

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

PRINTED: 03/06/2013
FORM APPROVED
OMB NO. 0938-0391

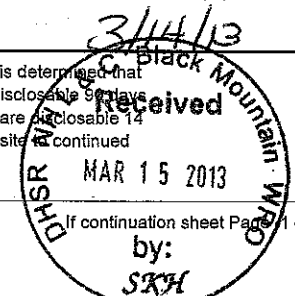
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2013
NAME OF PROVIDER OR SUPPLIER SILVER BLUFF INC			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DR CANTON, NC 28716	
(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 332 SS=D	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews the facility exceeded 5 percent medication error rate as evidenced by 3 medication errors out of 52 opportunities, resulting in a medication error rate of 5.8 percent, for 2 of 19 residents observed during medication pass. (Resident #5 and # 122).</p> <p>Findings included:</p> <p>1a. Resident # 122 was re-admitted to the facility on 08/15/10 with multiple diagnoses including coronary artery disease, diabetes mellitus, hyperlipidemia, dementia, delusions, anxiety disorder, psychosis, depression, vascular dementia with delusions, and Alzheimer's disease.</p> <p>On 02/20/13 at 03:48 PM, Nurse #1 was observed administering medications to Resident #122 by mouth including Mirtazapine 7.5 mg (milligram).</p> <p>A review of the Resident's clinical record revealed physician orders dated 02/01/13 through 02/28/13 for Mirtazapine 7.5 mg every night. Mirtazapine is an anti-depressant drug indicated for the treatment of depression. Lexicomp's Drug Information Handbook, 8th edition, stated in part-</p>	F 332	<p>Plan of Correction for residents affected by deficient practice: Resident #122 physician was contacted regarding medications: Mirtazapine 7.5mg and Seroquel 150mg, time administration was changed for both medications to every evening at 1630 instead of 2000 and 1800, respectively on 02/21/13. On 2/25/13, Nurse #1 received 1:1 review regarding eye drop administration for Resident #5 including proper procedure for dosage administration of 2 drops. Also during 2/25/13 1:1 review with Nurse #1, reviewed appropriate procedures for medication administration for Resident #122, including dosage administration of 1 ½ tablets for Seroquel administration. At conclusion of review, Nurse #1 gave accurate verbal reply for response.</p> <p>Plan of Correction for residents having potential to be affect by deficient practice: Nursing Supervisor began reviewing MAR after each med pass each shift Nurse #1 works on 2/25/13 to ensure that all documentation is completed appropriately with medication administration.</p>	2/21/13 2/25/13 2/25/13 2/25/13 & Ongoing

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

TITLE

(X6) DATE

Sharon P. Adams, BS, RN, A.DON - for Bob Leatherwood, Administrator



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 disclosure 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 disclosure 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.

by:

SKH

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

PRINTED: 03/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2013
NAME OF PROVIDER OR SUPPLIER SILVER BLUFF INC			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DR CANTON, NC 28716	
(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 332	<p>Continued From page 1</p> <p>Warnings and Precautions- may cause sedation, dosing- elderly 7.5 mg as a single bedtime dose.</p> <p>A review of the Resident's Medication Administration Record (MAR) dated 02/01/13 through 02/28/13 revealed this order had been correctly transcribed for administration of mirtazapine 7.5 mg by mouth at 8:00 PM according to the physician's order.</p> <p>On 02/21/13 at 3:07 PM Nurse #1 was interviewed. Nurse #1 stated she mistakenly administered Mirtazapine 7.5 mg by mouth to Resident #122 at 03:48 PM instead of at 8:00 PM as ordered. Nurse #1 stated that the physician's order for the Mirtazapine was for 7.5 mg by mouth at night and that it should have been given at 8:00 PM. The nurse stated that she usually assessed (the Resident) when she came in to start her shift. Nurse #1 stated that if the Resident appeared agitated she gave his medications early. She admitted that this was wrong and that she should have notified the MD and received verification on times or received an order to change the times.</p> <p>On 02/21/13 at 01:00 PM the Director of Nursing (DON) was interviewed. The DON confirmed that on 02/20/13 Nurse #1 did not administer medications to Resident #122 as were prescribed by the physician.</p> <p>1b. Resident # 122 was re-admitted to the facility on 08/15/10 with multiple diagnoses including coronary artery disease, diabetes mellitus, hyperlipidemia, dementia, delusions, anxiety disorder, psychosis, depression, vascular dementia with delusions, and Alzheimer's</p>	F 332	<p>This practice will continue until such time that Nurse #1 has completed med pass review without error for a minimum of 3 months duration. On 3/7/13 all licensed nurses attended a live inservice that included review of Medication Administration – the "5R's" and an online inservice regarding Medication Administration is being completed by every licensed nurse employed by 3/21/13, which includes a post test that mandates a passing "grade". With appropriate knowledge and review of Medication Administration, the deficient practice should be corrected and should not affect any other resident in the facility.</p> <p>Plan of Correction Measures to be put into place: Southern Pharmacy representatives have been contacted and will be sending qualified personnel to complete a "med pass" observation with Nurse #1 on March 18th.</p>	<p>3/7/13</p> <p>3/21/13</p> <p>3/18/13 & Ongoing</p>

