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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
	345207	A. BUILDING _____ B. WING _____	11/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS N&R CTR OF COLUMBUS CTY	1402 PINCKNEY STREET WHITEVILLE, NC 28472

(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 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed ensure care plans were developed for a resident with a fecal impaction for 1 of 6 (Resident #86) residents' care plans reviewed. The findings include: Resident # 86 was admitted to the facility on 3/9/11 and readmitted on 11/5/12 with diagnoses of paraplegia, renal failure, diabetes mellitus, history of a bowel obstruction and prostate cancer with a mass. Review of the Resident ' s quarterly Minimum	F 279	K-000 The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. **F279** **Corrective Action for Residents Affected** The care plan was updated for resident #86 on 11/15/12 to reflect a decline in bowel function. (Attachment #1). **Corrective Action for Residents Potentially Affected** All current residents have the potential to be affected by the alleged deficient practice. An audit was completed on 12/7/12 on all residents for use of MOM and other routine or prn laxatives for the past 30 days. All residents with prn or routine laxatives orders were care planned to be at risk for irregular bowel patterns. (Attachment #2).	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Alicia R. Jordan, NHA Administrator 12-8-12

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

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F 279	Continued From page 1 Data Set (MDS) assessment dated 9/27/12 and his annual MDS dated 7/4/12 revealed he was incontinent of bowel and required extensive assistant with toileting. The resident had no care plan developed for a decline in bowel function. Review of the resident ' s medical record dated 11/21/11 revealed the resident was sent for a consult for complaints of fecal impaction, slow transit constipation, outlet dysfunction constipation. The resident was sent to the hospital to treat a fecal impaction with enemas, and bowel prep. Review of the resident ' s most recent care plan dated 11/25/11 revealed there was no care plan problem, goal or approaches addressing his bowel decline. During an interview on 11/16/12 at 12:17 pm the Assistant Director of Nursing stated Resident # 86 ' s care plan did not have any problem onset of the fecal impaction, there were no goals or approaches on how to care for the resident.	F 279	**Systemic Changes** MDS nurses were inserviced by the DON on 12/7/12 on the importance of care planning a decline in bowel function. (Attachment #3). **Quality Assurance** The MDS nurses will monitor this issue using the QA Tool for monitoring new orders for a decline in bowel function. (Attachment #4). This will be completed 5 x/week x 4 weeks, then monthly x 3 months or until resolved by the QA committee.	12/7/12
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observations, record review and interviews the facility failed to follow a physician ' s to monitor vital signs everyday, every shift (resident #62).	F 281	**F281** **Corrective Action for Residents Affected** Vital signs are being obtained everyday every shift for resident #62. (Attachment #17).	

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F 281	Continued From page 2 Resident #62 was admitted to the facility on 6/28/10 and re-admitted on 1/17/12 with diagnoses including Chronic Kidney Disease, Hemodialysis Status, Anemia, Aortic Valve Disorder, Hypothyroidism and Chronic Diastolic Heart Failure. Review of the physician ' s orders dated 1/17/12 read in part, routine vitals, everyday, and every shift. Resident #62 was assessed on the most recent Minimum Data Set (MDS) Assessment as cognitively intact. She was assessed as receiving dialysis three times per week. Review of the care plan for dialysis, dated 10/24/12 read in part, " problem: on dialysis and am at risk for complications related to dialysis and fluid balance. " Approaches listed in reaching the goal of maintaining fluid status overload and dehydration included taking temperature everyday, blood pressure everyday, pulse everyday, respirations everyday. Review of the vital sign book at the nursing station and the computer generated completed care tasks revealed that blood pressures, respirations and temperatures were not taken on a daily basis. Review of the Medication Administration Record did not reveal that blood pressures, temperatures or respirations had been taken everyday. During an interview with the resident on 11/14/12 at 3:45pm she stated that the dialysis facility does her vital signs and sometimes the staff here also	F 281	**Corrective Action for Residents Potentially Affected** All residents with an order to check vital signs daily have the potential to be affected by the deficient practice. An audit is in process to verify daily vital signs every shift are being fired to the CNAs pda. (Attachment #5) **Systemic Changes** All nurses and med techs to be instructed by the DON to obtain vital signs as ordered and to notify nursing admin if vital signs are not firing properly, by leaving a note in the pickup tray. (Attachment #6) **Quality Assurance** Everyday every shift vital sign orders will be audited by MDS nurse weekly x 4 weeks, then monthly x 3 months or until resolved by the QA committee to ensure they are firing correctly and the tasks have been completed. (Attachment #7).	12/14/12

