system c. if a delivery does not medication is not avail DON/designee of the needed for administrational notify the physician or Once the medication and nurse will verify the medication will verify the medication in the medication in count down record in the second nurse will be of Nursing. 7. The nurse that administration will order copy that is in the and the instruction labe validate accuracy. 8. Once validated the reason ordered. 9. If a medication is discharged the medication is discharged the medication to the location a up pharmacy will be used. Armacy will call them and be the center. We the narcotic medication It arrive timely and the lable in pyxis notify the medication and time tion. The DON/designee will pharmacist for resolution. Arrives at the facility the edication against the sign acceptance of the Ber with a second nurse and on the narcotic count sheet, in the cart and place the the narcotic record book. Then co-sign the manifest. Torwarded to the Director Inisters the first dose of the Il match the physicians of MAR against the MAR all on the medication to medication is administered Continued or a resident tion is removed from the in triple lock narcotic back When the DON accepts ock up the medication is altion disposal log and the a signature log which in the cart. We copies of delivery	F	490					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		345517	AW E	IG		01/	C 22/2012	
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER				STREET ADDRESS, CHY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP (DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
			F	490				

PRINTED: 02/03/20 FORM APPROV

AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) A	AULTIPLE CONSTRUCTION		OMB NO. 0938-0	
			i	LDING	COMP		
		345517	4W 8	IG		C	
BLUE RIDGE HE	ALTH CARE CEN			STREET ADDRESS, CITY, STA 1830 BLUE RIDGE ROAD	TE, ZIP CODE	1/22/2012	
(X4) ID PREFIX FAG	THE RESERVE OF THE PROPERTY OF	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DEFICIENCY)	COMPLE DATE	
Revie Recorded in the far QA Do done be current respect documents and order conductions of the conductions o	w of the Employ d revealed inser ations were concility provided a cument dated 0 by the pharmacist narcotic analge tive count down ent included received to MAR medicaled to make sure bed clearly and only of error.	ee Education Attendance	F 4		TOTAL POLICY OF THE POLICY OF		