| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345258 | A. BUILDING _____ B. WING _____ | C 01/04/2013 |

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| TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS | 1810 CONCORD LAKE RD KANNAPOLIS, NC 28083 |

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| F 329 SS=D | 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 by:<br>Based on observation, medical record review and staff interviews, the facility failed to remove prior medicated patches before applying a new patch for three (3) of eight (8) residents (a nitroglycerin patch for Resident # 13, a Lidoderm patch for Resident #15 and an Exelon patch for Resident #14). Findings included: | F 329 | **A Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by state and Federal law.**<br><br>F329<br><br>1. The Director of Nursing/Assistant Director of Nursing/Unit Managers assessed residents #13, #14, and #15 for additional patches and no additional patches were found. Vital signs were taken and pain assessments were completed. The Assistant Director of Nursing/Unit Manager notified the physician and responsible party of incidents on 1-4-2013.<br><br>2. The Director of Nursing /Assistant Director of Nursing/Unit Managers performed visual inspection of current residents with patches and pain assessments were conducted on 1-4-2013. The Director of Nursing/Assistant Director of Nursing/Unit Managers/RN Supervisors educated current licensed nurses on policy and procedure for patch removal and application to include the six rights of medication administration with 95% completed. The Director of Nursing/Assistant Director of Nursing/Unit Managers/RN Supervisor will have 100% of licensed nurses to include prn and week-end staff educated by 2-1-2013.<br><br>3. The Director of Nursing/Assistant Director of Nursing/Unit Managers/RN Supervisors will conduct visual inspection of all residents with patches to ensure patch removal and application three times a week x 4 weeks, then twice a week x 4 weeks, then weekly x 4 weeks, and then monthly x 9 months. The results will be recorded using a QI monitoring audit tool. The Director of Nursing/Assistant Director of Nursing/Unit Managers/RN Supervisors will re-educate the licensed nurses as indicated.<br><br>4. The Director of Nursing/Assistant Director of Nursing will report results of QI monitoring to the Risk Management/Quality Monitoring Committee monthly x 12 months for continued compliance and/or revision. | 2-1-2013 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tonya Rocquemore RN LNHA | TITLE: Executive Director | (X6) DATE: 1/31/2013

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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1. Resident #13 was admitted to the facility 12/07/12. Cumulative diagnoses included: Coronary Artery Disease and Congestive Heart Failure.

A physician's order dated 12/7/12 and renewed for January 2013 stated Nitroglycerin 0.4 milligram (mg.)/ hour (hr.) patch. Apply one patch topically every morning and remove at bedtime. The Lexicomp Drug Reference Handbook for Nursing 2012 13th edition stated, in part, that a Nitroglycerin 0.4 mg. / hr patch is a medicated patch indicated for the prevention of angina pectoris (chest pain) due to coronary artery disease. Instructions for dosage and administration stated an appropriate dosing schedule for nitroglycerin patches would include a daily patch-on period of twelve (12) to fourteen (14) hours and a daily patch-off period of ten (10) to twelve (12) hours.)

An observation for appropriate administration of medicated patches was conducted on 1/4/13 at 8:40 AM. Resident #13 had a Nitroglycerin 0.4 mg/ hr patch on her upper torso dated 1/4/13. She also had a Nitroglycerin patch 0.4 mg. patch on her upper front chest dated 1/3/13. Resident #13 stated the nursing staff was supposed to take the patch off but she could not remember if they take it off every night. Nurse #1 was present and removed the Nitroglycerin patch dated 1/3/13.

A review of the Medication Administration Record for January 2013 revealed the Nitroglycerin 0.4 mg./ hr patch should be removed nightly at 9:00 PM. It was documented that the patch had been removed 9:00 PM. on 1/3/13.

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On 1/4/13 at 9:21 AM., Nurse #2 stated she had applied the new Nitroglycerin patch on Resident #13 that morning and must have missed the old patch because it was clear and she did not see it.

On 1/04/13 at 10:10 AM., Nurse #3 stated she was the nurse who had administered medications to Resident #13 on the evening shift on 1/3/13. She said she had inadvertently forgotten to remove the Nitroglycerin patch on Resident #13 on 1/3/13 at 9:00 PM.

On 1/4/13 at 9:06 AM., Administrative staff #1 stated she expected the nursing staff to check for old patches and remove them before applying new medicated patches. She stated physician ' s orders should be followed.

2. Resident #15 was admitted to the facility 2/11/11. Cumulative diagnoses included: right sided Cerebrovascular accident and chronic neck pain.

A physician's order dated 7/21/12 and renewed in January 2013 revealed an order for Lidoderm 5% 700 mg. adhesive patch. Apply patch to back of neck every day. On for twelve (12) hours/ off twelve (12) hours. The Lexicomp Drug Reference Handbook for Nursing 2012 13th edition stated, in part, that a Lidoderm patch is a local anesthetic agent used to relieve pain. It is a patch that is applied to the skin. Dosage and administration instructions indicated to apply up to three patches, only once for up to 12 hours within a twenty-four (24) hour period. Using too many patches or leaving patches on for too long could result in increased absorption of lidocaine and high blood concentrations leading to serious side

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effects. Side effects included: burning or discomfort in the place patch was applied, redness or swelling of the skin under the patch. Uncommon side effects included: hives, skin rash, itching, difficulty breathing or swallowing. )

An observation for appropriate administration of medicated patches was conducted on 1/4/13 at 8:57AM. When Nurse #4 placed the new lidoderm patch on the back of Resident #15's neck, she noticed and removed an undated lidoderm patch that was still on the back of his neck. Nurse #4 stated it must not have been removed on 1/3/13.