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F 281	Continued From page 3 takes vital signs but not always. During an observation of a medication pass on 11/15/12 at 10:30AM for Resident #62, Nurse #5 gave Topral XL (used in treating Hypertension) without taking a blood pressure. During an interview with Nurse #5 on 11/15/12 at 10:41am she stated that she should have taken the blood pressure (BP). She states she usually takes the BP; however, if it is within a normal range she does not document. During an interview with the Director of Nursing on 11/15/12 at 11:50am she stated that blood pressures should always be taken prior to administering BP meds. She also stated that all blood pressures should be recorded on the Medication Administration Record. She stated that all dialysis residents have vital signs taken everyday, every shift. The DON stated that the nursing assistants have only been taking the vital signs once weekly. She stated that it is her expectation to take the vital signs as ordered, everyday, every shift.	F 281		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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.	F 329	**F329** **Corrective Action for Residents Affected** Valproic Acid was discontinued for resident #88 per 11/16/12 physician order. (Attachment #8). A new monthly flow record of behaviors was initiated for resident #88 to monitor behaviors post discontinuance of Valproic Acid. (Attachment #9).	

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F 329	Continued From page 4 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to provide a clear diagnosis for Valproic Acid and failed to attempt a gradual dose reduction of Valproic Acid for one of ten residents whose medications were reviewed (Resident #88). Resident #88 was admitted to the facility on 01/30/12 and had diagnoses that included Dementia. According to the Admission Minimum Data Set (MDS) Assessment dated 02/06/12, the resident was not receiving psychoactive medications and a care area assessment was not done. The MDS showed that the resident had no behaviors during the assessment period and there was not a care area assessment for mood or behaviors. The Quarterly MDS dated 10/08/12 showed that	F 329	**Corrective Action for Residents Potentially Affected** All residents with antipsychotic drug orders/Valproic Acid orders are currently being reviewed by our pharmacist. These medications will be reviewed for appropriate diagnosis, behavior monitoring and evaluation for gradual dose reduction. (Attachment #10) **Systemic Changes** An nurses and med techs to be inserviced by the DON on appropriate diagnosis for antipsychotic/Valporic Acid medications, requesting diagnosis or indication from physician when a new medication is started. (Attachment #6).	

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F 329	Continued From page 5 the resident was severely cognitively impaired. The MDS showed that the resident had no behaviors during the assessment period. The resident ' s Care Plan dated 10/22/12 showed that when the resident resisted care and to try again later to perform the care. There was no other information regarding behaviors or agitation on the care plan. A review of the resident ' s medical record on the admission orders read: " Depakote therapy - Dementia. " The resident did not have a diagnosis of Seizures. There was an order on the admission orders dated 01/30/12 for Depakote 250mg three times a day. There was an order on the November 2012 monthly physician orders for valproic acid 500mg three times a day with a start date of 9/27/12. Depakote (valproic acid) is a medication prescribed for seizures and has an investigational use in behavior disorders associated with dementia. The monthly pharmacist ' s notes dated 02/22/12 showed that the resident received valproic acid 250mg three times a day. There was not a diagnosis for the medication listed the notes. A pharmacist ' s note dated 04/19/12 showed a valproic acid level of 10 and noted that the level was low. A pharmacist note dated 09/20/12 showed that the valproic acid level was 23 and low. A pharmacist note dated 10/22/12 showed that the valproic acid had been increased from 250mg three times a day to 500mg three times a day. The monthly pharmacist notes from 02/22/12 to 10/22/12 did not include information regarding	F 329	**Quality Assurance** Nursing management to review telephone orders (M-F) for new orders or changes in antipsychotics/Valporic Acid for appropriate diagnosis and behaviors justifying the use of the medication as part of the facility's daily (M-F) Quality of Live Meeting. Noted behaviors will be discussed in daily QOL meeting by nurse management team using "Behavior or Antipsychotic Medication Review" audit sheet and referred to physician for appropriate action. (Attachment #11). Pharmacy consultant will continue to monitor antipsychotic drug use/Valproic Acid use, monthly behavior flow sheets and make recommendations as indicated for dose reduction or discontinuance.	12/14/12

