| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS<br><br>This survey was initially conducted on 01/17/12 through 01/18/12. The survey team entered the facility again on 01/20/12 through 01/22/12 to collect more evidence, notify the facility of an immediate jeopardy situation, receive a credible allegation and validate the removal of the immediate jeopardy. | F 000 | | |
| F 329 SS=J | 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS<br><br>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.<br><br>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.<br><br>This REQUIREMENT is not met as evidenced | F 329 | *F329*<br><br>*How corrective action will be accomplished for those resident(s) found to have been affected by the deficient practice;*<br><br>Resident #2 no longer resides at the facility.<br><br>*How corrective action will be accomplished for those resident(s) having potential to be affected by the same deficient practice;*<br><br>The facility recognizes that current residents receiving medications and therefore requiring drug regimen reviews may be affected by this deficiency.<br>On 1/20/2012, during survey, 5 residents were identified that are utilizing Roxanol by review of each current resident medication orders by the Unit Managers.<br><br>Also on 1/20/2012 – 1/21/2012 a review of current residents controlled drug receipt/record/disposition form has been completed to identify residents with borrowed medications. 15 current residents have been identified to have borrowed narcotics. Residents with borrowed drugs were identified by a room number that 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 narcotic disposition forms for each current resident. | 2-14-12<br><br>2-14-12 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Pamela M [signature] TITLE: Administrator (X6) DATE: 2/13/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 1<br>by:<br>Based on staff interview and record review the facility failed to ensure residents were free of unnecessary medications when 1 of 7 sampled residents (Resident #2) received an excessive dosage of a narcotic medication. Resident #2 received five times the ordered liquid morphine (Roxanol) dose.<br><br>Immediate jeopardy (IJ) began on 01/06/12 when Resident #2 received five times the prescribed Roxanol dose. The administrator was notified of the immediate jeopardy on 01/20/12 at 4:05 PM. Immediate jeopardy was removed on 01/22/12 at 2:45 PM when the facility provided a credible allegation of compliance. The facility will remain out of compliance at a scope and severity level D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring of systems put in place and completion of employee education.<br><br>Findings include:<br><br>Lexicomp's Geriatric Dose Handbook 14th edition stated that MS Contin is a trademark for morphine sulfate. A narcotic/Opiod Analgesic. MS Contin indicates that the preparation is extended over a period of hours. Roxanol liquid is also morphine sulfate but it is used for breakthrough pain not relieved by the extended release formula. Roxanol is an immediate release formulation. The reference also stated "Use care when prescribing or administering morphine solutions. These products are available in different concentrations. Always prescribe dose in mg not by volume ml." | F 329 | During the survey a MAR to cart audit was conducted on 1/21/2012. A review of the Roxanol medication label, administration record, Pain assessment, resident assessment and the count down sheet has been completed to ensure proper dosage, labeling, and effective pain management. This review was conducted by the Unit Managers and Pharmacy services.<br><br>Also during survey, a pharmacist completed a drug regimen review of residents receiving narcotic analgesics on 1/21/2012 to validate appropriate drug dosage and review narcotic count down sheet. Recommendations were reviewed with the DON.<br><br>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.<br><br>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 order.<br>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 quantity to avoid the risk of depleting the supply and reducing the risk to borrow. | 2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 2 | F 329 | | |

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 (liquid morphine) 100mg/5 ml (milliliter), 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 time when admitted and could identify the name of the facility, the month and the year. Her initial vital signs were listed as 97.7 (temp), 98 (pulse), 18 (respirations) and 108/70 (blood pressure), oxygen saturation at 92% on 3 Liters of oxygen per minute via nasal cannula. Resident # 2 was asked about pain level on admission and scored it as a 3 of 10 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

Prior to survey, an audit was completed on 1/13/2012 by a pharmacist which included current residents included 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 unnecessary medication excessive dosage errors were identified with the above listed narcotic reviews by 1/22/2012. Recommendations were addressed with the attending physicians.

***Measures that will be put into place or systemic changes made to ensure that the deficient practice will not occur;*** — 2-14-12

A new facility process has been initiated which includes two nurses 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.

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| --- | --- | --- | --- |
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
| --- | --- |
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| --- | --- | --- | --- | --- |
| F 329 | Continued From page 3<br>admission (01/06/12) but the dose was taken at home.<br><br>Between nursing note of admission at 5 PM and nursing note of medication error notes at 11 PM of 01/06/12 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 (a handwritten prescription signed by the prescriber). A hard copy prescription is required before pharmacy will send narcotic medications.<br><br>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.<br><br>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.<br><br>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 amount dispensed and the dispensing pharmacy name. Review of the declining inventory sheet for the 'borrowed' morphine bottle revealed there was no pharmacy generated label affixed to the | F 329 | required, and that the medication has great potential for harm if improperly dosed.<br><br>Drug Handbooks are available in each medication cart to allow nurses to readily check medication dosages, drug categories, etc. during medication administration.<br><br>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 counted and reconciled with consideration to the number of entities that came in and went out of the cart. This allows for a clear chain of custody. Each nurse validating the correct narcotic count signs the form.<br><br>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.<br><br>Borrowing of Narcotics was identified to have 3 root causes. Medication not available due re-order not timely, admissions processed without hard scripts, and narcotic stock in pyxis depleting to soon.<br>Pharmacy services will provide a weekly report on narcotics that require script renewal to the DON prior to their expiration to allow for timely refill to avoid running out of medication.<br><br>Weekly the Unit Manager will audit PRN narcotics against usage of the narcotic and renew script (if required) and reorder if indicated. | 2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 4<br>declining inventory sheet. The spaces on the sheet were handwritten with another resident's name (Resident #6). The dose was stated as Morphine sulp (sulfate) and 0.25 ml (5mg). To obtain 20 mg of morphine, the nurse would have to draw up one cc (ml) in the manufacturers supplied syringe that comes with the product. The controlled drug administration sheet indicated that 5cc (100mg) was withdrawn from a 30 cc bottle at 8:45 PM on 01/06/12. The physician's order for Resident #2 called for 20 mg of morphine. The resident received 5 times the dose of Morphine prescribed by the physician.<br><br>The 'borrowed' medication bottle of morphine was not available for inspection during the survey as the resident (Resident #6) died on 12/10/11 and the bottle was still available on 01/06/12. The chain of custody as to where the morphine came from or went to was unclear.<br><br>A written statement from the floor nurse (Nurse #1), who made the error, written after Resident #2 left the facility, stated: "At 20:20 (8:20 PM) medication error was done to the patient. The (facility nurse) supervisor was notified right away at 20:25 (8:25 PM). The MD (attending) was notified and the husband was at the bedside. Medication error management was initiated immediately, vital signs was taken, neurocheck was done and 1:1 (a sitter to stay with the resident) was initiated. At 21:15 the resident's condition was still 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." | F 329 | Medication errors will be reviewed in the morning clinical meeting. A root cause analysis will be conducted by the DON/ADON. Findings will determine appropriate action steps to include, but not limited to: in-service, change in policy, pharmacy response, and environmental factor changes (location, placement, identification of the drug). Medication errors will continue to be reported to Cecil G. Sheps Center for Health and Research by the October 31 calendar year deadline.<br><br>Re-education with Licensed Nurses has been initiated on the medication administration process including:<br>reading and interpreting the correct dosage,<br>immediate discontinuation of the act of borrowing medications,<br><br>Appropriate actions for medication availability – medication refill, back up pharmacy process and pyxis utilization with two nurses for narcotics,<br>Signing in Narcotic deliveries with two nurses,<br>Signing out of Narcotics following discharge or discontinuation with nurse and Director of Nursing,<br>Counting narcotics and signatures of oncoming and off going nurses that includes # of narcotics counted in addition to control sheet,<br>Medication Administration Rights,<br>High alert,<br>And, the identification and reporting of medication errors in alignment with Cecil G. Sheps Center for Health and Research the facility embraces a non-punitive atmosphere for reporting of errors, (With the exception of reckless actions), allowing the center to embrace it as a opportunity for learning and change through the Quality Assessment and Assurance process. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 5<br><br>Review of a telephone order on 01/06/12 (un-timed) revealed that the physician's orders (when he was notified of the error) were:<br>"1.Continuous pulse Ox- call if < 90<br>2. v/s (vital signs-temperature, pulse, blood pressure and respirations) q (every) 15 minutes through the night<br>3. Call for [sic] over sedation or (decreased) respirations, (under) 12<br>4.1:1 sitter for 4 hours<br>5. Call Dr at 9:30 PM with update"<br><br>A facility incident/accident report; signed and dated by Nurse #1, stated "I gave 5 ml instead of 1 ml morphine sulfate strength 20 mg/ml." Nurse #1 gave a total of 100 mg of morphine.<br><br>A medication Error Report of 01/06/12 signed by Nurse #1 and the supervisor stated, "The order was confusing to me but noticed right away (after the medication was given to the resident) and called the 3-11 supervisor."<br>The supervisor's documentation stated; "Nurse gave 5 ml instead of 5 mg morphine sulfate, strength 20 mg/ml."<br><br>The attending physician was called back and gave the order to transfer the resident to the ED per family request.<br><br>Resident #2 had vital signs taken at 21:00 (9 PM) as follows: bp 136/72, HR (Heart rate) 90, Respirations 14, Temperature 98.2 and oxygen saturation of 98%. EMS transported the resident to the hospital at 21:15 (9:15 PM).<br><br>Record review of the ED records indicated the | F 329 | In-services were conducted by the DON/nursing supervisors/designee. Education for scheduled licensed nurses was completed by February 1, 2012. Any nurses not educated by that date will receive education at, or prior to, the onset of their next scheduled shift.<br><br>The Unit Manager will observe 30% of residents receiving Roxanol in a weekly audit of administration of Roxanol to ensure: the medication is administered correctly and proper procedure is followed including that the 5 basic drug rights are executed (time, dose, route, drug, and person). Errors indicated with this procedure will require a med pass in-service and return demonstration.<br>The facility process for obtaining narcotic orders timely upon admission:<br>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 sight 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.<br>2. Fax the script to the Pharmacy<br>3. If the pharmacy is unable to delivery due to after hours the facility may<br>a) be notified the back up pharmacy will be used. Partners pharmacy will call them and request the delivery to the center.<br>b) be notified to remove the narcotic medication from the pyxis system<br>c) if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ____ B. WING ____ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 6<br>resident was admitted to the hospital with possible altered mental status; she could however converse with the physician's and was just a little drowsy. The hospital records indicate that she received an over dose of MS Contin but she actually received five times the dose ordered of Roxanol.<br><br>The resident has been transferred to another nursing facility in the area.<br><br>The administrator was notified of the immediate jeopardy on 01/20/12 at 4:05 PM. The administrator provided the following credible allegation on 01/22/12 at 2:45 PM<br><br>1. Residents affected by the alleged deficient practice.<br><br>Resident # 2 no longer resides in the facility.<br><br>Resident # 2 was monitored closely following the Roxanol medication variance which was reported immediately to the physician, vital signs remained normal, with no changes in mental status. Resident # 2 was transferred to acute care hospital for monitoring later the same day per family request despite her stable condition. An investigation was completed by the Facility Educator on 1/6/2012 including an interview with a nurse and review of the physician order and drug label. The cause of the error was identified to be the nurse misunderstood the drug calculation and did not read the complete order. The nurse received a medication pass in-service including medication rights, calculation of Roxanol was reviewed, med pass competency, and return demonstration to validate transfer of | F 329 | On 1/21/2012 the 15 residents identified to have medications borrowed had narcotic refills/replacement ordered and billed to the facility.<br><br>Monthly a pharmacist will review the medication regimen, dosage and administration records of residents receiving Narcotics. This review includes narcotic orders for dosing and compare of the MAR to the reconciliation form. This review will require a formal exit with the DON for any risk that requires immediate attention. The monthly regimen recommendations made by the pharmacist are addressed with the physician, change orders written as indicated and filed in the medical record.<br><br>New Admission medications will be reviewed by a pharmacist via fax within 24 hours of admission. The review record is sent to the Director of Nursing for follow up of recommendations.<br><br>There will be two separate reviews by Nurse Consultants:<br>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 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 observation tool which reviews technique and Administration rights for compliance. | 2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ____ B. WING ____ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 7<br>learning.<br><br>2. Residents with the potential to be affected by the alleged deficient practice.<br><br>On 1/20/2012 the facility has identified current residents of the facility receiving medications and therefore requiring drug regimen review may be affected by this deficiency.<br><br>On 1/20/2012 5 residents have been identified that are utilizing Roxanol by review of each current resident medication orders.<br><br>A MAR to cart audit was conducted on 1/21/2012. A review of the medication label, administration record, Pain assessment, resident assessment and the count down sheet has been completed to ensure proper dosage, labeling, and effective pain management. This review was conducted by the Unit Managers and Pharmacy services.<br><br>On 1/20/2012 a review of current residents controlled drug receipt/record/disposition form has been completed by the Unit Managers to identify residents with borrowed medications. 15 current residents have been identified to have borrowed narcotics.<br><br>A pharmacist completed a drug regimen review of residents receiving narcotic analgesics on 1/21/2012 to validate appropriate drug dosage and review narcotic count down sheet. Recommendations were reviewed with the DON.<br><br>An audit was completed on 1/13/2012 by a pharmacist which included current residents which was a review of pain medication and | F 329 | 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 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.<br><br>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. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 8<br>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.<br><br>No additional unnecessary medications were identified with the above listed narcotic reviews by 1/21/2012.<br><br>3. Systemic Changes<br><br>Re-education with Licensed Nurses has been initiated on the medication administration process including:<br>a. reading and interpreting the correct dosage,<br>b. immediate discontinuation of the act of borrowing medications<br>c. Appropriate actions for medication availability - medication refill, back up pharmacy process and pyxis utilization with two nurses for narcotics.<br>d. Signing in Narcotic deliveries with two nurses<br>e. Signing out of Narcotics following discharge or discontinuation with nurse and Director of Nursing.<br>f. Counting narcotics and signatures of oncoming and off going nurses that includes # of narcotics counted in addition to control sheet.<br>g. Medication Administration Rights<br><br>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 | F 329 | The Control II/III/IV/V medication delivery/verification process has been updated as follows:<br>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 sight 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.<br>2.Fax the script to the Pharmacy<br>3.A copy of the medication order is placed in the MAR.<br>4.If the pharmacy is unable to delivery due to after hours the facility may<br>a) be notified the back up pharmacy will be used. Partners pharmacy will call them and request the delivery to the center.<br>b) be notified to remove the narcotic medication from the pyxis system.<br>c) if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution.<br>5.Once the medication arrives at the facility the nurse will verify the medication against the delivery manifest and sign acceptance of the control.<br>6.The nurse will partner with a second nurse and add in the medication on the narcotic count sheet, place the medication in the cart and place the count down record in the narcotic record book. The second nurse will then co-sign the manifest.<br>7.The manifest will be forwarded to the Director of Nursing.<br>8.The nurse that administers the first dose of the narcotic medication will match the physicians order copy that is in the MAR | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______<br>B. WING ______ | C<br>01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD<br>RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 9<br>been received.<br><br>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.<br><br>An alert sticker has been added to the drug disposition record 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. In-service for high alert has been initiated 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.<br><br>A new facility process has been initiated which includes two nurses 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.<br><br>Medication errors will be reviewed in the morning clinical meeting. A root cause analysis will be conducted by the DON/ADON. Findings will determine appropriate action steps to include, but not limited to: in-service, change in policy, | F 329 | against the MAR and the instruction label on the medication to validate accuracy.<br>9.Once validated the medication is administered as ordered.<br>10.If a medication is discontinued or a resident discharged the medication is removed from the cart M-F and secured in double lock narcotic back up in the DON's office. When the DON accepts the medication to the lock up the medication is recorded on the medication disposal log and the DON signs the narcotic signature log which subtracts the count from the cart.<br>11.The DON will receive copies of delivery manifests sent to the facility from the pharmacy.<br>12.Weekly the DON will reconcile the manifests against copies of manifests to validate two signatures and all narcotics were properly processed.<br>13.Weekly the DON will return medications for disposal to the pharmacy in a secure box for disposal. The record of medications returned for disposal is maintained by the DON.<br>14.Items used from the pyxis system will be ordered by the DON for replacement twice weekly to assure quantities of medications are maintained as needed. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 10<br>Pharmacy response, and environmental factor changes (location, placement, identification of the drug). Medication errors will continue to be reported to Cecil G. Sheps Center for Health and Research by the October 31 calendar year deadline.<br><br>The Unit Manager will observe 30% of residents receiving Roxanol in a weekly audit of administration of Roxanol to ensure: the medication is administered correctly and proper procedure is followed including that the 5 basic drug rights are executed (time, dose, route, drug, person). Errors indicated with this procedures will require a med pass in-service and return demonstration.<br><br>The identification and reporting of medication errors was included in the scheduled licensed nurse education. In alignment with Cecil G. Sheps Center for Health and Research the facility embraces a non-punitive atmosphere for reporting of errors, (With the exception of reckless actions), allowing the center to embrace it as an opportunity for learning and change through the Quality Assessment and Assurance process.<br><br>Borrowing of Narcotics was identified to have 3 root causes. Medication not available due re-order not timely, admissions processed without hard scripts, and narcotic stock in pyxis depleting too soon.<br><br>Pharmacy services will provide a weekly report on narcotics that require script renewal to the DON prior to their expiration to allow for timely refill to avoid running out of medication. Weekly the Unit | F 329 | ***How the facility plans to monitor its performance to make sure that solutions are sustained. Plan to ensure for ensuring that the correction is achieved and sustained. How implementation of the corrective action is evaluated for its effectiveness, and integration into the quality assurance system of the facility.***<br><br>The Quality Assurance Committee, including a pharmacy representative, will meet on a monthly basis for three months and quarterly thereafter. Findings from the results of audits and oversight will be reported to Committee along with trending, analysis, and root cause. The Committee will make recommendations where necessary. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 11<br>Manager will audit PRN narcotics against usage of the narcotic and renew script (if required) and reorder if indicated.<br><br>The process for obtaining narcotic orders timely upon admission:<br>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.<br>2. Fax the script to the Pharmacy<br>3. If the pharmacy is unable to delivery due to after hours the facility may:<br>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.<br>b. be notified to remove the narcotic medication from the pyxis system<br>c. if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution.<br><br>On 1/21/2012 the 15 residents identified to have medications borrowed had narcotic refills/replacement ordered and billed to the facility.<br><br>Monthly a pharmacist will review the medication regimen, dosage and administration records of residents receiving Narcotics. This review includes narcotic orders for dosing and compare of the MAR to the reconciliation form. This review | F 329 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 12 | F 329 | | |

