

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

1007 1 2 2013  
*accepted in full*

PRINTED: 04/29/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/09/2013
NAME OF PROVIDER OR SUPPLIER  CLEMMONS NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012		
(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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, interviews with staff and interview with the pharmacist, the facility failed to administer scheduled medications as ordered for 1 of 3 sampled residents who medications were reviewed. (Resident#3) Findings included:</p> <p>Resident #3 was admitted to the facility on 4/3/2013 with cumulative diagnoses which included glaucoma.</p> <p>Review of the admission physician orders dated 4/3/13 revealed orders that included Crestor 10 milligrams (mg) by mouth daily (a drug used to manage cholesterol levels and to lower triglyceride levels).</p> <p>Review of the discharge summary (undated) from the hospitalization of 3/19/13 through 4/3/13 revealed laboratory studies which included a low HDL (known as the good cholesterol) level of 22 milligrams per deciliters (mg/dl) . The normal reference range was 37-70 mg/dl for males and for women 40-85 mg/dl. A LDH level (known as the bad cholesterol because it can build up in the</p>	F 309	<p>F- 309</p> <p>1.) How corrective action will be accomplished for the resident affected:</p> <p>R#3 is no longer in the nursing center, and discharged from the facility on 4-24-2013. R#3 medications were reviewed on 4-8-2013, medication orders clarified with pharmacy, and proper medications administered. Nurses and Medication Aides were immediately retrained regarding Therapeutic Interchange Protocols. A new monitoring tool was implemented for each nurse station on 4-8-2013. Nurses and Medication Aides were trained on the Pharmacy Communication Log designed to correct medication issues when a medication is found to be missing.</p> <p>2.) How corrective action will be accomplished for those residents having the potential to be affected:</p> <p>Any resident being administered medications are potentially affected by the cited deficient practice. A 100% sweep of all resident MARs was conducted to ensure no other resident was affected by this same deficient practice and this sweep resulted in finding no other resident at risk. In-service training for nurses and</p>	May 9 2013	

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

*Reginald J. Fadden*

TITLE

*Administrator*

(X6) DATE

*5/9/2013*

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.

LI

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

PRINTED: 04/29/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/09/2013
NAME OF PROVIDER OR SUPPLIER  CLEMMONS NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012		
(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 309	<p>Continued From page 1</p> <p>walls of your arteries and form plaque)level of 88 mg/dl . The desirable range was less then 130mg/dl. A triglycerides level of 160 mg/dl. The low risk range was less then 150 mg/dl. The cholesterol level was 142. The desired range was less than 200 mg/dl.</p> <p>Interview via the phone on 4/8/13 at 1:06 pm with the pharmacist from contracted pharmacy revealed Atorvastin 40 mg was dispensed to the facility on 4/3/13. The pharmacist indicated that the attending physician provided to the pharmacy a global authorization to interchange Crestor for Atorvastin. Review of the faxed information dated 4/8/13 at 1:30 pm from the contracted pharmacy revealed supporting evidence that the interchange of drugs was part of the pharmacy formulary and could be interchanged</p> <p>Observation of the medication cart on 4/3/13 at 1:10 pm revealed Atorvastin 40 mg tablets. The label on the dispensing blister packet had written instructions to take 1 tablet by mouth once daily. " *DR approved therapeutic interchange* For Crestor 10 [referring to 10 mg]. "</p> <p>Review of the Medication Administration Record (MAR) revealed Crestor 10 mg was scheduled to be administered at 5 PM daily. The MAR indicated on 4/4/13 at 5 PM a blank space with initials. For 4/5/13 through 4/7/13 at 5 PM the MAR revealed circled initials of the medication aide (MA). Review of the back of the MAR revealed a note dated 4/5/13 at 5 pm that Crestor 10 mg was not administered and the pharmacy would deliver the medication in the facility tote tonight (referring to 4/5/13). There were no explanations for the circled initials for 4/6/13</p>	F 309	<p>Medication Aides was conducted on 4-17-2013 by the Pharmacy Consultant and SDC focusing on Medication Availability and Therapeutic Interchange Protocols as well as the procedures to follow in completing the Pharmacy Communication Log. An audit tool called QA Audit of Medication Administration was created to monitor the MAR for blanks, circled medications, documented explanations for a medication not being administered, and the proper completion of the Pharmacy Communication Log. Monitoring and audit completion is done by the DON, QA Nurse, Unit Coordinator, Staff Development Coordinator or any other designee selected by the Director of Nursing. Clarifying physician orders is a component of these protocols. Care plans were reviewed to ensure any required updates were accomplished as needed.</p> <p>3.) What measures will be put in place or systemic changes made to ensure correction:</p> <p>DON, QA Nurse, Unit Coordinator, Staff Development Coordinator, or DON designee completes the QA Audit of Medication Administration five times per week times two weeks, weekly times three weeks and monthly times three months.</p>	May 19 2013	