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F 329	Continued From page 6 mood or behaviors. A review of the physician ' s progress notes did not include information that the resident had increased behaviors and did not explain why the medication had been increased. A review of the nurse ' s notes for the resident from May 1, 2012 to present revealed no documentation of behaviors or agitation. On 11/14/12 at 9:00 AM, Nurse #1 stated in an interview that she was unable to determine from the medical record why the resident was on valproic acid and would call the physician for a diagnosis. On 11/14/12 at 12:15 PM, Nurse #1 stated that she had called the physician who stated that the resident was taking the medication for dementia and agitation. Nursing Assistant (NA) #1 assigned to the resident on the 7AM-3PM shift stated in an interview on 11/15/12 at 10:32 AM that she cared for the resident at times and she was unaware that the resident had behaviors of resisting care or of being agitated. An interview was conducted with the consulting pharmacist on 11/15/12 at 11:46 AM. The Pharmacist was observed to review the resident ' s medical record and was unable to find a diagnosis for the valproic acid except for Dementia on the admission orders. The Pharmacist stated that the physician needed to clarify why the resident was getting the valproic acid. The Pharmacist stated that according to the	F 329		

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F 329	Continued From page 7 nursing documentation the resident was not exhibiting any behaviors and she would address this with a physician notification form and that she needed to know if the medication was being given due to behaviors as the dose was adjusted based on the levels and behaviors do not seem to be an issue. The Pharmacist stated that she should request a gradual dose reduction of the medication. Nurse #2 stated in an interview on 11/15/12 at 12 Noon that the resident was non-verbal with her and just lays there. The Nurse stated that she was not aware of the resident having aggressive behaviors. NA #2 stated in an interview that the resident did not resist care and that the resident was an easy patient to care for. The NA stated that she was not aware of the resident getting agitated. Nurse #3 that was assigned to the resident on the 3PM-11PM shift stated in an interview on 11/15/12 at 3:36 PM that when the resident was first admitted to the facility he would resist care. The Nurse stated that now the resident would occasionally get agitated but this was rare. The Nurse stated that the resident did not really get agitated but would appear restless. The Nurse was observed to look through a book of behavior monitoring forms and stated that the staff was no longer monitoring the resident ' s behaviors. The Director of Nursing (DON) stated in an interview on 11/15/12 at 3:48 PM that the resident did not have any behaviors that she had heard of. On 11/16/12 at 9:07 AM the DON stated in an	F 329		

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F 329	Continued From page 8 interview that the physician was in the facility this morning (11/16/12) and stated that prior to admission the resident had accelerated behaviors and was started on the depakote (valproic acid). The DON stated that the physician told her that he would attempt a dose reduction but to observe the resident closely because the behaviors would probably return. The DON provided a copy of a physician ' s order dated 11/16/12 to decrease the depakote to 500mg twice a day for 7 days, then depakote 500mg every day for 7 days and then to discontinue the medication. The DON stated in an interview on 11/16/12 at 11:47 AM that she monitored psychoactive medications and the behaviors for gradual dose reductions on all residents in the facility but that valproic acid was not listed on her sheet of psychoactive medications. The DON stated that the pharmacist requested diagnoses for medications without a diagnosis.	F 329		
F 372 SS=E	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to keep doors to the dumpster closed and failed to maintain the dumpster area free of debris to prevent the harboring of pests. The findings include: During an observation on 11/13/12 at 10:50 AM	F 372	**F372** **Corrective Action for Residents Affected** The dumpster area was cleaned on 11/15/12. **Corrective Action for Residents Potentially Affected** All residents have the potential to be affected by this alleged deficient practice. Floor techs to check dumpster area daily.	