will require a formal exit with the DON for any risk that requires immediate attention. New Admissions will be reviewed by a pharmacist via 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 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 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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 13<br>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.<br><br>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.<br><br>The Controlled II/III/IV/V medication delivery/verification process has been updated as follows:<br>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.<br>2. Fax the script to the Pharmacy<br>3. A copy of the medication order is placed in the MAR.<br>4. If the pharmacy is unable to delivery due to after hours the facility may:<br>a. be notified the back up pharmacy will be used. | F 329 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 14<br>(pharmacy name) pharmacy will call them and request the delivery to the center.<br>b. be notified to remove the narcotic medication from the pyxis system.<br>c. if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution. Once the medication arrives at the facility the nurse will verify the medication against the delivery manifest and sign acceptance of the control.<br>5. The nurse will partner with a second nurse and add in the medication on the narcotic count sheet, place the medication in the cart and place the count down record in the narcotic record book. The second nurse will then co-sign the manifest.<br>6. The manifest will be forwarded to the Director of Nursing.<br>7. The nurse that administers the first dose of the narcotic medication will match the physicians order copy that is in the MAR against the MAR and the instruction label on the medication to validate accuracy.<br>8. Once validated the medication is administered as ordered.<br>9. If a medication is discontinued or a resident discharged the medication is removed from the cart M-F and secured in triple lock narcotic back up in the DON's office. When the DON accepts the medication to the lock up the medication is recorded on the medication disposal log and the DON signs the narcotic signature log which subtracts the count from the cart.<br>10. The DON will receive copies of delivery manifests sent to the facility.<br>11. Weekly the DON will reconcile the manifests | F 329 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ________ B. WING ________ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 15<br>against copies of manifests to validate two signatures and all manifests are properly processed.<br>12. Weekly the DON will return medications for disposal to the pharmacy in a secure box for disposal. The record of medications returned for disposal is maintained by the DON.<br>13. Items used from the pyxis system will be ordered by the DON for replacement every Tuesday and Friday to assure quantities of medications are maintained as needed.<br><br>4. Quality Assessment and Assurance Committee<br><br>On 1/19/2012 an Ad Hoc subcommittee of the Quality Assurance and Assessment Committee met to discuss and approve this plan. The Medical Director has approved the plan.<br><br>The Committee will meet on a weekly basis for one month and monthly thereafter. Findings from the results of audits and oversight will be reported to Committee on a monthly basis. The Committee will make recommendations where necessary.<br><br>On 01/22/12 at 1:45 through 2:45 PM, the credible allegation was validated as follows:<br><br>Nursing staff were interviewed regarding controlled medication acquisition, reconciliation, and disposition. The interviews revealed that the nursing staff were instructed not to borrow, to use the conversion sheets to figure out dosages, 2 nurses are required to receive controlled medications, and what to do if there is no hard copy prescription for a resident's controlled substance.<br>Review of the Employee Education Attendance | F 329 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 329 | Continued From page 16<br>Record revealed inservices regarding medications were conducted.<br><br>The facility provided a copy of a document titled QA Document dated 01/21/12. An audit was done by the pharmacist on residents regarding current narcotic analgesics drug dosage and their respective count down sheets. The QA document included recommendations from the pharmacist on how to rectify the irregularities.<br><br>An order to MAR medication audit was also conducted to make sure the medications were transcribed clearly and correctly to reduce the possibility of error.<br><br>A template of a new form titled "Nurse to Nurse Count Sheet" was provided. The form required documentation of the nurse that the count was correct. | F 329 | | |
| F 333 SS=J | 483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS<br><br>The facility must ensure that residents are free of any significant medication errors.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview and record review the facility failed to prevent a significant medication error for 1 of 7 sampled residents with narcotic orders; Resident #2 received five times the ordered liquid morphine (Roxanol) dose.<br><br>Immediate jeopardy (IJ) began on 01/06/12 when Resident #2 received five times the prescribed Roxanol dose. The administrator was notified of | F 333 | *F333*<br><br>*How corrective action will be accomplished for those resident(s) found to have been affected by the deficient practice;*<br><br>Resident #2 no longer resides at the facility.<br><br>*How corrective action will be accomplished for those resident(s) having potential to be affected by the same deficient practice;*<br><br>The facility recognizes that current residents receiving medications, particularly liquid narcotics, may be affected by this deficiency.<br>On 1/20/2012, during survey, 5 residents were identified that are utilizing Roxanol by review of each current resident medication orders by the Unit Managers. | 2-14-12<br><br><br><br><br>2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 17<br>the immediate jeopardy on 01/20/12 at 4:05 PM. Immediate jeopardy was removed on 01/22/12 at 2:45 PM when the facility provided a credible allegation of compliance. The facility will remain out of compliance at a scope and severity level D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring of systems put in place and completion of employee education.<br><br>Findings include:<br><br>Resident #2 was admitted to the facility from home 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.<br><br>Record review of the physician's orders revealed MS (Morphine Sulfate) Contin 15 mg tablets (milligram) three times a day (for pain), Compazine 10 mg tablets three times a day (for nausea and vomiting) and Roxanol 100mg/5 ml (milliliter), 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 prescribed dose for Resident #2]<br><br>Lexicomp's Geriatric Dose Handbook 14th edition stated that MS Contin is a trademark for morphine sulfate; a narcotic/Opiod Analgesic. MS Contin preparation is extended release and released over a period of hours. Roxanol liquid is also morphine sulfate but it is used for breakthrough pain not relieved by the extended release formula. Roxanol is an immediate release formulation. Lexi-Comp's Geriatric Dose | F 333 | Also on 1/20/2012 – 1/21/2012 a review of current residents controlled drug receipt/record/disposition form has been completed to identify residents with borrowed medications. 15 current residents have been identified to have borrowed narcotics. Residents with borrowed drugs were identified by a room number that 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 narcotic disposition forms for each current resident.<br><br>During the survey a MAR to cart audit was conducted on 1/21/2012. A review of the Roxanol medication label, administration record, Pain assessment, resident assessment and the count down sheet has been completed to ensure proper dosage, labeling, and effective pain management. This review was conducted by the Unit Managers and Pharmacy services.<br><br>Also during survey, a pharmacist completed a drug regimen review of residents receiving narcotic analgesics on 1/21/2012 to validate appropriate drug dosage and review narcotic count down sheet. Recommendations were reviewed with the DON.<br><br>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.<br><br>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, | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 18<br>Handbook, 14th edition estimated that peak effect would be experienced about 1 hour after administration and duration of comfort would be 5- 8 hours.<br><br>The reference also stated "Use care when prescribing or administering morphine solutions. These products are available in different concentrations. Always prescribe dose in mg not by volume ml."<br><br>Morphine of any formulation is a highly restricted medication designated as CII by the Federal government. [Controlled drugs are listed as CII through CV depending on the serious potential for abuse. A CII is the strictest control type including opiod medications.] A handwritten prescription signed by the prescriber is required for those medications before pharmacy will send the medication. This is called a hard copy prescription; i.e. the original.<br><br>A nursing note written at 5:00 PM on 01/06/12 indicated the resident was alert and oriented to person, place and time when admitted and could identify the name of the facility, the month and the year. Her initial vital signs were listed as 97.7 (temperature), 98 (pulse), 18 (respirations) and 108/70 (blood pressure), oxygen saturation at 92% on 3 Liters of oxygen per minute via nasal cannula. Resident # 2 was asked about pain level on admission and scored it as a 3 of 10. It was unknown when she had her last doses of MS Contin since she was admitted from home. However ED (emergency department) records of 01/07/12 at 2:47 AM 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 | F 333 | meaning the complete order was transcribed and the transcription to the MAR matched the physicians order.<br>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 quantity to avoid the risk of depleting the supply and reducing the risk to borrow.<br><br>Prior to survey, an audit was completed on 1/13/2012 by a pharmacist which included current residents included 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.<br><br>No additional significant medication errors were identified with the above listed narcotic reviews by 1/22/2012. Recommendations were addressed with the attending physicians. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 19<br>PM on the day of admission (01/06/12) but the dose was taken at home.<br><br>Between the nursing note of admission (01/06/12) at 5 PM and the nursing note of medication error notes at 11 PM the resident asked for breakthrough pain medication (Roxanol). Nurses' notes do 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 hard copy prescriptions with her and the facility could not accept any of her home medications and home hospice had not provided the facility with any hard copy of her medications. Lexi-Comp's Geriatric Dose Handbook, 14th edition estimates that peak effect would be experienced about 1 hour after administration and duration of comfort would be 5- 8 hours.<br><br>It is unknown how many breakthrough doses of the liquid morphine she was used to using at home. Nurse #1 on the unit "borrowed" the liquid Roxanol from another resident, Resident #6 to give to Resident #2.<br><br>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 amount dispensed and the dispensing pharmacy name. Review of the declining inventory sheet for the 'borrowed' medication bottle revealed there was no pharmacy generated label affixed to the declining inventory sheet. The spaces on the | F 333 | ***Measures that will be put into place or systemic changes made to ensure that the deficient practice will not occur;***<br><br>A new facility process has been initiated which includes two nurses 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.<br>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.<br><br>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.<br><br>Drug Handbooks are available in each medication cart to allow nurses to readily check medication | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______<br>B. WING ______ | C<br>01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD<br>RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 20<br>sheet were handwritten with another resident's name (Resident #6). The dose was stated as Morphine sulp (sulfate) and 0.25 ml (5mg). To obtain 20 mg of morphine, the nurse would have to draw up one cc (mol) in the manufacturers supplied syringe that comes with the product. The controlled drug administration sheet indicated that 5cc (100mg) was withdrawn from the 30 cc bottle (of resident #6) at 8:45 PM on 01/06/12. The physician's order for Resident #2 called for 20 mg of morphine. The resident received 5 times the dose of Morphine prescribed by the physician.<br><br>The 'borrowed' medication bottle of morphine was not available for inspection during the survey as the resident (Resident #6) died on 12/10/11 and the bottle was still available on 01/06/12. The chain of custody as to where the morphine came from or went to was unclear.<br><br>A written statement from the floor nurse #1, who made the error, written after Resident #2 left the facility, stated: "At 20:20 (8:20 PM) medication error was done to the patient. The (facility nurse) supervisor was notified right away at 20:25 (8:25 PM). The MD (attending) was notified and the husband was at the bedside. Medication error management was initiated immediately, vital signs was taken, neurocheck was done and 1:1 (a sitter to stay with the resident) was initiated. At 21:15 (9:15 PM) the resident's condition was still 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." | F 333 | dosages, drug categories, etc. during medication administration.<br><br>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 counted and reconciled with consideration to the number of entities that came in and went out of the cart. This allows for a clear chain of custody. Each nurse validating the correct narcotic count signs the form.<br><br>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.<br><br>Borrowing of Narcotics was identified to have 3 root causes. Medication not available due re-order not timely, admissions processed without hard scripts, and narcotic stock in pyxis depleting to soon.<br>Pharmacy services will provide a weekly report on narcotics that require script renewal to the DON prior to their expiration to allow for timely refill to avoid running out of medication.<br><br>Weekly the Unit Manager will audit PRN narcotics against usage of the narcotic and renew script (if required) and reorder if indicated. | 2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING _____ B. WING _____ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 21<br><br>The resident was transferred to the local hospital emergency department via ambulance<br><br>Review of a telephone order on 01/06/12 (un-timed) revealed that the physician's orders, (when he was notified of the error), were:<br>"1.Continuous pulse Ox- call if < 90<br>2. v/s (vital signs-temperature, pulse, blood pressure and respirations) q (every) 15 minutes through the night<br>3. Call for [sic] over sedation or (decreased) respirations, (under) 12<br>4.1:1 sitter for 4 hours<br>5. Call Dr (medical doctor) at 9:30 PM with update."<br><br>A facility incident/accident report; signed and dated by the floor nurse #1, stated "I gave 5 ml instead of 1 ml morphine sulfate (Roxanol) strength 20 mg/ml."<br>A medication Error Report of 01/06/12 signed by nurse #1 and the supervisor stated "The order was confusing to me but noticed right away (after the medication was given to the resident) and called the 3-11 supervisor."<br>The supervisor's documentation stated; "Nurse gave 5 ml instead of 5 mg morphine sulfate, strength 20 mg/ml."<br><br>Nurse #1 was not available for interview during the survey and did not answer messages left on her cell phone by the surveyor.<br><br>During an interview with the Director of Nursing on 01/17/12 at 9:00 A.M., he stated that he was aware of the incident. He was notified as he was driving home that night (01/06/12) and directed | F 333 | Medication errors will be reviewed in the morning clinical meeting. A root cause analysis will be conducted by the DON/ADON. Findings will determine appropriate action steps to include, but not limited to: in-service, change in policy, pharmacy response, and environmental factor changes (location, placement, identification of the drug). Medication errors will continue to be reported to Cecil G. Sheps Center for Health and Research by the October 31 calendar year deadline.<br><br>Re-education with Licensed Nurses has been initiated on the medication administration process including:<br>reading and interpreting the correct dosage,<br>immediate discontinuation of the act of borrowing medications,<br>Appropriate actions for medication availability – medication refill, back up pharmacy process and pyxis utilization with two nurses for narcotics,<br>Signing in Narcotic deliveries with two nurses,<br><br>Signing out of Narcotics following discharge or discontinuation with nurse and Director of Nursing,<br>Counting narcotics and signatures of oncoming and off going nurses that includes # of narcotics counted in addition to control sheet,<br>Medication Administration Rights,<br>High alert,<br>And, the identification and reporting of medication errors in alignment with Cecil G. Sheps Center for Health and Research the facility embraces a non-punitive atmosphere for reporting of errors, (With the exception of reckless actions), allowing the center to embrace it as a opportunity for learning and change through the Quality Assessment and Assurance process. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 22<br>that immediate in-servicing take place for the staff. He stated the nursing supervisor had met with the resident (#2) and her husband and explained what happened and the monitoring that the attending MD had put in place. After discussion with her husband, the resident and her husband elected to be transferred to the ED of the local hospital. The DON stated, paraphrasing the resident statement as, "in case something bad happened, I'd feel safer in the ED."<br><br>The attending physician was called and he gave the order to transfer the resident to the ED per family request and the telephone order was filled out to transport.<br><br>The facility's medical records revealed Resident #2 had vital signs taken on 01/06/12 at 21:00 (9 PM) as follows: bp 136/72, HR (Heart rate) 90, Respirations 14, Temperature 98.2 and oxygen saturation of 98%. EMS (Emergency Medical Services) transported resident at 21:15 (9:15 PM) to the hospital.<br><br>Record review of the ED records on 01/07/12 at 2:47 AM, indicated: the resident was admitted to the hospital with possible altered mental status, she could however converse with the physician's and was just a little drowsy. The hospital records indicated that she received an over dose of MS Contin the long acting form of morphine sulfate but she actually received five times the dose ordered of Roxanol (liquid morphine sulfate.)<br><br>Interview with Nurse #3 on 01/17/12 at 1:01 PM, she stated that when a resident was admitted with orders for a narcotic pain reliever, they transcribed the orders and were able to get the | F 333 | In-services were conducted by the DON/nursing supervisors/designee. Education for scheduled licensed nurses was completed by February 1, 2012. Any nurses not educated by that date will receive education at, or prior to, the onset of their next scheduled shift.<br><br>The Unit Manager will observe 30% of residents receiving Roxanol in a weekly audit of administration of Roxanol to ensure: the medication is administered correctly and proper procedure is followed including that the 5 basic drug rights are executed (time, dose, route, drug, and person). Errors indicated with this procedure will require a med pass in-service and return demonstration.<br>The facility process for obtaining narcotic orders timely upon admission:<br>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 sight 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.<br>2. Fax the script to the Pharmacy<br>3. If the pharmacy is unable to delivery due to after hours the facility may<br>a) be notified the back up pharmacy will be used. Partners pharmacy will call them and request the delivery to the center.<br>b) be notified to remove the narcotic medication from the pyxis system<br>c) if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution.<br><br>On 1/21/2012 the 15 residents identified to have medications borrowed had narcotic | 2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 23<br>medication from the pyxis machine, if there were any in there. [A pyxis machine is a computer driven machine that contains overstock or emergency medications that can be used until the pharmacy can deliver]. The nurse stated that many times the machine was empty (not restocked), and that lead to a lot of borrowing of narcotics and controlled drugs from other residents. The nurse stated that if the residents came in with hard copy prescription from the hospital, they could fax the order to the pharmacy and it would come in on the midnight delivery. Sometimes the nurse could call the doctor and have him fax a hard copy or approach the doctor if it was earlier in the day and get a hard copy. The nurse stated that the nurses just wanted residents to be comfortable and pain free and she knew it was wrong to borrow but the pharmacy was just not filling orders, so they borrowed what they needed.<br><br>During an interview with Nurse #4 on 01/20/12 at 10:37 AM, she stated; "we have new residents come in with pain management (issues) and the pharmacy we deal with is in Virginia and we won't get it (pain medication) until midnight and if we don't have it in the pyxis we have to borrow. We check the pyxis and it's not there, we borrow so the residents don't have to be in pain."<br><br>During an interview with Nurse #5 on 01/20/12 at 3:33 PM, she stated "we fax the med orders to the pharmacy when the patients come in, if the meds are not there when we need and we can get it from the pyxis, we get it there. We get what we can get out of the pyxis and borrow what we can. The pharmacy has a back up pharmacy, and it takes just as long to get it from the back up | F 333 | refills/replacement ordered and billed to the facility.<br><br>Monthly a pharmacist will review the medication regimen, dosage and administration records of residents receiving Narcotics. This review includes narcotic orders for dosing and compare of the MAR to the reconciliation form. This review will require a formal exit with the DON for any risk that requires immediate attention. The monthly regimen recommendations made by the pharmacist are addressed with the physician, change orders written as indicated and filed in the medical record.<br><br>New Admission medications will be reviewed by a pharmacist via fax within 24 hours of admission. The review record is sent to the Director of Nursing for follow up of recommendations.<br><br>There will be two separate reviews by Nurse Consultants:<br>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 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 observation tool which reviews technique and Administration rights for compliance. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______<br>B. WING ______ | C<br>01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD<br>RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 24<br>pharmacy."<br><br>The administrator was notified of the immediate jeopardy on 01/20/12 at 4:05 PM. The administrator provided the following credible allegation on 01/22/12 at 2:45 PM:<br><br>1. Residents affected by the alleged deficient practice.<br><br>Resident # 2 no longer resides in the facility.<br><br>Resident # 2 was monitored closely following the Roxanol medication variance which was reported immediately to the physician, vital signs remained normal, with no changes in mental status. Resident # 2 was transferred to acute care hospital for monitoring later the same day per family request despite her stable condition. An investigation was completed by the Facility Educator on 1/6/2012 including an interview with a nurse and review of the physician order and drug label. The cause of the error was identified to be the nurse misunderstood the drug calculation and did not read the complete order. The nurse received a medication pass in-service including medication rights, calculation of Roxanol was reviewed, med pass competency, and return demonstration to validate transfer of learning.<br><br>2. Residents with the potential to be affected by the alleged deficient practice.<br><br>On 1/20/2012 5 residents have been identified that are utilizing Roxanol by review of each current resident medication orders. | F 333 | 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 reconciles correctly, the narcotic count down record is compared to the MAR to verify<br><br>accuracy and 4 or more nurses medication administration observation utilizing the medication observation tool which reviews technique and Administration rights for compliance. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ____ B. WING ____ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 25<br>A MAR to cart audit was conducted on 1/21/2012. A review of the medication label, administration record, Pain assessment, resident assessment and the count down sheet has been completed to ensure proper dosage, labeling, and effective pain management. This review was conducted by the Unit Managers and Pharmacy services.<br><br>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 order.<br><br>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 quantity to avoid the risk of depleting the supply and reducing the risk to borrow.<br><br>On 1/20/2012 a review of current residents controlled drug receipt/record/disposition form has been completed by the Unit Managers to identify residents with borrowed medications. 15 current residents have been identified to have borrowed narcotics.<br><br>A review of current resident MAR's was completed to identify residents with controlled drug orders to utilize in the review to identify borrowed medications. Residents with borrowed | F 333 | 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.<br>The Control II/III/IV/V medication delivery/verification process has been updated as follows:<br>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 sight 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.<br>2.Fax the script to the Pharmacy<br>3.A copy of the medication order is placed in the MAR.<br>4.If the pharmacy is unable to delivery due to after hours the facility may<br>a) be notified the back up pharmacy will be used. Partners pharmacy will call them and request the delivery to the center.<br>b) be notified to remove the narcotic medication from the pyxis system.<br>c) if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution.<br>5.Once the medication arrives at the facility the nurse will verify the medication against the delivery manifest and sign acceptance of the control. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 26<br>drugs were identified by a room number that 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 narcotic disposition forms for each current resident. The audit was completed by 1/21/2012.<br><br>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.<br><br>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.<br><br>No additional significant medication errors were identified with the above listed narcotic reviews by 1/21/2012.<br><br>3. Systemic Changes<br><br>Re-education with Licensed Nurses has been initiated on the medication administration process including:<br>a. reading and interpreting the correct dosage,<br>b. immediate discontinuation of the act of | F 333 | 6.The nurse will partner with a second nurse and add in the medication on the narcotic count sheet, place the medication in the cart and place the count down record in the narcotic record book. The second nurse will then co-sign the manifest.<br>7.The manifest will be forwarded to the Director of Nursing.<br>8.The nurse that administers the first dose of the narcotic medication will match the physicians order copy that is in the MAR against the MAR and the instruction label on the medication to validate accuracy.<br>9.Once validated the medication is administered as ordered.<br><br>10.If a medication is discontinued or a resident discharged the medication is removed from the cart M-F and secured in triple lock narcotic back up in the DON's office. When the DON accepts the medication to the lock up the medication is recorded on the medication disposal log and the DON signs the narcotic signature log which subtracts the count from the cart.<br>11.The DON will receive copies of delivery manifests sent to the facility from the pharmacy.<br>12.Weekly the DON will reconcile the manifests against copies of manifests to validate two signatures and all narcotics were properly processed.<br>13.Weekly the DON will return medications for disposal to the pharmacy in a secure box for disposal. The record of medications returned for disposal is maintained by the DON.<br>14.Items used from the pyxis system will be ordered by the DON for replacement twice weekly to assure quantities of medications are maintained as needed. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 27<br>borrowing medications<br>c. Appropriate actions for medication availability - medication refill, back up pharmacy process and pyxis utilization with two nurses for narcotics.<br>d. Signing in Narcotic deliveries with two nurses<br>e. Signing out of Narcotics following discharge or discontinuation with nurse and Director of Nursing.<br>f. Counting narcotics and signatures of oncoming and off going nurses that includes # of narcotics counted in addition to control sheet.<br>g. Medication Administration Rights<br><br>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.<br><br>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.<br><br>An alert sticker has been added to the drug disposition record 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. In-service for high alert has been initiated by the | F 333 | *How the facility plans to monitor its performance to make sure that solutions are sustained. Plan to ensure for ensuring that the correction is achieved and sustained. How implementation of the corrective action is evaluated for its effectiveness, and integration into the quality assurance system of the facility.*<br><br>The Quality Assurance Committee, including a pharmacy representative, will meet on a monthly basis for three months and quarterly thereafter. Findings from the results of audits and oversight will be reported to Committee along with trending, analysis, and root cause. The Committee will make recommendations where necessary. | 2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A BUILDING ______ B WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 28 | F 333 | | |