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

PRINTED: 04/29/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/09/2013
NAME OF PROVIDER OR SUPPLIER  CLEMMONS NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012		
(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 309	<p>Continued From page 2 through 4/7/13.</p> <p>Interview on 4/8/13 at 1:02 pm with MA#1 revealed " I did not give the Crestor on 4/5/13 at 5 pm because the medication was not here. When we do not have a medication we should let the nurse know. I did let the nurse know but I do not remember who the nurse was. Continued interview with MA#1 revealed she noticed the blister packet labeled Atorvastin but did not dispense the medication or speak with the nurse about the blister packet.</p> <p>Interview on 4/8/13 at 3:10 pm with MA#2 revealed " my initials circled meant I did not give the medication. Crestor was not on the cart. I asked _____ [name of Nurse#2] to order the medication. I saw the blister packet labeled Atorvastin but did not question the drug dispensed, or read the directions on the packet. I just saw the drug name Atorvastin 40 mg as a substitute for Lipitor. "</p> <p>An interview was held on 4/8/13 at 1:15 PM with the MDS coordinator and Nurse#2 revealed the medication aides should have notice the instructions of Atorvastin 40 mg or questioned why the drug was dispensed. Continued interview with Nurse#2 revealed none of the medication aides informed him that they did not have Atorvastin.</p> <p>Interview on 4/8/13 at 4:45 pm with the Director of Nurses (DON) revealed her expectations were that medications not be circled more then once and once the medication was circled that the nurse be immediately notified. The DON indicated that if the nurse was unresponsive she</p>	F 309	<p><b>QA Audit for Medication Administration Tool will be used to audit for nurses properly obtaining missing medications or therapeutic interchanges, holes and circles in the MAR as well as for nurses and medication aides properly following protocols and procedures. Results of these audits are reviewed by the Director of Nursing. In-services on Therapeutic Interchanges and procedures for completing the Pharmacy Communication Log will be scheduled twice annually by the SDC or additionally as required by the Director of Nursing. All audit results will be maintained by the Director of Nursing.</b></p> <p><b>4.) How the facility plans to monitor its performance to make sure that solutions are ensured:</b></p> <p><b>The DON or designee will compile audit results and present to the Quality Assurance Process Improvement (QAPI) Committee Meeting monthly times three months and quarterly thereafter. Subsequent plans of action will be developed as directed by the QAPI Committee. The Director of Nursing is responsible for overall compliance.</b></p>	May 9 2013	



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

PRINTED: 04/29/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/09/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  CLEMMONS NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012
---	---

(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 309	<p>Continued From page 3</p> <p>should be notified immediately because each resident should receive the medications as ordered.</p> <p>b. Review of the admission physician orders dated 4/3/13 revealed orders that included Xalatan 0.005% 1 drop (gtt) in the right eye at bedtime daily (a drug used to treat glaucoma by reducing pressure in the eye).</p> <p>Interview via the phone on 4/8/13 at 1:06 pm with the pharmacist from contracted pharmacy revealed Xalatan 0.005% eye drops was dispensed to the facility on 4/3/13.</p> <p>Observation on 4/3/13 at 12:59 PM with Nurse#1 revealed 1 unopened container of Xalatan 0.005% eye drops for Resident#3 dated 4/3/13 in the refrigerator.</p> <p>Review of the Medication Administration Record (MAR) revealed Xalatan 0.005% 1 gtt in the right eye was scheduled to be administered at 9 PM daily. On 4/3/13 the medication aides' initials were circled. From 4/5/13 through 4/7/13 there was medication aides' initials circled. There were no comments indicating why the initials were circled.</p> <p>Interview on 4/8/13 at 3 pm with MA#3 who worked the 7 pm to 7 am shift on 4/6,7,13 revealed the circled initials meant " I did not administer the medications. I faxed the order to the pharmacy on 4/8/13. I did not see the medication on the cart. I didn't realize the medication needed to be refrigerated and that the drops were in the refrigerator. "</p>	F 309		<p>May 9 2013</p>
-------	--	-------	--	-----------------------

*R. Padden*

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

PRINTED: 04/29/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/09/2013
NAME OF PROVIDER OR SUPPLIER  CLEMMONS NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012		
(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 309	<p>Continued From page 4</p> <p>Interview on 4/8/13 at 3:30 pm via the phone with MA#4 who worked 4/3/13 at 9 pm revealed she did not administer the Xalatan eye drops because they were not on the medication cart. " I went to the nurse and told them but I do not know who the nurse was. I was unaware that the drops were in the refrigerator. "</p> <p>An interview was held on 4/8/13 at 1:15 PM with the MDS coordinator and Nurse#2 was held. Nurse#2 revealed none of the medication aides informed him that they did not have Xalatan eye drops.</p> <p>Interview on 4/8/13 at 4:45 pm with the Director of Nurses (DON) revealed her expectations were that medications not be circled more then once and once the medication was circled that the nurse be immediately notified. The DON indicated that if the nurse was unresponsive she should be notified immediately because each resident should receive the medications as ordered.</p>	F 309		May 9 2013	

*R. J. Fadden*