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F 372	Continued From page 9 with the Certified Dietary Manager (CDM) the dumpster area was observed. Observed on the ground between two dumpsters were four disposable gloves, a brown paper bag and a plastic medication cup lid. During an observation on 11/14/12 at 3:37 PM with the Certified Dietary Manager the dumpster area was observed. Four disposable gloves were observed swept to the left side of the dumpster. The right door on the right side of the dumpster was open half way and a closed bag of trash was on top. On 11/15/12 at 8:35 AM the dumpster on the right was observed with both doors open half way and the closed bag of trash on top of the dumpster. Two disposable gloves were observed between the rear of dumpsters. Left of the left dumpster five disposable gloves and a plastic medicine cup were observed on the ground. In an interview with the CDM on 11/15/12 at 9:37 AM, she stated, " If my staff saw the dumpster needed cleaning up, I would expect them to tell someone. Housekeeping is responsible for taking care of the dumpsters. " In an interview with the Housekeeping Supervisor on 11/15/12 at 11:20 AM he stated, " The maintenance man goes out several times a day to make sure the doors are closed and everything is picked up. I expect staff to close the doors and pick up all the trash. "	F 372	**Systemic Changes** All staff inserviced on 11/28/12 to ensure trash is not left on the ground and doors to dumpsters are closed. (Attachment #12). Houskeeping staff being educated on new daily floor tech check off sheet. (Attachment #13). Department managers inserviced on 12/5/12 on the new updated rounds sheet that includes checking the dumpster area for debris and closure of dumpster doors. (Attachment #14) **Quality Assurance** Supervisors will be making rounds (M-F) and will monitor the dumpsters using the updated supervisor round sheet checking the area for debris and closed dumpster doors. Concerns will be reported to the NHA during standup meeting and corrective action will be implemented.	12/14/12
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency	F 425	**F425** **Corrective Action for Residents Affected** Expired Novolog Flex Pens, expired Advir and undated Tuberculin Purified Protein Derivative were removed and discarded from the medication carts and refrigerators.	

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F 425	Continued From page 10 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. 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. 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. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews the facility failed to ensure that expired medications were removed from medication carts for two (2) of six (6) carts observed, failed to date an opened multi-dose injection vial of Tuberculin Purified Protein Derivative (PPD) per the manufacturer guidelines in one (1) of three (3) medication storage room medication refrigerators (hall 100) and failed to maintain proper medication refrigerator temperatures for 1 of 3 medication refrigerators. The findings include: 1. According to the 2005 American Society of	F 425	**Corrective Action for Residents Potentially Affected** All residents have the potential to be affected by this alleged deficiency. On 12/6/12 all med carts and med refrigerators were checked for expired medications to ensure all medications were within date range. (Attachment #15). On 12/6/12 all medication refrigerators were checked to verify temperatures were within normal range. (Attachment #15) **Systemic Changes** Nurses and Med Techs are being educated on facility policy titled Recommended Maximum Storage for Insulin and other Selected Injectables, completing work requisition forms for maintenance when temperatures are not within normal ranges and daily multidose medications. (Attachment #6).	