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.

A new facility process has been initiated which includes two nurses 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.

Medication errors will be reviewed in the morning clinical meeting. A root cause analysis will be conducted by the DON/ADON. Findings will determine appropriate action steps to include, but not limited to: in-service, change in policy, Pharmacy response, and environmental factor changes (location, placement, identification of the drug). Medication errors will continue to be reported to Cecil G. Sheps Center for Health and Research by the October 31 calendar year deadline.

The Unit Manager will observe 30% of residents receiving Roxanol in a weekly audit of administration of Roxanol to ensure: the medication is administered correctly and proper procedure is followed including that the 5 basic drug rights are executed (time, dose, route, drug, person). Errors indicated with this procedure will require a med pass in-service and return demonstration.

The identification and reporting of medication

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 29<br>errors was included in the scheduled licensed nurse education. In alignment with Cecil G. Sheps Center for Health and Research the facility embraces a non-punitive atmosphere for reporting of errors, (With the exception of reckless actions), allowing the center to embrace it as an opportunity for learning and change through the Quality Assessment and Assurance process.<br><br>Borrowing of Narcotics was identified to have 3 root causes. Medication not available due re-order not timely, admissions processed without hard scripts, and narcotic stock in pyxis depleting too soon.<br><br>Pharmacy services will provide a weekly report on narcotics that require script renewal to the DON prior to their expiration to allow for timely refill to avoid running out of medication. Weekly the Unit Manager will audit PRN narcotics against usage of the narcotic and renew script (if required) and reorder if indicated.<br><br>On 1/21/2012 the 15 residents identified to have medications borrowed had narcotic refills/replacement ordered and billed to the facility.<br><br>Monthly a pharmacist will review the medication regimen, dosage and administration records of residents receiving Narcotics. This review includes narcotic orders for dosing and compare of the MAR to the reconciliation form. 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 fax within 24 hours of admission. | F 333 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A BUILDING ______ B WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 30 | F 333 | | |

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 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 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

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| --- | --- | --- | --- | --- |
| F 333 | Continued From page 31 | F 333 | | |

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.

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 follows:

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 upon admission.

2. Fax the script to the Pharmacy

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

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.

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______<br>B. WING ______ | C<br>01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD<br>RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 32<br>(pharmacy name) pharmacy will call them and request the delivery to the center.<br>b. be notified to remove the narcotic medication from the pyxis system.<br>c. if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution. Once the medication arrives at the facility the nurse will verify the medication against the delivery manifest and sign acceptance of the control.<br><br>5. The nurse will partner with a second nurse and add in the medication on the narcotic count sheet, place the medication in the cart and place the count down record in the narcotic record book. The second nurse will then co-sign the manifest.<br><br>6. The manifest will be forwarded to the Director of Nursing.<br><br>7. The nurse that administers the first dose of the narcotic medication will match the physicians order copy that is in the MAR against the MAR and the instruction label on the medication to validate accuracy.<br><br>8. Once validated the medication is administered as ordered.<br><br>9. If a medication is discontinued or a resident discharged the medication is removed from the cart M-F and secured in triple lock narcotic back up in the DON's office. When the DON accepts the medication to the lock up the medication is recorded on the medication disposal log and the | F 333 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

NAME OF PROVIDER OR SUPPLIER: BLUE RIDGE HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 3830 BLUE RIDGE ROAD, RALEIGH, NC 27612