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

PRINTED: 03/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2013
NAME OF PROVIDER OR SUPPLIER SILVER BLUFF INC			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DR CANTON, NC 28716	
(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 332	<p>Continued From page 2 disease.</p> <p>On 02/20/13 at 03:48 PM, Nurse #1 was observed administering one tablet of Seroquel 100 mg by mouth to Resident #122.</p> <p>A review of the Resident's clinical record revealed physician orders dated 02/01/13 through 02/28/13 for Seroquel 100 mg give 1 ½ tablets (150 mg) by mouth at 06:00 PM. Seroquel is an antipsychotic medication indicated for the treatment of agitated symptoms in demented older adults. Lexicomp's Drug Information Handbook, 8th edition, stated in part- Warnings and Precautions- May be sedating.</p> <p>A review the Medication Administration Record (MAR) dated 02/01/13 through 02/28/13 revealed Seroquel 100 mg give 1 and ½ tablets by mouth at 1800 (6:00 PM) was correctly transcribed according to the physician's order.</p> <p>On 02/21/13 at 3:07 PM Nurse #1 was interviewed. Nurse #1 stated she mistakenly administered seroquel 100 mg (1 tablet) by mouth at 03:48 PM. The nurse stated that she also gave the wrong dose of Seroquel at the wrong time. She stated the order is on the MAR for seroquel 100 mg give 1 and ½ tablets (150 mg) by mouth at 06:00 PM. The nurse stated that she usually assessed (the Resident) when she came in to start her shift. Nurse #1 stated that if the Resident appeared agitated she gave his medications early. She admitted that this was wrong and that she should have notified the MD and received verification on times or received an order to change the times.</p>	F 332	<p>During this time, the Pharmacy personnel will also "train" the Staff Development Coordinator of Silver Bluff and provide appropriate med pass observation forms. Southern Pharmacy personnel will also begin doing quarterly med pass observations to be scheduled accordingly in the appropriate timeframe x4 quarters. After 4 quarters, the QA committee will evaluate the need for Pharmacy personnel to continue with med pass observations on a quarterly basis or if the timeframe may be changed at that time. The SDC RN of Silver Bluff will perform med pass observations of Nurse #1 and any other identified licensed nurses (per facility nursing evaluation of documentation and completion of online inservice) weekly x1 month. Results of all med pass observations will be reviewed along with QA process weekly and if no overt deficient practices are observed, the SDC RN will then observe Nurse #1 and other identified licensed nurses every 2 weeks x1 month..</p>	Ongoing

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

PRINTED: 03/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2013
NAME OF PROVIDER OR SUPPLIER SILVER BLUFF INC			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DR CANTON, NC 28716	
(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 332	<p>Continued From page 3</p> <p>On 02/21/13 at 01:00 PM the Director of Nursing (DON) was interviewed. The DON confirmed that on 02/20/13 Nurse #1 did not administer medications to Resident #122 as were prescribed by the physician.</p> <p>2. Resident #5 was admitted to the facility on 06/09/08, with multiple diagnoses including anemia, hypertension, peripheral vascular disease, diabetes mellitus, Alzheimer's disease, cerebrovascular accident, dementia, anxiety disorder, depression, and psychotic disorder.</p> <p>On 02/20/13 at 03:48 PM, Nurse #1 was observed administering medications to Resident #5. She administered the following medications of Artificial Tears 1 drop into the Resident's right eye.</p> <p>A review of the Resident's medical record revealed physician orders dated 02/01/13 through 02/28/13 for Artificial Tears 2 drops to right eye 3 times daily.</p> <p>A review of the resident's MAR dated 02/01/13 through 02/28/13 revealed an order for Artificial Tears 2 drops to right eye 3 times daily was correctly transcribed according to the physician's order.</p> <p>On 02/21/13 at 3:07 PM Nurse #1 was interviewed. Nurse #1 stated Resident #5 was given 1 drop of Artificial Tears to the right eye. Nurse #1 stated that the physician's order for Artificial Tears was for 2 drops to the right eye. She stated that she had mistakenly given only one drop to the right eye.</p>	F 332	<p>Results of all med pass observations will be reviewed along with QA process during weekly meetings and if no overt deficient practices are observed, the SDC RN will then observe Nurse #1 and other identified licensed nurses every month x6 months. Results of all med pass observations will be reviewed along with QA process during weekly meetings and if no overt deficient practices are observed, the SDC RN will then observe all licensed nurses annually to ensure medication administration practices are within appropriate parameters.</p>	Ongoing

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

PRINTED: 03/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2013
NAME OF PROVIDER OR SUPPLIER SILVER BLUFF INC			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DR CANTON, NC 28716		
(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 332	Continued From page 4 On 02/21/13 at 01:00 PM the Director of Nursing (DON) was interviewed. The DON confirmed that on 02/20/13 Nurse #1 did not administer medications to Resident #122 as were prescribed by the physician.	F 332			