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(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 11 Consultant Pharmacists and Med-Pass, Inc. Novolog Insulin expires 28 days after opening. The facility policy titled Recommended Maximum Storage for Insulin and Other Selected Injectables showed that Novolog FlexPen expires 28 days after opening. On 11/16/12 at 10:50 AM an observation of the medication (med) cart used to store medications for residents on the 800 hall revealed a Novolog FlexPen dated as opened on 10/12/12. During the observation, Nurse #6 stated that the resident whose name was on the FlexPen was currently receiving the medication based on a sliding scale. The Director of Nursing (DON) stated in an interview on 11/16/12 at 11:35 AM that the nurses were supposed to check their medication cart daily and should check the expiration date prior to giving the medication. The DON stated that they currently have an ongoing audit where the 3PM-11PM nurses are supposed to check all the insulin vials and flexpens daily for expiration dates and ensure that all are dated when opened. 2. According to the 2005 American Society of Consultant Pharmacists and Med-Pass, Inc. Advair Diskus should be discarded one month after removal from the moisture-protective overwrap. The facility policy titled Recommended Maximum Storage for Insulin and Other Selected Injectables showed that Advair inhalers are good for 30 days after being removed from the original pouch. On 11/16/12 at 10:50 AM an observation of the	F 425	**Quality Assurance** Medication carts and medication refrigerators will be checked daily x 4 weeks and then monthly x 3 months by the second shift nurse to ensure all medications are within date range and multi dose medications are dated when opened. Medications refrigerators will be checked to verify temperature logs are within normal range and if not, has a work requisition been submitted. This will be checked daily by the second shift nurses x 4 weeks and then monthly x 3 months or until resolved by the QA committee. (Attachment #15)	12/14/12

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	345207	A. BUILDING _____ B. WING _____	11/16/2012

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F 425	Continued From page 12 medication (med) cart used to store medications for residents on the 800 hall revealed an opened Advair dated as opened on 10/5/12. A label on the Advair container read: " good for 30 days after being removed from original pouch. " Nurse #6 stated that she had administered the Advair to the resident whose name was on the Advair that morning and was not aware that the medication had expired. The Director of Nursing stated in an interview on 11/16/12 at 11:35 AM that the nurses were supposed to check their med carts daily for expired medications and should check the medication prior to giving it to ensure that the medication is not expired. 3. According to the 2005 American Society of Consultant Pharmacists and Med-Pass, Inc. Novolog Insulin expires 28 days after opening. The facility policy titled Recommended Maximum Storage for Insulin and Other Selected Injectables showed that Novolog FlexPen expires 28 days after opening. On 11/16/12 at 11:07 AM an observation of the medication (med) used to store medications for residents on the 400 hall revealed a Novolog FlexPen dated as opened on 10/18/12. During the observation of the med cart, Nurse #7 stated that the resident whose name was on the FlexPen currently received the medication based on a sliding scale. The Director of Nursing (DON) stated in an interview on 11/16/12 at 11:35 AM that the nurses were supposed to check their medication cart	F 425		

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F 425	Continued From page 13 daily and should check the expiration date prior to giving the medication. The DON stated that they currently have an ongoing audit where the 3PM-11PM nurses are supposed to check all the insulin vials and flexpens daily for expiration dates and ensure that all are dated when opened. 4. According to the 2005 American Society of Consultant Pharmacists and Med-Pass, Inc. Advair Diskus should be discarded one month after removal from the moisture-protective overwrap. The facility policy titled Recommended Maximum Storage for Insulin and Other Selected Injectables showed that Advair inhalers are good for 30 days after being removed from the original pouch. On 11/16/12 at 11:07 AM an observation of the medication (med) cart used to store medications for residents on the 400 hall revealed an Advair Diskus that was dated as opened on 10/10/12. A label on the Advair container read: " good for 30 days after being removed from original pouch. " During the observation, Nurse #7 stated that Advair was good for 30 days after it was opened. Nurse #7 stated that the resident whose name was on the Advair last received the Advair on 10/14/12 prior to being discharged to the hospital. The Director of Nursing stated in an interview on 11/16/12 at 11:35 AM that the nurses were supposed to check their med carts daily for expired medications and should check the medication prior to giving it to ensure that the medication is not expired.	F 425		