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 33<br>DON signs the narcotic signature log which subtracts the count from the cart.<br><br>10. The DON will receive copies of delivery manifests sent to the facility.<br><br>11. Weekly the DON will reconcile the manifests against copies of manifests to validate two signatures and all manifests are properly processed.<br><br>12. Weekly the DON will return medications for disposal to the pharmacy in a secure box for disposal. The record of medications returned for disposal is maintained by the DON.<br><br>13. Items used from the pyxis system will be ordered by the DON for replacement every Tuesday and Friday to assure quantities of medications are maintained as needed.<br><br>4. Quality Assessment and Assurance Committee<br><br>On 1/19/2012 an Ad Hoc subcommittee of the Quality Assurance and Assessment Committee met to discuss and approve this plan. The Medical Director has approved the plan. The Committee will meet on a weekly basis for one month and monthly thereafter. Findings from the results of audits and oversight will be reported to Committee on a monthly basis. The Committee will make recommendations where necessary.<br><br>On 01/22/12 at 1:45 through 2:45 PM, the credible allegation was validated as follows:<br><br>Nursing staff were interviewed regarding controlled medication acquisition, reconciliation, | F 333 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______<br>B. WING ______ | C<br>01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD<br>RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 333 | Continued From page 34<br>and disposition. The interviews revealed that the nursing staff were instructed not to borrow, to use the conversion sheets to figure out dosages, 2 nurses are required to receive controlled medications, and what to do if there is no hard copy prescription for a resident's controlled substance.<br>Review of the Employee Education Attendance Record revealed inservices regarding medications were conducted.<br><br>The facility provided a copy of a document titled QA Document dated 01/21/12. An audit was done by the pharmacist on residents regarding current narcotic analgesics drug dosage and their respective count down sheets. The QA document included recommendations from the pharmacist on how to rectify the irregularities.<br><br>An order to MAR medication audit was also conducted to make sure the medications were transcribed clearly and correctly to reduce the possibility of error.<br><br>A template of a new form titled "Nurse to Nurse Count Sheet" was provided. The form required documentation of the nurse that the count was correct. | F 333 | | |
| F 425<br>SS=J | 483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH<br><br>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. | F 425 | *How corrective action will be accomplished for those resident(s) found to have been affected by the deficient practice;*<br><br>Resident #2 and #3 no longer reside at the facility.<br><br>*How corrective action will be accomplished for those resident(s) having potential to be affected by the same deficient practice;* | 2-14-12<br><br><br><br>2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 35<br><br>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, pharmacist interviews, and record review the facility failed to establish and maintain a record keeping system of receipt and disposition of controlled drugs (scheduled medications) to allow for accurate reconciliation and proper disposition of these medications. The facility failed to maintain necessary documentation to reconcile controlled medications accurately. The facility did not timely acquire narcotic medications for 2 of 3 sampled residents (Resident # 2 and Resident #3), resulting in the staff borrowing those medications from other residents and Resident #2 receiving 5 times the dose of Morphine prescribed by the physician. The facility staff borrowed narcotic medications from 10 residents to give to other residents in 50 instances. Morphine was borrowed from Resident #5 in 21 instances and from Resident #8 in 11 instances.<br><br>Immediate jeopardy (IJ) began on 01/06/12. The | F 425 | The facility recognizes that current residents receiving narcotic medications may be affected by this deficiency.<br>On 1/20/2012, during survey, 5 residents were identified that are utilizing Roxanol by review of each current resident medication orders by the Unit Managers.<br><br>Also on 1/20/2012 – 1/21/2012 a review of current residents controlled drug receipt/record/disposition form has been completed to identify residents with borrowed medications. 15 current residents have been identified to have borrowed narcotics. Residents with borrowed drugs were identified by a room number that 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 narcotic disposition forms for each current resident.<br><br>During the survey a MAR to cart audit was conducted on 1/21/2012. A review of the Roxanol medication label, administration record, Pain assessment, resident assessment and the count down sheet has been completed to ensure proper dosage, labeling, and effective pain management. This review was conducted by the Unit Managers and Pharmacy services.<br><br>Also during survey, a pharmacist completed a drug regimen review of residents receiving narcotic analgesics on 1/21/2012 to validate appropriate drug dosage and review narcotic count down sheet. Recommendations were reviewed with the DON.<br><br>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. | 2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 36<br>administrator was notified of the immediate jeopardy on 01/21/12 at 10:30 AM. Immediate jeopardy was removed on 01/22/12 at 2:45 PM when the facility provided a credible allegation of compliance. The facility will remain out of compliance at a scope and severity level D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring of systems put in place and completion of employee education.<br><br>Findings include:<br><br>Pharmacy Policy and Procedure Manual, dated February 2008, stated:<br>Under scope of use for the Pharmacy Policy and Procedure Manual, "III Ensure that medications are handled in a manner that satisfies all applicable State Department of Health, State Board of Pharmacy and Federal regulations regarding medication procurement, storage, accountability and use"<br><br>1. Federal law requires a complete and accurate accounting system for all controlled medications coming into, administered to a resident or leaving the facility.<br><br>When narcotic/or controlled prescriptions are filled by the pharmacy, the medication is labeled with patient name, prescription entity, dose to be given (medication label). A declining inventory sheet for this medication is printed [also called 'controlled drug administration record' This form lists the date given, time given, amount given and amount of medication remaining.]<br><br>The medication and declining inventory sheet are | F 425 | 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 order.<br>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 quantity to avoid the risk of depleting the supply and reducing the risk to borrow.<br><br>Prior to survey, an audit was completed on 1/13/2012 by a pharmacist which included current residents included 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.<br><br>No additional significant medication errors were identified with the above listed narcotic reviews by 1/22/2012. Recommendations were addressed with the attending physicians. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 37<br>delivered to the unit by a pharmacy driver. Narcotics/or controlled drugs are manifested 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.<br><br>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.<br><br>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.<br><br>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.<br>This is a record of the controlled medications used in the facility. | F 425 | ***Measures that will be put into place or systemic changes made to ensure that the deficient practice will not occur;***<br><br>A new facility process has been initiated which includes two nurses 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.<br>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.<br><br>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.<br><br>Drug Handbooks are available in each medication cart to allow nurses to readily check medication dosages, drug categories, etc. during medication administration.<br><br>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 | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 38<br>Two methods of disposition can occur: two nurses can destroy small quantities of a controlled substance; i.e. one tablet or the medication can be returned to the pharmacy where it is destroyed. In house destruction would be noted on the declining inventory sheets and return to pharmacy would be noted on the narcotic destruction log in the DON's office. The DON should receive a receipt of medications accepted by the pharmacy for destruction when the pharmacy accepts custody of the medication. This system enables complete and accurate records to be kept for every controlled substance, in or out of the facility.<br><br>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.<br><br>Record review of the physician's orders revealed MS (Morphine Sulfate) Contin 15 mg (milligram) three times a day (for pain), Compazine 10 mg three times a day (for nausea and vomiting) and Roxanol 100mg/5 ml (milliliter), one ml every four hours as needed po /SL (by mouth or sublingually), 1 ml, for pain SOB (shortness of breath). [One ml would equal 20 mg of morphine]<br><br>Lexicomp's Geriatric Dose Handbook 14th edition stated that MS Contin is a trademark for morphine sulfate. A narcotic/Opiod Analgesic. MS Contin preparation is extended release and released over a period of hours. Roxanol liquid is also morphine sulfate but it is used for breakthrough pain not relieved by the extended release formula, Roxanol is an immediate release | F 425 | counted and reconciled with consideration to the number of entities that came in and went out of the cart. This allows for a clear chain of custody. Each nurse validating the correct narcotic count signs the form.<br><br>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.<br><br>Borrowing of Narcotics was identified to have 3 root causes. Medication not available due re-order not timely, admissions processed without hard scripts, and narcotic stock in pyxis depleting to soon.<br>Pharmacy services will provide a weekly report on narcotics that require script renewal to the DON prior to their expiration to allow for timely refill to avoid running out of medication.<br><br>Weekly the Unit Manager will audit PRN narcotics against usage of the narcotic and renew script (if required) and reorder if indicated.<br><br>Medication errors will be reviewed in the morning clinical meeting. A root cause analysis will be conducted by the DON/ADON. Findings will determine appropriate action steps to include, but not limited to: in-service, change in policy, pharmacy response, and environmental factor changes (location, placement, identification of the drug). Medication errors will continue to be reported to Cecil G. Sheps Center for Health and Research by the October 31 Calendar year deadline. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517 | (X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____ | (X3) DATE SURVEY COMPLETED C 01/22/2012 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 39<br>formulation.<br><br>The reference also stated "Use care when prescribing or administering morphine solutions. These products are available in different concentrations. Always prescribe dose in mg not by volume ml."<br><br>Morphine of any formulation is highly restricted medication designated CII by the Federal government. [Controlled drugs are listed as CII through CV depending on the serious potential for abuse. A CII is the strictest control type including opiod medications.] A handwritten prescription signed by the prescriber is required before pharmacy will send the medication- this is called hard copy; i.e. the original.<br><br>A nursing note written at 5:00 PM on 01/06/12 indicated the resident was alert and oriented to person, place and time when admitted and could identify the name of the facility, the month and the year. Her initial vital signs were listed as 97.7 (temperature), 98 (pulse), 18 (respirations) and 108/70 (blood pressure), oxygen saturation at 92% on 3 Liters of oxygen per minute via nasal cannula. Resident # 2 was asked about pain level on admission and scored it as a 3 of 10. It is unknown when she had her last doses of MS Contin since she was admitted from home. However ED (emergency room) records of 01/07/12 at 2:47 AM 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 admission (01/06/12) but the dose was taken at home.<br><br>Between nursing note of admission at 5 PM and | F 425 | A safe was purchased for the storage of controlled medications, that have been discontinued or the resident no longer resides at the facility, and was placed in the Director of Nursing office. Weekly, the Control medications from the safe are reconciled by the DON/designee and another nurse and returned to the pharmacy in a box provided by the pharmacy. The medication disposal log is maintained in the DON office and a copy accompanies the medications back to the pharmacy.<br><br>Re-education with Licensed Nurses has been initiated on the medication administration process including:<br>reading and interpreting the correct dosage,<br>immediate discontinuation of the act of borrowing medications,<br>Appropriate actions for medication availability – medication refill, back up pharmacy process and pyxis utilization with two nurses for narcotics,<br>Signing in Narcotic deliveries with two nurses,<br>Signing out of Narcotics following discharge or discontinuation with nurse and Director of Nursing,<br>Counting narcotics and signatures of oncoming and off going nurses that includes # of narcotics counted in addition to control sheet,<br>Medication Administration Rights,<br>High alert,<br>And, the identification and reporting of medication errors in alignment with Cecil G. Sheps Center for Health and Research the facility embraces a non-punitive atmosphere for reporting of errors, (With the exception of reckless actions), allowing the center to embrace it as a opportunity for learning and change through the Quality Assessment and Assurance process. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 40<br>nursing note of medication error at 11 PM the resident asked for breakthrough pain medication (Roxanol). Nurses' notes do not reflect what time pain complaints began; however the narcotic sign out sheet is dated 01/06/12 at 8:45 PM. When the resident arrived from home she did not have hard copy prescriptions with her and the facility could not accept any of her home medications and home hospice had not provided with any hard copy of her medications. By 8:00 PM, the resident's discomfort could be expected to increase because the estimated time of the last dosage was 2:00 PM (Lexi-Comp's Geriatric Dose Handbook, 14th edition estimates that peak effect would be experienced about 1 hour after administration and duration of comfort would be 5- 8 hours). It is unknown how many breakthrough doses of the liquid morphine she was used to using at home. Nurse #1 on the unit "borrowed" the liquid Roxanol from another resident, Resident #6, to give to Resident #2.<br><br>Controlled medications dispensed from the pharmacy are accompanied by a declining inventory sheet [also called controlled drug administration record] which has a pharmacy generated label containing the Rx (prescription) number, the date received, the resident's name, the physician's name, the medication name, the directions for use, the amount dispensed and the dispensing pharmacy name.<br><br>The controlled drug administration record for Resident #6, from which the 5 cc of morphine (Roxanol) was taken, did not have a pharmacy generated label affixed to it. The spaces on the form were handwritten with Resident #6's name. The dose was stated as Morphine sulp (sulfate) | F 425 | In-services were conducted by the DON/nursing supervisors/designee. Education for scheduled licensed nurses was completed by February 1, 2012. Any nurses not educated by that date will receive education at, or prior to, the onset of their next scheduled shift.<br><br>The Unit Manager will observe 30% of residents receiving Roxanol in a weekly audit of administration of Roxanol to ensure: the medication is administered correctly and proper procedure is followed including that the 5 basic drug rights are executed (time, dose, route, drug, and person). Errors indicated with this procedure will require a med pass in-service and return demonstration.<br>The facility process for obtaining narcotic orders timely upon admission:<br>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 sight 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.<br>2. Fax the script to the Pharmacy<br>3. If the pharmacy is unable to delivery due to after hours the facility may<br><br>a) be notified the back up pharmacy will be used. Partners pharmacy will call them and request the delivery to the center.<br>b) be notified to remove the narcotic medication from the pyxis system<br>c) if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 41<br>and 0.25 ml (5mg). To obtain 20 mg of morphine, the nurse would have to draw up one cc (ml) in the manufacturers supplied syringe that comes with the product.<br><br>The declining inventory sheet for Resident #6 indicated that 5cc (100mg) liquid morphine (Roxanol) was withdrawn from a 30 cc bottle at 8:45 PM on 01/06/12. The physician's order for Resident #2 called for 20 mg of morphine. The resident received 5 times the dose of Morphine prescribed by the physician. That bottle of morphine (Roxanol) was not available for inspection during the survey. Resident #6 died on 12/10/11 but the bottle was still available on 01/06/12. The chain of custody as to where the morphine came from was unclear and how, who or when it was removed from the cart is also unclear.<br><br>A written statement from the floor Nurse #1, who made the error, written after Resident #2 left the facility, stated: "At 20:20 (8:20 PM) medication error was done to the patient. The (facility nurse) supervisor was notified right away at 20:25 (8:25 PM). The MD (attending) was notified and the husband was at the bedside. Medication error management was initiated immediately, vital signs was taken, neurocheck was done and 1:1 (a sitter to stay with the resident) was initiated. At 21:15 the resident's condition was still 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."<br><br>Review of a telephone order on 01/06/12 | F 425 | On 1/21/2012 the 15 residents identified to have medications borrowed had narcotic refills/replacement ordered and billed to the facility.<br><br>Monthly a pharmacist will review the medication regimen, dosage and administration records of residents receiving Narcotics. This review includes narcotic orders for dosing and compare of the MAR to the reconciliation form. This review will require a formal exit with the DON for any risk that requires immediate attention. The monthly regimen recommendations made by the pharmacist are addressed with the physician, change orders written as indicated and filed in the medical record.<br><br>New Admissions medications will be reviewed by a pharmacist via fax within 24 hours of admission. The review record is sent to the Director of Nursing for follow up of recommendations.<br><br>There will be two separate reviews by Nurse Consultants:<br>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 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 observation tool which reviews technique and Administration rights for compliance. | 2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 42<br>(un-timed) revealed that the physician's orders when he was notified of the error (untimed), were:<br>"1.Continuous pulse Ox- call if < 90<br>2. v/s (vital signs-temperature, pulse, blood pressure and respirations) q (every) 15 minutes through the night<br>3. Call for [sic] over sedation or (decreased) respirations, (under) 12<br>4.1:1 sitter for 4 hours<br>5. Call Dr (medical doctor) at 9:30 PM with update"<br><br>A facility incident/accident report; signed and dated by floor Nurse #1, stated "I gave 5 ml instead of 1 ml morphine sulfate (Roxanol) strength 20 mg/ml."<br><br>A medication Error Report of 01/06/12 signed by Nurse #1 and the supervisor stated "The order was confusing to me but noticed right away (after the medication was given to the resident) and called the 3-11 supervisor". The supervisor's documentation stated; "Nurse gave 5 ml instead of 5 mg morphine sulfate, strength 20 mg/ml "<br><br>During an interview with the Director of Nursing on 01/17/12 at 9:00 A.M., he stated that he was aware of the incident. He was notified as he was driving home that night (01/06/12) and directed that immediate in-servicing take place for the staff. He stated the nursing supervisor had met with the resident (#2) and her husband and explained what happened and the monitoring that the attending MD had put in place. After discussion with her husband, the resident and her husband elected to be transferred to the ED of the local hospital. The DON paraphrased what the resident said as, " in case something bad | F 425 | 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 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.<br><br>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.<br><br>The Control II/III/IV/V medication delivery/verification process has been updated as follows:<br>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 sight then the nurse calls and requests a physician complete the script and fax to the | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 43<br>happened, I ' d feel safer in the ED " . The attending physician was called and gave the order to transfer the resident to the ED per family request and the telephone order was filled out to transport.<br><br>Resident #2 had vital signs taken at 21:00 (9 PM) as follows: bp 136/72, HR (Heart rate) 90, Respirations 14, Temperature 98.2 and oxygen saturation of 98%. EMS (Emergency Medical Services) transported resident at 21:15 (9:15 PM) to the hospital.<br><br>Record review of the ED records 01/07/12 2:47 AM, indicated the resident was admitted to the hospital with possible altered mental status. She could however converse with the physicians and was just a little drowsy. The hospital records indicated that she received an over dose of MS Contin the long acting form of morphine sulfate but she actually received five times the dose ordered of Roxanol (liquid morphine sulfate.)<br><br>2. In an interview with the Director of Nursing on 01/18/12 at 3:30 PM he stated the pharmacy manifests were signed by the drivers and the nurse on duty and then kept with the unit managers. The manifests were discarded after 30 days; if there were no billing issues. He was unaware that the manifests should be coming to his office and did not have a file in his office where the manifests were kept. He was unaware that the delivery manifest should be matched with the declining inventory sheets for accuracy. He stated that he had sent back medications that were stored in the DON closet in September (2011) when he was hired but he had yet to receive any documentation from the pharmacy | F 425 | pharmacy immediately. Admissions personnel request, through the hospital discharge planners, that hard scripts accompany the resident.<br>2.Fax the script to the Pharmacy<br>3.A copy of the medication order is placed in the MAR.<br>4.If the pharmacy is unable to delivery due to after hours the facility may<br>a) be notified the back up pharmacy will be used. Partners pharmacy will call them and request the delivery to the center.<br>b) be notified to remove the narcotic medication from the pyxis system.<br>c) if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution.<br>5.Once the medication arrives at the facility the nurse will verify the medication against the delivery manifest and sign acceptance of the control.<br>6.The nurse will partner with a second nurse and add in the medication on the narcotic count sheet, place the medication in the cart and place the count down record in the narcotic record book. The second nurse will then co-sign the manifest.<br>7.The manifest will be forwarded to the Director of Nursing.<br>8.The nurse that administers the first dose of the narcotic medication will match the physicians order copy that is in the MAR against the MAR and the instruction label on the medication to validate accuracy.<br>9.Once validated the medication is administered as ordered. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| --- | --- | --- | --- |
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
| --- | --- |
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| --- | --- | --- | --- | --- |

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) 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 issue of borrowing. He stated that the consultant pharmacist quarterly review should include looking at the count down sheet (declining inventory sheets). 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 reconciliation (of controlled medications) but (the consultant) should be checking the carts for a brief reconciliation. If the consultant saw a lot of borrowing going on, 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 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

F 425

10.If a medication is discontinued or a resident discharged the medication is removed from the cart M-F and secured in double lock narcotic back up in the DON's office. When the DON accepts the medication to the lock up the medication is recorded on the medication disposal log and the DON signs the narcotic signature log which subtracts the count from the cart.
11.The DON will receive copies of delivery manifests sent to the facility from the pharmacy.
12.Weekly the DON will reconcile the manifests against copies of manifests to validate two signatures and all narcotics were properly processed.
13.Weekly the DON will return medications for disposal to the pharmacy in a secure box for disposal. The record of medications returned for disposal is maintained by the DON.
14.Items used from the pyxis system will be ordered by the DON for replacement twice weekly to assure quantities of medications are maintained as needed.

2-14-12

***How the facility plans to monitor its performance to make sure that solutions are sustained. Plan to ensure for ensuring that the correction is achieved and sustained. How implementation of the corrective action is evaluated for its effectiveness, and integration into the quality assurance system of the facility.***

The Quality Assurance Committee, including a pharmacy representative, will meet on a monthly basis for three months and quarterly thereafter. Findings from the results of audits and oversight will be reported to Committee along with trending, analysis, and root cause. The Committee will make recommendations where necessary.