A review of the Medication Administration Record for January 2013 revealed that the Lidoderm patch was to be applied at 7:00 AM. and removed at 7:00 PM. daily.

A telephone call was attempted to Nurse # 5 (the nurse who administered medications to Resident #15 on evening shift 1/3/13) with no return call from Nurse #5.

On 1/4/13 at 9:06 AM., Administrative staff #1 stated she expected the nursing staff to check for old patches and remove them before applying new medicated patches.

3. Resident # 14 was admitted to the facility 3/1/12. Cumulative diagnoses included: Alzheimer's disease.

A physician's order dated 3/1/12 and renewed January 2013 revealed an order for Exelon 9.5 milligrams (mg.)/ 24 hour patch. Apply one patch to skin every twenty-four (24) hours. (Remove old

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patch). The Lexicomp Drug Reference Handbook for Nursing 2012 13th edition stated, in part, that Exelon is a medicated patch for mild to moderate dementia symptoms which is applied directly on the patient. The medication is absorbed through the skin. The drug insert stated only one patch should be worn at a time. Failure to remove an old patch before the application of a new patch could result in overdose side effects to the patient. Most common side effects listed were nausea, vomiting and diarrhea. More serious side effects included confusion, hallucinations, Cerebrovascular accident (CVA), irregular heart rate and gastrointestinal bleeding.)

An observation for appropriate administration of medicated patches was conducted on 1/4/13 at 9:00 AM. An Exelon patch 9.5 mg. dated 1/3/13 was noted on the front chest area. An undated Exelon 9.5 mg. patch was noted on the back of Resident # 14 at the neck line. Nurse #4 stated she had applied the patch to the back of Resident #14 prior to breakfast. She stated she checked for old patches but had not seen the patch dated 1/3/13. Nurse #4 removed the patch dated 1/3/13.

On 1/4/13 at 9:06 AM., Administrative staff #1 stated she expected the nursing staff to check for old patches and remove them before applying new medicated patches.

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| F 364 SS=E | 483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP | F 364 | | |

Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is

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| F 364 | Continued From page 5<br>palatable, attractive, and at the proper temperature.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and resident, family and staff interview, the facility failed to serve meals in the dining room at the appropriate temperatures. The findings included:<br><br>During a telephone interview on 1/2/13 at 2:45 PM a family member stated that the food served to the residents in the dining room was always cold.<br><br>On 1/2/13 at 6:11 PM, 20 residents were observed eating supper in the dining room. The meal included choice of minestrone soup, turkey sandwich, 3 bean salad and assorted desserts. The alternate meal was chicken noodle soup, beets, chicken salad or pimento cheese sandwiches. 50% of the residents indicated that the minestrone soup was warm but not hot enough. Two residents who had chicken noodle soup stated the soup was barely warm.<br><br>On 1/3/13 at 11:56 AM, the lunch tray line was set up. The hot food included included chicken noodles soup, baked breaded fish, corn on the cob and spinach. Temperatures were checked with a calibrated thermometer and revealed: fish 160 degrees Fahrenheit (F), chicken noodle soup160 degrees F, corn on the cob 180 degrees F, and spinach initially 140 degrees F, heated on stove to 185 degrees F and placed back on tray line. | F364 | 1: No residents exhibited harm due to food temperatures. The steamer was ordered from Curran Taylor and will be sent directly from the factory on 1-29-2013.<br><br>2. Director of Nursing/Assistant Director of Nursing/Unit Managers/ Nursing Staff surveyed current residents during breakfast, lunch and dinner in the dining rooms and in resident's rooms on each hall regarding palatable food temperatures using an audit tool. No request for alternatives made. Three residents requested to have 1 lunch tray and 2 dinner trays reheated and the nursing staff reheated. The Administrator/Director of Nursing /Assistant Director of Nursing educated 100% of Dietary and 95% of nursing staff on proper food temperatures for hot foods greater than 135 degrees and cold foods below 41 degrees. 100% staff education to be completed by February 1, 2013. Staff will ascertain if food is palatable during meals by offering to reheat or provide an alternative and document on the audit tool. A test tray will be placed on the meal carts serving the dining rooms and resident rooms on various halls. The test tray food temperature will be taken with a thermometer and tasted by the staff for subjective evaluation after all trays have been served to the residents to ensure proper food temperature has been maintained. 2-1-2013<br><br>3. The Administrator/Director of Nursing/Assistant Director of Nursing/Unit Manager/Certified Dietary Manager will conduct QI monitoring of test tray temperatures and palatable foods for 3 breakfasts, 3 lunches and 3 dinners three times a week x 4 weeks, then 2 breakfasts, 2 lunches and 2 dinners twice a week x 4 weeks, then one breakfast, one dinner and one lunch weekly x 4 weeks, and then one breakfast, one lunch and one dinner monthly x 9 months. The Administrator/Director of Nursing/Assistant Director of Manager/Unit Managers/Certified Dietary Manager will re-educate dietary staff as indicated.<br><br>4. The Administrator/Director of Nursing/Assistant Director of Nursing/Unit Managers/Certified Dietary manager will report the results of the QI audit monitoring tool to the Risk Management/Quality Monitoring Committee monthly x 12 months for continued compliance and/or revision. | |

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The tray line was observed continually from 11:56 AM - 1:23 PM. Food was dished onto a heated plate, the plate then placed directly onto a tray, then covered with an insulated dome lid. At 1:23 PM, a test tray was plated, placed on a delivery cart with other trays and taken to the dining room.

On 1/3/13 at 1:30 PM the test tray was served. Cook #1 participated in tasting the food on the test tray and agreed it was not palatably warm. Cook #1 indicated the food was usually hotter when placed on the steam table but the steamer had been broken for a couple of months.