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F 425	Continued From page 14 5. A review of the Tuberculin label by the manufacturer had a boxed warning to discard the vial in 30 days after opening, due to possible oxidation and degradation which might affect the potency of the product. Observation of the medication storage refrigerator on 11/16/12 at 11:05AM revealed the following: one (1) bottle of Tuberculin Purified Protein Derivative (PPD) vial opened and not dated. An interview with Nurse #4 on 11/16/12 at 11:10AM she stated that she did not know why the vial of Tuberculin was not dated with an open date. During an interview with the Director of Nursing on 11/16/12 at 11:35AM she stated that all opened medications are to be labeled with an open date. 6. Observations made of the November 2012 " refrigerator temperature monitor, " which was posted on the front of the medication refrigerator, read in part, " refrigerator temperatures 34-38 degrees Fahrenheit. Complete a work requisition form for Maintenance when temperatures are not within normal ranges. " The temperatures from 11/1/12 to 11/15/12 revealed refrigerator temperatures documented from 26 degrees Fahrenheit to 32 degrees Fahrenheit. Observations on 11/16/12 at 10:45AM revealed the refrigerator temperature to be 16 degrees Fahrenheit. Observed in the refrigerator were Novolog Flex Pens and Levamire Flex Pens.	F 425		

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F 425	Continued From page 15 Novolog and Levamire Flexpens are to be stored between 36 degrees Fahrenheit and 46 degrees Fahrenheit per the manufacturer ' s instructions. An interview with Nurse #4 on 11/16/12 at 11:10AM she stated that the night shift nurses observe and record the refrigerator temperatures. During an interview with the Director of Nursing on 11/16/12 at 11:35AM she stated that night shift monitors the refrigerator temperatures and documents the temperature and if the temperature is not within the range of 34-38 degrees F than the nurse should request a new thermometer.	F 425		
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and pharmacist interviews the facility failed to ensure that the pharmacist requested a diagnosis and a gradual dose reduction for valproic acid for 1 of 10 resident ' s whose medications were reviewed (Resident #88).	F 428	**F428** **Corrective Action for Residents Affected** The pharmacist was notified on 12/7/12 of failure to ensure resident #88 had a diagnosis and a gradual doseage reduction for Valproic acid. Valproic acid was discontinued for resident #88 on 11/30/12.	

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F 428	Continued From page 16 Resident #88 was admitted to the facility on 01/30/12 and had cumulative diagnoses of Dementia, Diabetes, Hypertension, Hyperlipidemia, Coronary Artery Disease, Dysphasia, Gastrostomy and Gastro-esophageal Reflux Disease. A review of the admission orders dated 01/30/12 revealed an order for valproic acid 250mg three times a day for Dementia. There was an order on the November 2012 monthly physician ' s orders for valproic acid 500mg three times a day with a start date of 09/27/12. Depakote (valproic acid) is a medication prescribed for seizures and has an investigational use in behavior disorders associated with dementia. The monthly pharmacist ' s notes dated 02/22/12 showed that the resident received valproic acid 250mg three times a day. There was not a diagnosis in the notes for the medication. A pharmacist note dated 10/22/12 showed that the valproic acid had been increased from 250mg three times a day to 500mg three times a day. There was no information in the pharmacist notes from 02/22/12 to 10/22/12 regarding behaviors or a gradual dose reduction of the medication. A review of the physician ' s progress notes did not include information that the resident had increased behaviors and did not explain why the medication was being given. A review of the nurse ' s notes for the resident from May 1, 2012 to 11/16/12 revealed no	F 428	**Corrective Action for Residents Potentially Affected** All residents who receive an antipsychotic/Valproic Acid have the potential to be affected by this alleged deficiency. All residents receiving Valproic Acid/Antipsychotics are being reviewed by the pharmacist to determine if they have an appropriate diagnosis and a gradual does reduction. (Attachment #10. **Systemic Changes** Pharmacist was inserviced by Pharmacy Manager on 12/7/12 on requesting a diagnosis and a gradual dose reduction for Valproic acid. (Attachment #16). **Quality Assurance** Pharmacy Manager or pharmacy designee to audit 10 charts/month x 3 months including antipsychotics, Valproic Acid and other medications that have been previously audited by facility's consultant pharmacist. (Attachment # 10).	12/14/12