2-14-12

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| --- | --- | --- | --- |
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
| --- | --- |
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| --- | --- | --- | --- | --- |
| F 425 | Continued From page 45<br>that discontinued medications were picked up once a month but he would implement a more frequent pick up from the DON for security reasons.<br><br>The consultant pharmacist services were provided in a separate contract by a different company than the vendor pharmacy.<br><br>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.<br><br>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 | F 425 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 46<br>of Resident #5's declining inventory sheet revealed at least 23 instances where Resident #5's narcotics were borrowed to give to other residents. The nurse manager (Nurse #8) was called and shown the two bottles of Roxanol, and the borrowing documented on the declining inventory sheet. She was unaware that morphine (Roxanol) was still in the medication cart from a resident who had passed away. The corporate nurse was called and shown the discrepancies and she removed Resident #4's Roxanol and declining inventory sheet and took it to the Director of Nursing's office for relocation to the closet where it would be sent back to the pharmacy. The corporate nurse stated she was unaware of borrowing controlled drugs from one resident to another.<br><br>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.<br><br>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 going off at 7 AM. Ten signatures were missing of the nurse coming on at 3 PM. Nine signatures were missing of the nurse going off at 3 PM. Six signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the | F 425 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 47<br>nurse going off at 11 PM.<br><br>During an interview on 01/20/12 at 11:20 AM, the Director of Nursing stated that some of the missing signatures could be because a nurse worked more than one shift.<br><br>An audit done by the pharmacy on 01/21/12 by a pharmacist employed by the vendor pharmacy (not a consultant) revealed multiple discrepancies including Resident #7 who had an order for Roxanol but had no medication in the medication cart drawer. It was unclear from the pharmacy report why the medication had disappeared. Roxanol is a schedule II drug that requires shift to shift accountability.<br><br>Record Review of all the declining inventory sheets on all four halls on 01/21/12 revealed a total of 22 declining inventory sheets with 'borrowed' notations; 10 of these sheets were for CII narcotics, the other 12 were for benzodiazepines-Xanax, Ativan, Klonopin (anxiolytics) and Ambien (hypnotic), also controlled medications. In 50 instances, the facility staff borrowed narcotic medications from 10 residents to give to other residents. Morphine was borrowed from Resident #5 in 21 instances and from Resident #8 in 11 instances.<br>Review of Resident #8's declining inventory sheet revealed that narcotics were borrowed to give to other residents in 11 instances.<br><br>Review of 22 declining inventory sheet revealed that 9 of those sheets did not have the signatures of the nurses receiving the controlled medications. | F 425 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 48<br>3. Resident #3 was admitted to the facility on 9-27-11. Review of the medical record revealed the resident's admission diagnoses were listed as: lung cancer, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, hypertension, and diabetes mellitus.<br><br>Review of the hospital discharge medications per the History and Physical Report, dated 9-27-11, were listed in part as: Oxycodone (narcotic pain reliever) 10mg 1 to 3 tabs every 4 hours as needed for pain.<br><br>Review of the pain scale on admission, dated 9-27-11, on the facility's "Resident Evaluation Form" revealed the assessment was left blank.<br><br>Review of the physician's orders for the resident's admission, dated 9-27-11, revealed orders for Oxycodone 10mg 1 tablet every 4 hours as needed for mild pain; Oxycodone 20mg every 4 hours as needed for moderate pain; and Oxycodone 30mg every 4 hours as needed for severe pain.<br><br>Review of the resident's September 2011 Medication Administration Record (MAR), revealed one Oxycodone 10mg tablet were given 9-27-11 at 8:45 PM. However the "Controlled Drug Receipt/Record/Disposition Form" revealed the resident's Oxycodone did not arrive at the facility until 9-28-11. It is unclear where the one tablet given on 9-27-11 was obtained.<br><br>Review of the facility "Controlled Drug Receipt/Record/Disposition Form" revealed the pharmacy sent "Oxycodone tab 10mg " on 9-28-11. The Directions on the form read "take 1 | F 425 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 49<br>to 3 tablets by mouth every four hours as needed for pain". The number of tablets sent and received was recorded as "20" tablets. Dose # 12 of the medication card was documented as "blank". It was unclear if the pharmacy missed placing a dose in the medication card in the blister or if the medication was used and unaccounted for.<br><br>Review of the resident's "Controlled Drug Receipt/Record/Disposition Form", revealed Oxycodone 10mg tablets were administered to the resident from 9-28-11 through 10-1-11. The Form revealed the resident had no remaining doses to be administered after 10-1-11 without a refill from the pharmacy.<br><br>Review of the resident's October 2011 MAR revealed Oxycodone 20mg was given on 10-1-11; 10-2-11 at 7:45 AM and 5 PM; 10-3-11 at 3 AM and 5 PM; 10-4-11 at 9:10 AM; 10-5-11 at 9 AM; and again on 10-6-11 at 1 PM. The MAR documentation revealed the resident received Oxycodone 30mg on 10-8-11 at 9 PM. It was unclear where the doses of Oxycodone that was given to the resident after 10-1-11 were obtained.<br><br>During an interview with Nurse #7 on 1-20-12 at 10:29 AM, the nurse reported the nurses borrowed narcotics due to just not having the medication available.<br><br>During an interview with Nurse #3 on 01/17/12 at 1:01 PM, she stated that when a resident was admitted with orders for a narcotic pain reliever, the nurse transcribed the orders and were able to get the medication from the pyxis machine, if there were any in there. [A pyxis machine is a | F 425 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 50<br>computer driven machine that contains overstock or emergency medications that can be used until the pharmacy can deliver]. The nurse stated that many times the machine was empty (not restocked), and that lead to a lot of borrowing of narcotics and controlled drugs from other residents. The nurse stated that if the residents came in from the hospital with a hard copy prescription of controlled medication, they could fax the order to the pharmacy and it would come in on the midnight delivery. Sometimes the nurse could call the doctor and have him fax a hard copy or approach the doctor if it was earlier in the day and get a hard copy. The nurse stated that the nurses just wanted residents to be comfortable and pain free and she knew it was wrong to borrow but the pharmacy was just not filling their orders, so they borrowed what they needed.<br><br>During an interview with Nurse #4 on 1-20-12 at 10:37 AM, the nurse reported new residents came in with orders for pain management, the pharmacy was in another state, and they didn't get the ordered medications until the midnight delivery. Nurse #4 reported when they didn't have the medication in the pyxis, the nurses had to borrow from other residents. Nurse #4 stated nurses checked the pyxis and when the medication wasn't in there, they borrowed pain relievers so that the residents didn't have to be in pain. The nurse reported sometimes she went to the pyxis to get the medication, and either the medication doses were all used or just didn't store that particular medication. The nurse stated there were times they called the physician and asked if they could give something they had in the pyxis until the resident's ordered medications | F 425 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 51 | F 425 | | |

were received, but borrowing of medications happened occasionally

During an interview with the DON on 1-20-12 at 11:12 AM, the DON reported the copy of the narcotic count down sheet for Oxycodone for Resident #3 was received from the pharmacy. Review of the sheet revealed 20 tablets were received by the facility on 9-28-11 and the last dose of the 20 tablets was given on 10-1-11. Review of the resident's MAR for October 2011 indicated the resident received additional doses after 10-1-11. The DON reported pharmacy did not send any other Oxycodone tablets for this resident and the other doses the resident received after 10-1-11 must have been borrowed. The DON stated he was unaware of the wide spread borrowing of narcotics in the facility.

The administrator was notified of the immediate jeopardy on 01/21/12 at 10:30 AM. The administrator provided the following credible allegation on 01/22/12 at 2:45 PM
1. Residents affected by the alleged deficient practice.

No residents were identified in this citation.

2. Residents with the potential to be affected by the alleged deficient practice.

On 1/20/2012 5 residents have been identified that are utilizing Roxanol by review of each current resident medication orders.

A MAR to cart audit was conducted on 1/21/2012. A review of the medication label, administration record, Pain assessment, resident assessment

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______<br>B. WING ______ | C<br>01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD<br>RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 52<br>and the count down sheet has been completed to ensure proper dosage, labeling, and effective pain management. This review was conducted by the Unit Managers and Pharmacy services.<br><br>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 order.<br><br>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 quantity to avoid the risk of depleting the supply and reducing the risk to borrow.<br><br>On 1/20/2012 a review of current residents controlled drug receipt/record/disposition form has been completed by the Unit Managers to identify residents with borrowed medications. 15 current residents have been identified to have borrowed narcotics.<br><br>A review of current resident MAR's was completed to identify residents with controlled drug orders to utilize in the review to identify borrowed medications. Residents with borrowed drugs were identified by a room number that the medication was used for or "borrowed" was written on the disposition form. The audit was | F 425 | | |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 53<br>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.<br><br>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.<br><br>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.<br><br>No additional significant medication errors were identified with the above listed narcotic reviews by 1/21/2012.<br><br>3. Systemic Changes<br><br>Re-education with Licensed Nurses has been initiated on the medication administration process including:<br>a. reading and interpreting the correct dosage,<br>b. immediate discontinuation of the act of borrowing medications<br>c. Appropriate actions for medication availability - medication refill, back up pharmacy process and | F 425 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 54 | F 425 | | |

pyxis utilization with two nurses for narcotics.
d. Signing in Narcotic deliveries with two nurses
e. 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.

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 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. In-service for high alert has been initiated by the DON/Nursing Supervisors. Completion of scheduled licensed nurses to be completed by February 1, 2012. Nurses not educated by

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 55<br>January 22, 2012 will not resume work responsibilities until such education has been received.<br><br>A new facility process has been initiated which includes two nurses 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.<br><br>Medication errors will be reviewed in the morning clinical meeting. A root cause analysis will be conducted by the DON/ADON. Findings will determine appropriate action steps to include, but not limited to: in-service, change in policy, Pharmacy response, and environmental factor changes (location, placement, identification of the drug). Medication errors will continue to be reported to Cecil G. Sheps Center for Health and Research by the October 31 calendar year deadline.<br><br>The Unit Manager will observe 30% of residents receiving Roxanol in a weekly audit of administration of Roxanol to ensure: the medication is administered correctly and proper procedure is followed including that the 5 basic drug rights are executed (time, dose, route, drug, person). Errors indicated with this procedures will require a med pass in-service and return demonstration.<br><br>The identification and reporting of medication errors was included in the scheduled licensed nurse education. In alignment with Cecil G. Sheps Center for Health and Research the facility | F 425 | | |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 56 | F 425 | | |

embraces a non-punitive atmosphere for reporting of errors, (With the exception of reckless actions), allowing the center to embrace it as an opportunity for learning and change through the Quality Assessment and Assurance process.

Borrowing of Narcotics was identified to have 3 root causes. Medication not available due re-order not timely, admissions processed without hard scripts, and narcotic stock in pyxis depleting too soon.

Pharmacy services will provide a weekly report on narcotics that require script renewal to the DON prior to their expiration to allow for timely refill to avoid running out of medication. Weekly the Unit Manager will audit PRN narcotics against usage of the narcotic and renew script (if required) and reorder if indicated.

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______<br>B. WING ______ | C<br>01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD<br>RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 57<br>from the pyxis system<br>c. if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution.<br><br>On 1/21/2012 the 15 residents identified to have medications borrowed had narcotic refills/replacement ordered and billed to the facility.<br><br>Monthly a pharmacist will review the medication regimen, dosage and administration records of residents receiving Narcotics. This review includes narcotic orders for dosing and compare of the MAR to the reconciliation form. 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 fax within 24 hours of admission.<br><br>There will be two separate reviews by Nurse Consultants:<br><br>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 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 | F 425 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING<br>B. WING | C<br>01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD<br>RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 58<br>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.<br><br>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 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.<br><br>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. | F 425 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 59<br>The Controlled II/III/IV/V medication delivery/verification process has been updated as follows:<br>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.<br>2. Fax the script to the Pharmacy<br>3. A copy of the medication order is placed in the MAR.<br>4. If the pharmacy is unable to delivery due to after hours the facility may<br>a. be notified the back up pharmacy will be used. (pharmacy name) pharmacy will call them and request the delivery to the center.<br>b. be notified to remove the narcotic medication from the pyxis system.<br>c. if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution. Once the medication arrives at the facility the nurse will verify the medication against the delivery manifest and sign acceptance of the control.<br>5. The nurse will partner with a second nurse and add in the medication on the narcotic count sheet, place the medication in the cart and place the count down record in the narcotic record book. The second nurse will then co-sign the manifest.<br>6. The manifest will be forwarded to the Director of Nursing.<br>7. The nurse that administers the first dose of the | F 425 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 60<br>narcotic medication will match the physicians order copy that is in the MAR against the MAR and the instruction label on the medication to validate accuracy.<br>8. Once validated the medication is administered as ordered.<br>9. If a medication is discontinued or a resident discharged the medication is removed from the cart M-F and secured in triple lock narcotic back up in the DON's office. When the DON accepts the medication to the lock up the medication is recorded on the medication disposal log and the DON signs the narcotic signature log which subtracts the count from the cart.<br>10. The DON will receive copies of delivery manifests sent to the facility.<br>11. Weekly the DON will reconcile the manifests against copies of manifests to validate two signatures and all manifests are properly processed.<br>12. Weekly the DON will return medications for disposal to the pharmacy in a secure box for disposal. The record of medications returned for disposal is maintained by the DON.<br>13. Items used from the pyxis system will be ordered by the DON for replacement every Tuesday and Friday to assure quantities of medications are maintained as needed.<br><br>4. Quality Assessment and Assurance Committee<br><br>On 1/19/2012 an Ad Hoc subcommittee of the Quality Assurance and Assessment Committee met to discuss and approve this plan. The Medical Director has approved the plan.<br><br>The Committee will meet on a weekly basis for one month and monthly thereafter. Findings from | F 425 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 425 | Continued From page 61<br>the results of audits and oversight will be reported to Committee on a monthly basis. The Committee will make recommendations where necessary.<br><br>On 01/22/12 at 1:45 through 2:45 PM, the credible allegation was validated as follows:<br><br>Nursing staff were interviewed regarding controlled medication acquisition, reconciliation, and disposition. The interviews revealed that the nursing staff were instructed not to borrow, to use the conversion sheets to figure out dosages, 2 nurses are required to receive controlled medications, and what to do if there is no hard copy prescription for a resident's controlled substance.<br>Review of the Employee Education Attendance Record revealed inservices regarding medications were conducted.<br><br>The facility provided a copy of a document titled QA Document dated 01/21/12. An audit was done by the pharmacist on residents regarding current narcotic analgesics drug dosage and their respective count down sheets. The QA document included recommendations from the pharmacist on how to rectify the irregularities.<br><br>An order to MAR medication audit was also conducted to make sure the medications were transcribed clearly and correctly to reduce the possibility of error.<br><br>A template of a new form titled "Nurse to Nurse Count Sheet" was provided. The form required documentation of the nurse that the count was correct. | F 425 | | |
| F 431 | 483.60(b), (d), (e) DRUG RECORDS, | F 431 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 SS=J | Continued From page 62<br>LABEL/STORE DRUGS & BIOLOGICALS<br><br>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br><br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.<br><br>This REQUIREMENT is not met as evidenced by: | F 431 | *F431*<br><br>*How corrective action will be accomplished for those resident(s) found to have been affected by the deficient practice;*<br><br>Resident #2 & #3 no longer reside at the facility.<br><br>*How corrective action will be accomplished for those resident(s) having potential to be affected by the same deficient practice;*<br><br>The facility recognizes that current residents receiving narcotic medications may be affected by this deficiency.<br>On 1/20/2012, during survey, 5 residents were identified that are utilizing Roxanol by review of each current resident medication orders by the Unit Managers.<br><br>Also on 1/20/2012 – 1/21/2012 a review of current residents controlled drug receipt/record/disposition form has been completed to identify residents with borrowed medications. 15 current residents have been identified to have borrowed narcotics. Residents with borrowed drugs were identified by a room number that 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 narcotic disposition forms for each current resident.<br><br>During the survey a MAR to cart audit was conducted on 1/21/2012. A review of the medication label, administration record, Pain assessment, resident assessment and the count down sheet has been completed to ensure proper dosage, labeling, and effective pain management. This review was conducted by the Unit Managers and Pharmacy services. | 2-14-12<br><br>2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 63<br>Based on observation, staff interview, pharmacist interviews, and record review the facility failed to establish and maintain a record keeping system of receipt and disposition of controlled drugs (scheduled medications) to allow for accurate reconciliation and proper disposition of these medications. The facility failed to maintain necessary documentation to reconcile controlled medications accurately. The facility did not timely acquire narcotic medications for 2 of 3 sampled residents (Resident # 2 and Resident #3), resulting in the staff borrowing those medications from other residents and Resident #2 receiving 5 times the dose of Morphine prescribed by the physician. The facility staff borrowed narcotic medications from 10 residents to give to other residents in 50 instances. Morphine was borrowed from Resident #5 in 21 instances and from Resident #8 in 11 instances. The facility was not disposing of controlled drugs appropriately after residents left the facility in 1 of 2 residents (Resident #4).<br><br>Immediate jeopardy (IJ) began on 01/06/12. The administrator was notified of the immediate jeopardy on 01/21/12 at 10:30 AM. Immediate jeopardy was removed on 01/22/12 at 2:45 PM when the facility provided a credible allegation of compliance. The facility will remain out of compliance at a scope and severity level D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring of systems put in place and completion of employee education.<br><br>Findings include:<br><br>The Facility's Policy for Controlled Medications is | F 431 | Also during survey, a pharmacist completed a drug regimen review of residents receiving narcotic analgesics on 1/21/2012 to validate appropriate drug dosage and review narcotic count down sheet. Recommendations were reviewed with the DON.<br><br>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.<br><br>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 order.<br>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 quantity to avoid the risk of depleting the supply and reducing the risk to borrow.<br><br>Prior to survey, an audit was completed on 1/13/2012 by a pharmacist which included current residents included 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. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 64<br>as follows:<br><br>When narcotic/or controlled prescriptions are filled by the pharmacy, the medication is labeled with patient name, prescription entity, dose to be given (medication label). In order to maintain an accurate count, each shift of nurses must verify the amount of medication remaining before the keys are turned over to the on coming nurse. This is done by means of a 'declining inventory sheet' also called 'controlled drug administration record.' This form list the date given, times given, amount given and amount of medication remaining. Discrepancies must be resolved before the on coming nurse will take the keys.<br><br>The medication and declining inventory sheet are delivered to the unit by a pharmacy driver. Narcotics/or controlled drugs are manifested separately from regular delivery items in a 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.<br><br>The declining inventory sheets are to be sent to the Director of Nursing to be matched up with the manifests when the narcotic 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. Two methods of disposition can occur: two nurses can destroy small quantities of a controlled substance; i.e. one tablet, or the | F 431 | No additional significant medication errors were identified with the above listed narcotic reviews by 1/22/2012. Recommendations were addressed with the attending physicians.<br><br>***Measures that will be put into place or systemic changes made to ensure that the deficient practice will not occur;***<br><br>A new facility process has been initiated which includes two nurses 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.<br>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.<br><br>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.<br><br>Drug Handbooks are available in each medication cart to allow nurses to readily check medication dosages, drug categories, etc. during medication administration. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 65<br>medication can be returned to the pharmacy where it is destroyed. In house destruction would be noted on the declining inventory sheets. If the medications are to be returned to pharmacy for disposition, this would be noted on the narcotic destruction log in the DON's office and should be receipted back to the facility when the pharmacy accepts custody of the medication. This system enables complete and accurate records to be kept for every controlled substance, in or out of the facility.<br><br>The services of the consultant pharmacist were provided by a different company and under a separate contract from the vendor pharmacy.<br><br>1. In an interview with the Director of Nursing on 01/20/12 at 3:30 PM he stated the pharmacy manifests were signed by the drivers and the nurse on duty, and then kept with the unit managers. The manifests were discarded after 30 days; if there were no billing issues. He was unaware that the manifests should be coming to his office and did not have a file in his office where the manifests were kept. He was unaware that the delivery manifest should be matched with the declining inventory sheets for accuracy. He stated that he had sent back medications that were stored in the DON's closet in September (2011) when he was hired but he had yet to receive any documentation from the pharmacy that the medications were destroyed. He stated that he was unaware of the 'borrowing' issue and no one had brought it to his attention. He stated borrowing was not acceptable.<br><br>During an interview on 01/20/12 at 9:30 AM, Nurse # 5 stated that on change of shift the | F 431 | 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 counted and reconciled with consideration to the number of entities that came in and went out of the cart. This allows for a clear chain of custody. Each nurse validating the correct narcotic count signs the form.<br><br>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.<br><br>Borrowing of Narcotics was identified to have 3 root causes. Medication not available due re-order not timely, admissions processed without hard scripts, and narcotic stock in pyxis depleting to soon.<br>Pharmacy services will provide a weekly report on narcotics that require script renewal to the DON prior to their expiration to allow for timely refill to avoid running out of medication.<br><br>Weekly the Unit Manager will audit PRN narcotics against usage of the narcotic and renew script (if required) and reorder if indicated. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517 | (X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______ | (X3) DATE SURVEY COMPLETED C 01/22/2012 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: BLUE RIDGE HEALTH CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE: 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 | |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 66<br>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.<br><br>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.<br><br>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 going off at 7 AM. Ten signatures were missing of the nurse coming on at 3 PM. Nine signatures were missing of the nurse going off at 3 PM. Six signatures were missing of the nurse coming on at 11 PM. Twelve signatures were missing of the nurse going off at 11 PM.<br><br>During an interview on 01/20/12 at 11:20 AM, the Director of Nursing stated that some of the missing signatures could be because a nurse worked more than one shift.<br><br>An audit done by the pharmacy on 01/21/12 by a | F 431 | Medication errors will be reviewed in the morning clinical meeting. A root cause analysis will be conducted by the DON/ADON. Findings will determine appropriate action steps to include, but not limited to: in-service, change in policy, pharmacy response, and environmental factor changes (location, placement, identification of the drug). Medication errors will continue to be reported to Cecil G. Sheps Center for Health and Research by the October 31 calendar year deadline.<br><br>A safe was purchased for the storage of controlled medications, that have been discontinued or the resident no longer resides at the facility, and was placed in the Director of Nursing office. Weekly, the Control medications from the safe are reconciled by the DON/designee and another nurse and returned to the pharmacy in a box provided by the pharmacy. The medication disposal log is maintained in the DON office and a copy accompanies the medications back to the pharmacy. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 67<br>pharmacist employed by the vendor pharmacy (not a consultant) revealed multiple discrepancies including Resident #7 who had an order for Roxanol but had no medication in the medication cart drawer. It was unclear from the pharmacy report why the medication had disappeared. Roxanol is a schedule II drug that requires shift to shift accountability.<br><br>In a telephone interview with the pharmacy manager on 01/20/12 at 2:00PM, the vice president of pharmacy operations, the facility Administrator, Facility Director of Nursing, and 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 issue of borrowing. He stated that the consultant pharmacist quarterly review should include looking at the count down sheet (declining inventory sheets). The expectations of the consultant were in the facility contract but "we" were updating the contract. "We" will be updating the policies to delineate what was expected of the consultant pharmacy. The update would specify a complete reconciliation (of controlled medications) but (the consultant pharmacy) should be checking the carts for a brief reconciliation. If the consultant saw a lot of borrowing going on, the consultant should have notified the unit manager(s) and the DON and if necessary the Administrator (when wide spread borrowing occurred). 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 | F 431 | Re-education with Licensed Nurses has been initiated on the medication administration process including:<br>reading and interpreting the correct dosage,<br>immediate discontinuation of the act of borrowing medications,<br>Appropriate actions for medication availability – medication refill, back up pharmacy process and pyxis utilization with two nurses for narcotics,<br>Signing in Narcotic deliveries with two nurses,<br>Signing out of Narcotics following discharge or discontinuation with nurse and Director of Nursing,<br>Counting narcotics and signatures of oncoming and off going nurses that includes # of narcotics counted in addition to control sheet,<br>Medication Administration Rights,<br>High alert,<br>And, the identification and reporting of medication errors in alignment with Cecil G. Sheps Center for Health and Research the facility embraces a non-punitive atmosphere for. reporting of errors, (With the exception of reckless actions), allowing the center to embrace it as a opportunity for learning and change through the Quality Assessment and Assurance process.<br><br>In-services were conducted by the DON/nursing supervisors/designee. Education for scheduled licensed nurses was completed by February 1, 2012. Any nurses not educated by that date will receive education at, or prior to, the onset of their next scheduled shift. | 2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 68<br>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 discontinued medications were picked up once a month but he would implement a more frequent pick up from the DON for security reasons.<br><br>In a telephone interview with the President of the independent consulting pharmacy 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 drugs 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 in the contract. The contract stated that she would provide monthly medication review for each resident, in-services as requested, and attend the quarterly Quality Assurance Meetings.<br><br>The facility was unable to produce any documentation that controlled drugs reconciliation was done on a routine basis.<br><br>2. 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 | F 431 | The Unit Manager will observe 30% of residents receiving Roxanol in a weekly audit of administration of Roxanol to ensure: the medication is administered correctly and proper procedure is followed including that the 5 basic drug rights are executed (time, dose, route, drug, and person). Errors indicated with this procedure will require a med pass in-service and return demonstration.<br>The facility process for obtaining narcotic orders timely upon admission:<br>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 sight 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.<br>2. Fax the script to the Pharmacy<br>3. If the pharmacy is unable to delivery due to after hours the facility may<br>a) be notified the back up pharmacy will be used. Partners pharmacy will call them and request the delivery to the center.<br>b) be notified to remove the narcotic medication from the pyxis system<br>c) if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 69<br>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 of Resident #5's declining inventory sheet revealed at least 23 instances where Resident #5's narcotics were borrowed to give to other residents. The nurse manager (Nurse #8) was called and shown the two bottles of Roxanol, and the borrowing documented on the declining inventory sheet. She was unaware that morphine (Roxanol) was still in the medication cart from a resident who had passed away. The corporate nurse was called and shown the discrepancies and she removed Resident #4's Roxanol and declining inventory sheet and took it to the Director of Nursing's office for relocation to the closet where it would be sent back to the pharmacy. The corporate nurse stated she was unaware of borrowing controlled drugs from one resident to another.<br><br>Review of 22 declining inventory sheet revealed that 9 of those sheets did not have the signatures of the nurses receiving the controlled medications.<br><br>Record Review of all the declining inventory sheets on all four halls on 01/21/12 revealed a total of 22 declining inventory sheets with 'borrowed' notations; 10 of these sheets were for CII narcotics, the other 12 were for benzodiazepines-Xanax, Ativan, Klonopin (anxiolytics) and Ambien (hypnotic), also controlled medications. In 50 instances, the facility staff borrowed narcotic medications from | F 431 | On 1/21/2012 the 15 residents identified to have medications borrowed had narcotic refills/replacement ordered and billed to the facility.<br><br>Monthly a pharmacist will review the medication regimen, dosage and administration records of residents receiving Narcotics. This review includes narcotic orders for dosing and compare of the MAR to the reconciliation form. This review will require a formal exit with the DON for any risk that requires immediate attention. The monthly regimen recommendations made by the pharmacist are addressed with the physician, change orders written as indicated and filed in the medical record.<br><br>New Admission medications will be reviewed by a pharmacist via fax within 24 hours of admission. The review record is sent to the Director of Nursing for follow up of recommendations.<br><br>There will be two separate reviews by Nurse Consultants:<br>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 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 observation tool which reviews technique and Administration rights for compliance. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 70<br>10 residents to give to other residents. Morphine was borrowed from Resident #5 in 21 instances and from Resident #8 in 11 instances.<br><br>During an interview with Nurse #3 on 01/17/12 at 1:01 PM, she stated that when a resident was admitted with orders for a narcotic pain reliever, the nurse transcribed the orders and were able to get the medication from the pyxis machine, if there were any in there. [A pyxis machine is a computer driven machine that contains overstock or emergency medications that can be used until the pharmacy can deliver]. The nurse stated that many times the machine was empty (not restocked), and that lead to a lot of borrowing of narcotics and controlled drugs from other residents. The nurse stated that if the residents came in from the hospital with a hard copy prescription of controlled medication, they could fax the order to the pharmacy and it would come in on the midnight delivery. Sometimes the nurse could call the doctor and have him fax a hard copy or approach the doctor if it was earlier in the day and get a hard copy. The nurse stated that the nurses just wanted residents to be comfortable and pain free and she knew it was wrong to borrow but the pharmacy was just not filling their orders, so they borrowed what they needed.<br><br>During an interview with Nurse #4 on 1-20-12 at 10:37 AM, the nurse reported new residents came in with orders for pain management, the pharmacy was in another state, and they didn't get the ordered medications until the midnight delivery. Nurse #4 reported when they didn't have the medication in the pyxis, the nurses had to borrow from other residents. Nurse #4 stated | F 431 | 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 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.<br><br>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. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ________ B. WING ________ | C 01/22/2012 |

NAME OF PROVIDER OR SUPPLIER: BLUE RIDGE HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 3830 BLUE RIDGE ROAD, RALEIGH, NC 27612

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 71<br>nurses checked the pyxis and when the medication wasn't in there, they borrowed pain relievers so that the residents didn't have to be in pain. The nurse reported sometimes she went to the pyxis to get the medication, and either the medication doses were all used or just didn't store that particular medication. The nurse stated there were times they called the physician and asked if they could give something they had in the pyxis until the resident's ordered medications were received, but borrowing of medications happened occasionally<br><br>During an interview with Nurse #5 on 01/20/12 at 3:33 PM, she stated they faxed the medication orders to the pharmacy when the resident came in. If the medications were not there when they needed them, they got it from the pyxis. She stated they got what they can get out of the pyxis and borrowed what they can. The pharmacy has a back up pharmacy, and it took just as long to get the medications from the back up pharmacy.<br><br>3. Record review of a medication error report revealed that Nurse #1 had 'borrowed' Roxanol (morphine liquid) from Resident #6 on 01/06/12 at 8:20 PM to give to Resident #2. After administering the medication to Resident #2, she discovered that she had administered the wrong dose to Resident #2.<br><br>Resident #2 had an order for "Roxanol 100 mg/5 cc (milligram/per cubic centimeter), give one cc every 4 hours as needed for pain or shortness of breath." [The total dose for Resident#2 would have been 20 mg of morphine per dose]. Resident #2 was a new admission on 01/06/12 at 3:30 PM. | F 431 | The Control II/III/IV/V medication delivery/verification process has been updated as follows:<br>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 sight 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.<br>2.Fax the script to the Pharmacy<br>3.A copy of the medication order is placed in the MAR.<br>4.If the pharmacy is unable to delivery due to after hours the facility may<br>a) be notified the back up pharmacy will be used. Partners pharmacy will call them and request the delivery to the center.<br>b) be notified to remove the narcotic medication from the pyxis system.<br>c) if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution.<br>5.Once the medication arrives at the facility the nurse will verify the medication against the delivery manifest and sign acceptance of the control.<br>6.The nurse will partner with a second nurse and add in the medication on the narcotic count sheet, place the medication in the cart and place the count down record in the narcotic record book. The second nurse will then co-sign the manifest. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 72<br><br>Resident #6 had an order for Roxanol 0.25 cc (5 mg) every 4 hours for pain.<br>When nurse #1 withdrew the morphine she drew up 5 cc instead of one cc and gave Resident #2 a total of 100 mg of morphine, five times the ordered dose.<br>Nurse #1 asked the supervisor to view her error. She stated that she found the morphine orders confusing and had drawn up too much and given it to the resident.<br>The supervisor called the attending MD and obtained support orders for oxygen saturation, a 1:1 sitter for 4 hours and a call back to him in one hour. The resident elected to go to the emergency room for evaluation and treatment. The nurse was in serviced and counseled and told borrowing of narcotic/or controlled substances was not allowed.<br><br>On review of the system for delivery and documentation there was no accountability for the whole system; delivery manifests were discarded; sometimes, there was a delay in the pharmacy delivery of medications to the facility, which prompted staff to borrow controlled medications to treat residents' pain; delivery manifest were not always signed by the receiving nurse; the shift count system did not document how many declining inventory sheets should be reviewed or how much medications were actually in the medication cart drawer or if the medication had gone missing; shift counts were not always signed by the nurses; there was no administrative nursing system to document what came into the facility, how it was used and what was disposed of. | F 431 | 7.The manifest will be forwarded to the Director of Nursing.<br>8.The nurse that administers the first dose of the narcotic medication will match the physicians order copy that is in the MAR against the MAR and the instruction label on the medication to validate accuracy.<br>9.Once validated the medication is administered as ordered.<br>10.If a medication is discontinued or a resident discharged the medication is removed from the cart M-F and secured in double lock narcotic back up in the DON's office. When the DON accepts the medication to the lock up the medication is recorded on the medication disposal log and the DON signs the narcotic signature log which subtracts the count from the cart.<br>11.The DON will receive copies of delivery manifests sent to the facility from the pharmacy.<br>12.Weekly the DON will reconcile the manifests against copies of manifests to validate two signatures and all narcotics were properly processed.<br>13.Weekly the DON will return medications for disposal to the pharmacy in a secure box for disposal. The record of medications returned for disposal is maintained by the DON.<br>14.Items used from the pyxis system will be ordered by the DON for replacement twice weekly to assure quantities of medications are maintained as needed. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 73<br>4. Resident #3 was admitted to the facility on 9-27-11. Review of the medical record revealed the resident's admission diagnoses were listed as: lung cancer, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, hypertension, and diabetes mellitus.<br><br>Review of the hospital discharge medications per the History and Physical Report, dated 9-27-11, were listed in part as: Oxycodone (narcotic pain reliever) 10mg 1 to 3 tabs every 4 hours as needed for pain.<br><br>Review of the pain scale on admission, dated 9-27-11, on the facility's "Resident Evaluation Form" revealed the assessment was left blank.<br><br>Review of the physician's orders for the resident's admission, dated 9-27-11, revealed orders for Oxycodone 10mg 1 tablet every 4 hours as needed for mild pain; Oxycodone 20mg every 4 hours as needed for moderate pain; and Oxycodone 30mg every 4 hours as needed for severe pain.<br><br>Review of the resident's September 2011 Medication Administration Record (MAR), revealed one Oxycodone 10mg tablet were given 9-27-11 at 8:45 PM. However the "Controlled Drug Receipt/Record/Disposition Form" revealed the resident's Oxycodone did not arrive at the facility until 9-28-11. It is unclear where the one tablet given on 9-27-11 was obtained.<br><br>Review of the facility "Controlled Drug Receipt/Record/Disposition Form" revealed the pharmacy sent "Oxycodone tab 10mg " on 9-28-11. The Directions on the form read "take 1 | F 431 | ***How the facility plans to monitor its performance to make sure that solutions are sustained. Plan to ensure for ensuring that the correction is achieved and sustained. How implementation of the corrective action is evaluated for its effectiveness, and integration into the quality assurance system of the facility.***<br><br>The Quality Assurance Committee, including a pharmacy representative, will meet on a monthly basis for three months and quarterly thereafter. Findings from the results of audits and oversight will be reported to Committee along with trending, analysis, and root cause. The Committee will make recommendations where necessary. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 74 | F 431 | | |

to 3 tablets by mouth every four hours as needed for pain". The number of tablets sent and received was recorded as "20" tablets. Dose # 12 of the medication card was documented as "blank". It was unclear if the pharmacy missed placing a dose in the medication card in the blister or if the medication was used and unaccounted for.