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F 428	Continued From page 17 documentation of behaviors or agitation. On 11/15/12 at 11:46 AM an interview was conducted with the consulting pharmacist. The Pharmacist was observed to review the resident ' s medical record and stated that valproic acid was being given for dementia. The Pharmacist stated that the physician needed to clarify why he was using the valproic acid. The Pharmacist stated that the medication was being adjusted based on valproic acid levels that made you think that the resident had seizures as the dosage was usually not adjusted when used for behaviors. The Pharmacist stated that according to the nursing documentation the resident was not exhibiting any behaviors and she should request a dose reduction. The DON stated in an interview on 11/15/12 at 3:48 PM that the resident did not have any behaviors. The Director of Nursing (DON) stated in an interview on 11/16/12 at 9:07 AM stated that the physician was in this morning (11/16/12) and told her that prior to admission the resident had accelerated behaviors and was started on the valproic acid. The DON stated that the physician had ordered a dose reduction and provided a physician ' s order dated 11/16/12 to decrease the valproic acid to 500mg twice a day for 7 days then 500mg every day for 7 days and then discontinue the medication. The DON stated in an interview on 11/16/12 at 11:47 AM that she monitored the psychoactive medications and behaviors but that valproic acid was not listed on the sheet. The DON stated that	F 428		

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F 428	Continued From page 18 the pharmacist requests diagnoses for medications that did not have a diagnosis.	F 428		

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	345207	A. BUILDING 02 - MAIN BUILDING (REPLAC B. WING DEC 27 2012	12/06/2012

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K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V-protected construction, one story, with a complete automatic sprinkler system. Facility is using NCSBC special locking system. The deficiencies determined during the survey are as follows:	K 000	**K-000** The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: inside of cooler and freezer doors in kitchen no visible way to see how to operate emergency release knob on loss of power.	K 038	**K038** Maintenance Director applied circular glow in the dark tape to the emergency knob in the freezer and cooler (Attachment #1). There are no other rooms with emergency release knobs that are not visible on loss of power in the facility that could be affected by this alleged deficient practice.	
K 062 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested	K 062	Maintenance Director was inserviced by NHA on 12-21-12 on the new information added to the electronic preventative maintenance logs on the Tels website and the importance of emergency release knobs being visible on loss of power (Attachment #2).	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alecia R. Jordan, NHA — TITLE: Administrator — (X6) DATE: 12-21-12

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

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K 062	Continued From page 1 periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: facility could not provide proper documentation that a 5 year obstruction investigation has been done on sprinkler system. 42 CFR 483.70(a)	K 062	To ensure this practice does not reoccur the Maintenance Director will conduct weekly audits x 4 weeks, then monthly x 3 months or until resolved by the QA committee using the electronic audit to ensure release knobs are visible on loss of power. Any problems will be corrected as identified and reported to the administrator during daily Standup Meetings Monday-Friday (Attachment #3). 12-21-12	
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: return vents through out facility have excess lent build up on damper and fuseable link. 42 CFR 483.70(a)	K 067	**K062** A 5 year obstruction investigation was completed on the sprinkler system on 12/18/12 by Sunland Fire Protection (Attachment #4). All areas protected by the automatic sprinkler systems could be affected by this alleged deficient practice. Maintenance Director was inserviced by NHA on 12-21-12 on the new information added to the electronic preventative maintenance logs on the Tels website and the importance of the 5 year obstruction investigation. The newest facility wing will be flushed in January 2013 (Attachment #2 and Attachment #5).	

K062 Continued..

To ensure this practice does not reoccur a scheduled automatic notification has been set by Tels to notify the Maintenance Director and NHA of the next 5 year obstruction investigation due date. NHA also scheduled next inspection on personal outlook calendar for December 2017 (Attachment #6).

12-21-12

K067

Housekeeping Supervisor cleaned all return vents throughout the facility (Attachment #7).

All return vents could be affected by this alleged deficient practice.

Housekeeping supervisor and housekeeping staff inserviced on 12-21-12 on the importance of keeping vents free of excess lent and the New Vent Cleaning Schedule audit (Attachment #2).

To ensure this practice does not reoccur the Housekeeping Supervisor will conduct weekly return vent audits x 4 weeks, then monthly x 3 months or until resolved by QA committee. Any problems will be corrected as identified and reported to the administrator during daily Standup Meetings Monday-Friday (Attachment #8).

12-21-12