Review of the resident's "Controlled Drug Receipt/Record/Disposition Form", revealed Oxycodone 10mg tablets were administered to the resident from 9-28-11 through 10-1-11. The Form revealed the resident had no remaining doses to be administered after 10-1-11 without a refill from the pharmacy.

Review of the resident's October 2011 MAR revealed Oxycodone 20mg was given on 10-1-11; 10-2-11 at 7:45 AM and 5 PM; 10-3-11 at 3 AM and 5 PM; 10-4-11 at 9:10 AM: 10-5-11 at 9 AM; and again on 10-6-11 at 1 PM. The MAR documentation revealed the resident received Oxycodone 30mg on 10-8-11 at 9 PM. It was unclear where the doses of Oxycodone that was given to the resident after 10-1-11 were obtained.

During an interview with Nurse #7 on 1-20-12 at 10:29 AM, the nurse reported the nurses borrowed narcotics due to just not having the medication available.

During an interview with Nurse #3 on 01/17/12 at 1:01 PM, she stated that when a resident was admitted with orders for a narcotic pain reliever, the nurse transcribed the orders and were able to get the medication from the pyxis machine, if there were any in there. [A pyxis machine is a

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| --- | --- | --- | --- |
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
| --- | --- |
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| --- | --- | --- | --- | --- |
| F 431 | Continued From page 75<br>computer driven machine that contains overstock or emergency medications that can be used until the pharmacy can deliver]. The nurse stated that many times the machine was empty (not restocked), and that lead to a lot of borrowing of narcotics and controlled drugs from other residents. The nurse stated that if the residents came in from the hospital with a hard copy prescription of controlled medication, they could fax the order to the pharmacy and it would come in on the midnight delivery. Sometimes the nurse could call the doctor and have him fax a hard copy or approach the doctor if it was earlier in the day and get a hard copy. The nurse stated that the nurses just wanted residents to be comfortable and pain free and she knew it was wrong to borrow but the pharmacy was just not filling their orders, so they borrowed what they needed.<br><br>During an interview with Nurse #4 on 1-20-12 at 10:37 AM, the nurse reported new residents came in with orders for pain management, the pharmacy was in another state, and they didn't get the ordered medications until the midnight delivery. Nurse #4 reported when they didn't have the medication in the pyxis, the nurses had to borrow from other residents. Nurse #4 stated nurses checked the pyxis and when the medication wasn't in there, they borrowed pain relievers so that the residents didn't have to be in pain. The nurse reported sometimes she went to the pyxis to get the medication, and either the medication doses were all used or just didn't store that particular medication. The nurse stated there were times they called the physician and asked if they could give something they had in the pyxis until the resident's ordered medications | F 431 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 76 | F 431 | | |

were received, but borrowing of medications happened occasionally

During an interview with the DON on 1-20-12 at 11:12 AM, the DON reported the copy of the narcotic count down sheet for Oxycodone for Resident #3 was received from the pharmacy. Review of the sheet revealed 20 tablets were received by the facility on 9-28-11 and the last dose of the 20 tablets was given on 10-1-11. Review of the resident's MAR for October 2011 indicated the resident received additional doses after 10-1-11. The DON reported pharmacy did not send any other Oxycodone tablets for this resident and the other doses the resident received after 10-1-11 must have been borrowed. The DON stated he was unaware of the wide spread borrowing of narcotics in the facility.

The administrator was notified of the immediate jeopardy on 01/21/12 at 10:30 AM. The administrator provided the following credible allegation on 01/22/12 at 2:45 PM.

1. Residents affected by the alleged deficient practice.

No residents were identified in this citation.

2. Residents with the potential to be affected by the alleged deficient practice.

On 1/20/2012 5 residents have been identified that are utilizing Roxanol by review of each current resident medication orders.

A MAR to cart audit was conducted on 1/21/2012. A review of the medication label, administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 77<br>record, Pain assessment, resident assessment and the count down sheet has been completed to ensure proper dosage, labeling, and effective pain management. This review was conducted by the Unit Managers and Pharmacy services.<br><br>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 order.<br><br>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 quantity to avoid the risk of depleting the supply and reducing the risk to borrow.<br><br>On 1/20/2012 a review of current residents controlled drug receipt/record/disposition form has been completed by the Unit Managers to identify residents with borrowed medications. 15 current residents have been identified to have borrowed narcotics.<br><br>A review of current resident MAR's was completed to identify residents with controlled drug orders to utilize in the review to identify borrowed medications. Residents with borrowed drugs were identified by a room number that the | F 431 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 78<br>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 narcotic disposition forms for each current resident. The audit was completed by 1/21/2012.<br><br>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.<br><br>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.<br><br>No additional significant medication errors were identified with the above listed narcotic reviews by 1/21/2012.<br><br>3. Systemic Changes<br><br>Re-education with Licensed Nurses has been initiated on the medication administration process including:<br>a. reading and interpreting the correct dosage,<br>b. immediate discontinuation of the act of borrowing medications | F 431 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 79<br>c. Appropriate actions for medication availability - medication refill, back up pharmacy process and pyxis utilization with two nurses for narcotics.<br>d. Signing in Narcotic deliveries with two nurses<br>e. Signing out of Narcotics following discharge or discontinuation with nurse and Director of Nursing.<br>f. Counting narcotics and signatures of oncoming and off going nurses that includes # of narcotics counted in addition to control sheet.<br>g. Medication Administration Rights<br><br>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.<br><br>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.<br><br>An alert sticker has been added to the drug disposition record 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. In-service for high alert has been initiated by the DON/Nursing Supervisors. Completion of | F 431 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 80<br>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.<br><br>A new facility process has been initiated which includes two nurses 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.<br><br>Medication errors will be reviewed in the morning clinical meeting. A root cause analysis will be conducted by the DON/ADON. Findings will determine appropriate action steps to include, but not limited to: in-service, change in policy, Pharmacy response, and environmental factor changes (location, placement, identification of the drug). Medication errors will continue to be reported to Cecil G. Sheps Center for Health and Research by the October 31 calendar year deadline.<br><br>The Unit Manager will observe 30% of residents receiving Roxanol in a weekly audit of administration of Roxanol to ensure: the medication is administered correctly and proper procedure is followed including that the 5 basic drug rights are executed (time, dose, route, drug, person). Errors indicated with this procedures will require a med pass in-service and return demonstration.<br><br>The identification and reporting of medication errors was included in the scheduled licensed | F 431 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 81<br>nurse education. In alignment with Cecil G. Sheps Center for Health and Research the facility embraces a non-punitive atmosphere for reporting of errors, (With the exception of reckless actions), allowing the center to embrace it as an opportunity for learning and change through the Quality Assessment and Assurance process.<br><br>Borrowing of Narcotics was identified to have 3 root causes. Medication not available due re-order not timely, admissions processed without hard scripts, and narcotic stock in pyxis depleting too soon.<br><br>Pharmacy services will provide a weekly report on narcotics that require script renewal to the DON prior to their expiration to allow for timely refill to avoid running out of medication. Weekly the Unit Manager will audit PRN narcotics against usage of the narcotic and renew script (if required) and reorder if indicated.<br><br>The process for obtaining narcotic orders timely upon admission:<br>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.<br>2. Fax the script to the Pharmacy.<br>3. If the pharmacy is unable to delivery due to after hours the facility may:<br>a. be notified the back up pharmacy will be used. (name of the pharmacy) pharmacy will call them | F 431 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 82<br>and request the delivery to the center.<br>b. be notified to remove the narcotic medication from the pyxis system<br>c. if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution.<br><br>On 1/21/2012 the 15 residents identified to have medications borrowed had narcotic refills/replacement ordered and billed to the facility.<br><br>Monthly a pharmacist will review the medication regimen, dosage and administration records of residents receiving Narcotics. This review includes narcotic orders for dosing and compare of the MAR to the reconciliation form. 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 fax within 24 hours of admission.<br><br>There will be two separate reviews by Nurse Consultants:<br><br>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 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 | F 431 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 83<br>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.<br><br>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 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.<br><br>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 | F 431 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 84<br>weeks and then tapered over 3 to 6 months based on findings.<br><br>The Controlled II/III/IV/V medication delivery/verification process has been updated as follows:<br>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.<br>2. Fax the script to the Pharmacy<br>3. A copy of the medication order is placed in the MAR.<br>4. If the pharmacy is unable to delivery due to after hours the facility may:<br>a. be notified the back up pharmacy will be used. (pharmacy name) pharmacy will call them and request the delivery to the center.<br>b. be notified to remove the narcotic medication from the pyxis system.<br>c. if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution. Once the medication arrives at the facility the nurse will verify the medication against the delivery manifest and sign acceptance of the control.<br>5. The nurse will partner with a second nurse and add in the medication on the narcotic count sheet, place the medication in the cart and place the count down record in the narcotic record book. The second nurse will then co-sign the manifest. | F 431 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 85<br>6. The manifest will be forwarded to the Director of Nursing.<br>7. The nurse that administers the first dose of the narcotic medication will match the physicians order copy that is in the MAR against the MAR and the instruction label on the medication to validate accuracy.<br>8. Once validated the medication is administered as ordered.<br>9. If a medication is discontinued or a resident discharged the medication is removed from the cart M-F and secured in triple lock narcotic back up in the DON's office. When the DON accepts the medication to the lock up the medication is recorded on the medication disposal log and the DON signs the narcotic signature log which subtracts the count from the cart.<br>10. The DON will receive copies of delivery manifests sent to the facility.<br>11. Weekly the DON will reconcile the manifests against copies of manifests to validate two signatures and all manifests are properly processed.<br>12. Weekly the DON will return medications for disposal to the pharmacy in a secure box for disposal. The record of medications returned for disposal is maintained by the DON.<br>13. Items used from the pyxis system will be ordered by the DON for replacement every Tuesday and Friday to assure quantities of medications are maintained as needed.<br><br>4. Quality Assessment and Assurance Committee<br><br>On 1/19/2012 an Ad Hoc subcommittee of the Quality Assurance and Assessment Committee met to discuss and approve this plan. The Medical Director has approved the plan. | F 431 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 86<br><br>The Committee will meet on a weekly basis for one month and monthly thereafter. Findings from the results of audits and oversight will be reported to Committee on a monthly basis. The Committee will make recommendations where necessary.<br>On 01/22/12 at 1:45 through 2:45 PM, the credible allegation was validated as follows:<br><br>Nursing staff were interviewed regarding controlled medication acquisition, reconciliation, and disposition. The interviews revealed that the nursing staff were instructed not to borrow, to use the conversion sheets to figure out dosages, 2 nurses are required to receive controlled medications, and what to do if there is no hard copy prescription for a resident's controlled substance.<br>Review of the Employee Education Attendance Record revealed inservices regarding medications were conducted.<br><br>The facility provided a copy of a document titled QA Document dated 01/21/12. An audit was done by the pharmacist on residents regarding current narcotic analgesics drug dosage and their respective count down sheets. The QA document included recommendations from the pharmacist on how to rectify the irregularities.<br><br>An order to MAR medication audit was also conducted to make sure the medications were transcribed clearly and correctly to reduce the possibility of error.<br><br>A template of a new form titled "Nurse to Nurse Count Sheet" was provided. The form required documentation of the nurse that the count was | F 431 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 431 | Continued From page 87<br>correct.<br><br>On 01/22/12 at 1:45 through 2:45 PM, the credible allegation was validated as follows:<br><br>Nursing staff were interviewed regarding controlled medication acquisition, reconciliation, and disposition. The interviews revealed that the nursing staff were instructed not to borrow, to use the conversion sheets to figure out dosages, 2 nurses are required to receive controlled medications, and what to do if there is no hard copy prescription for a resident's controlled substance.<br>Review of the Employee Education Attendance Record revealed inservices regarding medications were conducted.<br><br>The facility provided a copy of a document titled QA Document dated 01/21/12. An audit was done by the pharmacist on residents regarding current narcotic analgesics drug dosage and their respective count down sheets. The QA document included recommendations from the pharmacist on how to rectify the irregularities.<br><br>An order to MAR medication audit was also conducted to make sure the medications were transcribed clearly and correctly to reduce the possibility of error.<br><br>A template of a new form titled "Nurse to Nurse Count Sheet" was provided. The form required documentation of the nurse that the count was correct. | F 431 | | |
| F 490 SS=J | 483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING | F 490 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 88<br>A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, pharmacist interviews, and record review the facility failed to prevent a significant medication error for 1 of 7 sampled residents (Resident # 2), failed to prevent use of an excessive dose of morphine for 1 of 7 sampled residents (Resident #2); failed to establish and maintain a record keeping system of receipt and disposition of controlled drugs (scheduled medications) to allow for accurate reconciliation and proper disposition of these medications. The facility failed to maintain necessary documentation to reconcile controlled medications accurately. The facility did not timely acquire narcotic medications for 2 of 3 sampled residents (Resident # 2 and Resident #3), resulting in the staff borrowing those medications from other residents and Resident #2 receiving 5 times the dose of Morphine prescribed by the physician. The facility staff borrowed narcotic medications from 10 residents to give to other residents in 50 instances. Morphine was borrowed from Resident #5 in 21 instances and from Resident #8 in 11 instances. The facility was not disposing of controlled drugs appropriately after residents left the facility in 1 of 2 residents (Resident #4).<br><br>Immediate jeopardy (IJ) began on 01/06/12. The administrator was notified of the immediate | F 490 | *F490*<br><br>***How corrective action will be accomplished for those resident(s) found to have been affected by the deficient practice;***<br><br>Resident #2 & #3 no longer reside at the facility.<br><br>***How corrective action will be accomplished for those resident(s) having potential to be affected by the same deficient practice;***<br><br>The facility recognizes that current residents receiving medications (including narcotics, liquid narcotics) therefore requiring drug regimen reviews may be affected by this deficiency.<br><br>On 1/20/2012, during survey, 5 residents were identified that are utilizing Roxanol by review of each current resident medication orders by the Unit Managers.<br><br>Also on 1/20/2012 – 1/21/2012 a review of current residents controlled drug receipt/record/disposition form has been completed to identify residents with borrowed medications. 15 current residents have been identified to have borrowed narcotics. Residents with borrowed drugs were identified by a room number that 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 narcotic disposition forms for each current resident.<br><br>During the survey a MAR to cart audit was conducted on 1/21/2012. A review of the Roxanol medication label, administration record, Pain assessment, resident assessment and the count down sheet has been completed to ensure proper dosage, labeling, and effective pain management. This review was conducted by the Unit Managers and Pharmacy services. | 2-14-12<br><br>2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ____ B. WING ____ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 89<br>jeopardy on 01/20/12 at 4:05 PM. Immediate jeopardy was removed on 01/22/12 at 2:45 PM when the facility provided a credible allegation of compliance. The facility will remain out of compliance at a scope and severity level D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring of systems put in place and completion of employee education.<br><br>Findings include:<br>1. Cross Reference F329. Based on staff interview and record review the facility failed to ensure residents were free of unnecessary medications when 1 of 7 sampled residents (Resident #2) received an excessive dosage of a narcotic medication. Resident #2 received five times the ordered liquid morphine (Roxanol) dose.<br><br>2. Cross Reference F333. Based on staff interview and record review the facility failed to prevent a significant medication error for 1 of 7 sampled residents with narcotic orders; Resident #2 received five times the ordered liquid morphine (Roxanol) dose.<br><br>3. Cross Reference F425. Based on observation, staff interview, pharmacist interviews, and record review the facility failed to establish and maintain a record keeping system of receipt and disposition of controlled drugs (scheduled medications) to allow for accurate reconciliation and proper disposition of these medications. The facility failed to maintain necessary documentation to reconcile controlled | F 490 | Also during survey, a pharmacist completed a drug regimen review of residents receiving narcotic analgesics on 1/21/2012 to validate appropriate drug dosage and review narcotic count down sheet. Recommendations were reviewed with the DON.<br><br>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.<br><br>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 order.<br>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 quantity to avoid the risk of depleting the supply and reducing the risk to borrow.<br><br>Prior to survey, an audit was completed on 1/13/2012 by a pharmacist which included current residents included 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. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 90<br>medications accurately. The facility did not timely acquire narcotic medications for 2 of 3 sampled residents (Resident # 2 and Resident #3), resulting in the staff borrowing those medications from other residents and Resident #2 receiving 5 times the dose of Morphine prescribed by the physician. The facility staff borrowed narcotic medications from 10 residents to give to other residents in 50 instances. Morphine was borrowed from Resident #5 in 21 instances and from Resident #8 in 11 instances.<br><br>4. Cross Reference F431. Based on observation, staff interview, pharmacist interviews, and record review the facility failed to establish and maintain a record keeping system of receipt and disposition of controlled drugs (scheduled medications) to allow for accurate reconciliation and proper disposition of these medications. The facility failed to maintain necessary documentation to reconcile controlled medications accurately. The facility did not timely acquire narcotic medications for 2 of 3 sampled residents (Resident # 2 and Resident #3), resulting in the staff borrowing those medications from other residents and Resident #2 receiving 5 times the dose of Morphine prescribed by the physician. The facility staff borrowed narcotic medications from 10 residents to give to other residents in 50 instances. Morphine was borrowed from Resident #5 in 21 instances and from Resident #8 in 11 instances. The facility was not disposing of controlled drugs appropriately after residents left the facility in 1 of 2 residents (Resident #4). | F 490 | No additional significant medication errors were identified with the above listed narcotic reviews by 1/22/2012. Recommendations were addressed with the attending physicians.<br><br>***Measures that will be put into place or systemic changes made to ensure that the deficient practice will not occur;***<br><br>A new facility process has been initiated which includes two nurses 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.<br>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.<br><br>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.<br><br>Drug Handbooks are available in each medication cart to allow nurses to readily check medication dosages, drug categories, etc. during medication administration. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 91<br>The administrator was notified of the immediate jeopardy on 01/20/12 at 4:05 PM. The administrator provided the following credible allegation on 01/22/12 at 2:45 PM<br><br>1. Residents affected by the alleged deficient practice.<br><br>Resident # 2 #3 no longer resides in the facility.<br><br>Resident # 2 was monitored closely following the Roxanol medication variance which was reported immediately to the physician, vital signs remained normal, with no changes in mental status. Resident # 2 was transferred to acute care hospital for monitoring later the same day per family request despite her stable condition. An investigation was completed by the Facility Educator on 1/6/2012 including an interview with a nurse and review of the physician order and drug label. The cause of the error was identified to be the nurse misunderstood the drug calculation and did not read the complete order. The nurse received a medication pass in-service including medication rights, calculation of Roxanol was reviewed, med pass competency, and return demonstration to validate transfer of learning.<br><br>Resident #2 Oxycodone was administered as ordered to address the severe pain, in 10mg, 20mg, or 30mg dosages. Lethargy, and disorientation was identified on 10/8/2011 at which time the Oxycodone 30 mg was discontinued. No other dosages of Oxycodone were given between 10/8 and the discharge on 10/11. The resident was discharged to Acute care hospital due to lethargy and poor appetite. | F 490 | 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 counted and reconciled with consideration to the number of entities that came in and went out of the cart. This allows for a clear chain of custody. Each nurse validating the correct narcotic count signs the form.<br><br>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.<br><br>Borrowing of Narcotics was identified to have 3 root causes. Medication not available due re-order not timely, admissions processed without hard scripts, and narcotic stock in pyxis depleting to soon.<br>Pharmacy services will provide a weekly report on narcotics that require script renewal to the DON prior to their expiration to allow for timely refill to avoid running out of medication.<br><br>Weekly the Unit Manager will audit PRN narcotics against usage of the narcotic and renew script (if required) and reorder if indicated. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 92<br>2. Residents with the potential to be affected by the alleged deficient practice.<br><br>On 1/20/2012 13 residents have been identified that are utilizing Oxycodone. A review of the count down sheet has been completed to identify medications borrowed.<br><br>On 1/20/2012 5 residents have been identified that are utilizing Roxanol by review of each current resident medication orders.<br><br>A MAR to cart audit was conducted on 1/21/2012. A review of the medication label, administration record, Pain assessment, resident assessment and the count down sheet has been completed to ensure proper dosage, labeling, and effective pain management. This review was conducted by the Unit Managers and Pharmacy services.<br><br>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 order.<br><br>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 | F 490 | Medication errors will be reviewed in the morning clinical meeting. A root cause analysis will be conducted by the DON/ADON. Findings will determine appropriate action steps to include, but not limited to: in-service, change in policy, pharmacy response, and environmental factor changes (location, placement, identification of the drug). Medication errors will continue to be reported to Cecil G. Sheps Center for Health and Research by the October 31 calendar year deadline.<br><br>A safe was purchased for the storage of controlled medications, that have been discontinued or the resident no longer resides at the facility, and was placed in the Director of Nursing office. Weekly, the Control medications from the safe are reconciled by the DON/designee and another nurse and returned to the pharmacy in a box provided by the pharmacy. The medication disposal log is maintained in the DON office and a copy accompanies the medications back to the pharmacy. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______<br>B. WING ______ | C<br>01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD<br>RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 93<br>quantity to avoid the risk of depleting the supply and reducing the risk to borrow.<br><br>On 1/20/2012 a review of current residents controlled drug receipt/record/disposition form has been completed by the Unit Managers to identify residents with borrowed medications. 15 current residents have been identified to have borrowed narcotics.<br><br>A review of current resident MAR's was completed to identify residents with controlled drug orders to utilize in the review to identify borrowed medications. Residents with borrowed drugs were identified by a room number that 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 narcotic disposition forms for each current resident. The audit was completed by 1/21/2012.<br><br>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.<br><br>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 | F 490 | Re-education with Licensed Nurses has been initiated on the medication administration process including:<br>reading and interpreting the correct dosage,<br>immediate discontinuation of the act of borrowing medications,<br>Appropriate actions for medication availability – medication refill, back up pharmacy process and pyxis utilization with two nurses for narcotics,<br>Signing in Narcotic deliveries with two nurses,<br>Signing out of Narcotics following discharge or discontinuation with nurse and Director of Nursing,<br>Counting narcotics and signatures of oncoming and off going nurses that includes # of narcotics counted in addition to control sheet,<br>Medication Administration Rights,<br>High alert,<br>And, the identification and reporting of medication errors in alignment with Cecil G. Sheps Center for Health and Research the facility embraces a non-punitive atmosphere for reporting of errors, (With the exception of reckless actions), allowing the center to embrace it as a opportunity for learning and change through the Quality Assessment and Assurance process.<br><br>In-services were conducted by the DON/nursing supervisors/designee. Education for scheduled licensed nurses was completed by February 1, 2012. Any nurses not educated by that date will receive education at, or prior to, the onset of their next scheduled shift. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 94<br>were found during this audit. This review was done in addition to the monthly drug regimen review.<br><br>No additional significant medication errors or unnecessary drugs were identified with the above listed narcotic reviews by 1/21/2012.<br><br>3. Systemic Changes<br><br>Re-education with Licensed Nurses has been initiated on the medication administration process including:<br>a. reading and interpreting the correct dosage,<br>b. immediate discontinuation of the act of borrowing medications<br>c. Appropriate actions for medication availability - medication refill, back up pharmacy process and pyxis utilization with two nurses for narcotics.<br>d. Signing in Narcotic deliveries with two nurses<br>e. Signing out of Narcotics following discharge or discontinuation with nurse and Director of Nursing.<br>f. Counting narcotics and signatures of oncoming and off going nurses that includes # of narcotics counted in addition to control sheet.<br>g. Medication Administration Rights<br><br>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.<br><br>Pharmacy Services provided the center with a | F 490 | The Unit Manager will observe 30% of residents receiving Roxanol in a weekly audit of administration of Roxanol to ensure: the medication is administered correctly and proper procedure is followed including that the 5 basic drug rights are executed (time, dose, route, drug, and person). Errors indicated with this procedure will require a med pass in-service and return demonstration.<br>The facility process for obtaining narcotic orders timely upon admission:<br>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 sight 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.<br>2. Fax the script to the Pharmacy<br>3. If the pharmacy is unable to delivery due to after hours the facility may<br><br>a) be notified the back up pharmacy will be used. Partners pharmacy will call them and request the delivery to the center.<br>b) be notified to remove the narcotic medication from the pyxis system<br>c) if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution.<br><br>On 1/21/2012 the 15 residents identified to have medications borrowed had narcotic refills/replacement ordered and billed to the facility. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 95<br>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.<br><br>An alert sticker has been added to the drug disposition record 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. In-service for high alert has been initiated 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.<br><br>A new facility process has been initiated which includes two nurses 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.<br><br>Medication errors will be reviewed in the morning clinical meeting. A root cause analysis will be conducted by the DON/ADON. Findings will determine appropriate action steps to include, but not limited to: in-service, change in policy, Pharmacy response, and environmental factor changes (location, placement, identification of the drug). Medication errors will continue to be | F 490 | Monthly a pharmacist will review the medication regimen, dosage and administration records of residents receiving Narcotics. This review includes narcotic orders for dosing and compare of the MAR to the reconciliation form. This review will require a formal exit with the DON for any risk that requires immediate attention. The monthly regimen recommendations made by the pharmacist are addressed with the physician, change orders written as indicated and filed in the medical record.<br><br>New Admission medications will be reviewed by a pharmacist via fax within 24 hours of admission. The review record is sent to the Director of Nursing for follow up of recommendations.<br><br>There will be two separate reviews by Nurse Consultants:<br>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 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 observation tool which reviews technique and Administration rights for compliance. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 96<br>reported to Cecil G. Sheps Center for Health and Research by the October 31 calendar year deadline.<br><br>The Unit Manager will observe 30% of residents receiving Roxanol in a weekly audit of administration of Roxanol to ensure: the medication is administered correctly and proper procedure is followed including that the 5 basic drug rights are executed (time, dose, route, drug, person). Errors indicated with this procedures will require a med pass in-service and return demonstration.<br><br>The identification and reporting of medication errors was included in the scheduled licensed nurse education. In alignment with Cecil G. Sheps Center for Health and Research the facility embraces a non-punitive atmosphere for reporting of errors, (With the exception of reckless actions), allowing the center to embrace it as an opportunity for learning and change through the Quality Assessment and Assurance process.<br><br>Borrowing of Narcotics was identified to have 3 root causes. Medication not available due re-order not timely, admissions processed without hard scripts, and narcotic stock in pyxis depleting too soon.<br><br>Pharmacy services will provide a weekly report on narcotics that require script renewal to the DON prior to their expiration to allow for timely refill to avoid running out of medication. Weekly the Unit Manager will audit PRN narcotics against usage of the narcotic and renew script (if required) and reorder if indicated. | F 490 | 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 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.<br><br>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. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 97<br><br>The process for obtaining narcotic orders timely upon admission:<br>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.<br>2. Fax the script to the Pharmacy<br>3. If the pharmacy is unable to delivery due to after hours the facility may<br>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.<br>b. be notified to remove the narcotic medication from the pyxis system<br>c. if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution.<br><br>On 1/21/2012 the 15 residents identified to have medications borrowed had narcotic refills/replacement ordered and billed to the facility.<br><br>Monthly a pharmacist will review the medication regimen, dosage and administration records of residents receiving Narcotics. This review includes narcotic orders for dosing and compare of the MAR to the reconciliation form. 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 | F 490 | The Control II/III/IV/V medication delivery/verification process has been updated as follows:<br>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 sight 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.<br>2.Fax the script to the Pharmacy<br>3.A copy of the medication order is placed in the MAR.<br>4.If the pharmacy is unable to delivery due to after hours the facility may<br>a) be notified the back up pharmacy will be used. Partners pharmacy will call them and request the delivery to the center.<br>b) be notified to remove the narcotic medication from the pyxis system.<br>c) if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution.<br>5.Once the medication arrives at the facility the nurse will verify the medication against the delivery manifest and sign acceptance of the control.<br>6.The nurse will partner with a second nurse and add in the medication on the narcotic count sheet, place the medication in the cart and place the count down record in the narcotic record book. The second nurse will then co-sign the manifest. | 2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 98<br>fax within 24 hours of admission.<br><br>There will be two separate reviews by Nurse Consultants:<br><br>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 observation tool which reviews technique and Administration rights for compliance.<br><br>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 | F 490 | 7.The manifest will be forwarded to the Director of Nursing.<br>8.The nurse that administers the first dose of the narcotic medication will match the physicians order copy that is in the MAR against the MAR and the instruction label on the medication to validate accuracy.<br>9.Once validated the medication is administered as ordered.<br>10.If a medication is discontinued or a resident discharged the medication is removed from the cart M-F and secured in double lock narcotic back up in the DON's office. When the DON accepts the medication to the lock up the medication is recorded on the medication disposal log and the DON signs the narcotic signature log which subtracts the count from the cart.<br>11.The DON will receive copies of delivery manifests sent to the facility from the pharmacy.<br>12.Weekly the DON will reconcile the manifests against copies of manifests to validate two signatures and all narcotics were properly processed.<br>13.Weekly the DON will return medications for disposal to the pharmacy in a secure box for disposal. The record of medications returned for disposal is maintained by the DON.<br>14.Items used from the pyxis system will be ordered by the DON for replacement twice weekly to assure quantities of medications are maintained as needed. | 2-14-12 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 99<br>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 observation tool which reviews technique and Administration rights for compliance.<br><br>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.<br><br>The Controlled II/III/IV/V medication delivery/verification process has been updated as follows:<br>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.<br>2. Fax the script to the Pharmacy<br>3. A copy of the medication order is placed in the MAR.<br>4. If the pharmacy is unable to delivery due to after hours the facility may | F 490 | ***How the facility plans to monitor its performance to make sure that solutions are sustained. Plan to ensure for ensuring that the correction is achieved and sustained. How implementation of the corrective action is evaluated for its effectiveness, and integration into the quality assurance system of the facility.***<br><br>The Quality Assurance Committee, including a pharmacy representative, will meet on a monthly basis for three months and quarterly thereafter. Findings from the results of audits and oversight will be reported to Committee along with trending, analysis, and root cause. The Committee will make recommendations where necessary. | 2-14-12 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 100<br>a. be notified the back up pharmacy will be used. (pharmacy name) pharmacy will call them and request the delivery to the center.<br>b. be notified to remove the narcotic medication from the pyxis system.<br>c. if a delivery does not arrive timely and the medication is not available in pyxis notify the DON/designee of the medication and time needed for administration. The DON/designee will notify the physician or pharmacist for resolution. Once the medication arrives at the facility the nurse will verify the medication against the delivery manifest and sign acceptance of the control.<br>5. The nurse will partner with a second nurse and add in the medication on the narcotic count sheet, place the medication in the cart and place the count down record in the narcotic record book. The second nurse will then co-sign the manifest.<br>6. The manifest will be forwarded to the Director of Nursing.<br>7. The nurse that administers the first dose of the narcotic medication will match the physicians order copy that is in the MAR against the MAR and the instruction label on the medication to validate accuracy.<br>8. Once validated the medication is administered as ordered.<br>9. If a medication is discontinued or a resident discharged the medication is removed from the cart M-F and secured in triple lock narcotic back up in the DON's office. When the DON accepts the medication to the lock up the medication is recorded on the medication disposal log and the DON signs the narcotic signature log which subtracts the count from the cart.<br>10. The DON will receive copies of delivery manifests sent to the facility. | F 490 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 101<br>11. Weekly the DON will reconcile the manifests against copies of manifests to validate two signatures and all manifests are properly processed.<br>12. Weekly the DON will return medications for disposal to the pharmacy in a secure box for disposal. The record of medications returned for disposal is maintained by the DON.<br>13.Items used from the pyxis system will be ordered by the DON for replacement every Tuesday and Friday to assure quantities of medications are maintained as needed.<br>4. Quality Assessment and Assurance Committee<br><br>On 1/19/2012 an Ad Hoc subcommittee of the Quality Assurance and Assessment Committee met to discuss and approve this plan. The Medical Director has approved the plan.<br><br>The Committee will meet on a weekly basis for one month and monthly thereafter. The Pharmacy Services and Medical Director will attend a minimum of Quarterly. Findings from the results of audits and oversight will be reported to Committee on a monthly basis. The Committee will make recommendations where necessary.<br><br>On 01/22/12 at 1:45 through 2:45 PM, the credible allegation was validated as follows:<br><br>Nursing staff were interviewed regarding controlled medication acquisition, reconciliation, and disposition. The interviews revealed that the nursing staff were instructed not to borrow, to use the conversion sheets to figure out dosages, 2 nurses are required to receive controlled medications, and what to do if there is no hard copy prescription for a resident's controlled | F 490 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345517 | A. BUILDING ______ B. WING ______ | C 01/22/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLUE RIDGE HEALTH CARE CENTER | 3830 BLUE RIDGE ROAD RALEIGH, NC 27612 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 490 | Continued From page 102<br>substance.<br>Review of the Employee Education Attendance Record revealed inservices regarding medications were conducted.<br><br>The facility provided a copy of a document titled QA Document dated 01/21/12. An audit was done by the pharmacist on residents regarding current narcotic analgesics drug dosage and their respective count down sheets. The QA document included recommendations from the pharmacist on how to rectify the irregularities.<br><br>An order to MAR medication audit was also conducted to make sure the medications were transcribed clearly and correctly to reduce the possibility of error.<br><br>A template of a new form titled "Nurse to Nurse Count Sheet" was provided. The form required documentation of the nurse that the count was correct. | F 490 | | |