

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENHAVEN HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 GREENHAVEN DRIVE GREENSBORO, NC 27406</b>		
(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	F 000			
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 observation, record review, and interview with staff the facility failed to ensure the medication error rate was 5% or less. There were 2 medication errors out of 37 opportunities (Residents #7 and #6), resulting in a medication error rate of 5.4%.</p> <p>Findings included:</p> <p>1. Resident #7 was most recently admitted on 12/31/13 with diagnoses that included paraplegia and chronic pain.</p> <p>The Care Plan dated 11/7/13 revealed the resident was care planned for pain related to paraplegia with impaired joint range of motion. Interventions included: Administer pain medication according to physician orders.</p> <p>The Resident Care Guide dated 12/4/13 indicated the resident wanted to be awake for all medications.</p> <p>The Minimum Data Set (MDS) dated 4/22/14</p>	F 332	<p>F332 Free of Medication Error Rate of 5% or More: On 7/31/14, Lidoderm patches were removed immediately from resident #6 and resident #7 by the assigned hall nurse. On 7/31/14, a 100% audit of all residents who had an order for any type of transdermal patch were done by MDS Coordinator, Staff Facilitator, and Treatment nurse to include Lidoderm patches was completed to verify appropriate placement, removal, and documentation in the Medication Administration Record. No further issues were observed during this audit. On 7/31/14, 100% in-service to all medication aides and license nurses, to include Nurse #3, was initiated on application, removal, and documentation of all transdermal patches to include Lidoderm patches by the Staff Facilitator and will be completed by 8/29/14. An inservice was initiated on 8/20/14</p>	8/21/14	

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

TITLE

(X6) DATE

Electronically Signed

08/22/2014

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 332	<p>Continued From page 1</p> <p>indicated he was moderately cognitively impaired, did not reject care, experienced pain frequently, and his day-to-day activities were limited because of pain.</p> <p>The Physician Order Sheet for July 2014 revealed an order dated 5/22/14 for Lidoderm Patch 5%. Apply 1 patch daily to right flank (have resident show where to place). Leave on for 12 hours, then remove and leave off for 12 hours.</p> <p>The Medication Administration Record (MAR) for July 2014 included Lidoderm Patch 5%. Apply 1 patch daily to right flank (have resident show where to place). Leave on for 12 hours, then remove and leave off for 12 hours. The administration time for placing the patch on the resident was 9:00 am and 9:00 pm for removing the pad. There were separate boxes for nurses to initial the MAR when the patch was placed and when the patch was removed. The MAR indicated Resident #7 ' s Lidoderm Patch was removed on 7/30/14 at 9:00 pm.</p> <p>During the medication pass observation on 7/31/14 at 11:50 am, Resident #7 was observed with a Lidoderm Patch on his right flank. Resident #7 stated, "I said something about [removing my patch] last night and [Nurse #3] said she would get it later."</p> <p>During an interview with Nurse #2 on 7/31/14 at 11:51 am, she indicated the Lidoderm Patch placed on 7/30/14 at 9:00 am should have been removed by Nurse #3 on 7/30/14 at 9:00 pm, according to the physician order. Nurse #2 removed the Lidoderm Patch and placed a new Lidoderm Patch, according to the physician order.</p>	F 332	<p>regarding correct procedure for medication administration to include removing patches per the MAR and MD order by Staff Facilitator and to be completed by 8/29/14. All newly hired nurses and medication aides will be in-serviced on appropriate application, removal, and documentation of transdermal patches to include Lidoderm patches and correct procedure for medication administration to include removing patches per the MAR and MD order in orientation by the Staff Development Coordinator.</p> <p>On 8/18/14, 100% medication pass audit with all medication aides and license nurses was initiated by the Staff Facilitator, MDS Nurse Coordinator, and Treatment Nurse to ensure each hall nurse and medication aide is in compliance with medication administration by having an error rate of less than 5% during the observation and will be completed by 8/29/14. Nurses who have not had a medication administration pass reviewed by an Administration nurse will not be allowed to work until audited and pass with a 5% medication error rate or below.</p> <p>The MDS Coordinator, Treatment Nurse, and Staff Facilitator will conduct med pass audits 3X a week for 8 weeks, and then 2X a week for 4 weeks to include observation of nurse #3 to ensure nurses and medication aides are passing medications with an error rate of less than 5%. This med pass observation will include observations of removing transdermal patches to include resident</p>		

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F 332	<p>Continued From page 2</p> <p>During a phone interview with Nurse #3 on 7/31/14 at 1:20 pm she indicated she worked the second shift on 7/30/14 and stated, "I don't remember removing the patch for [Resident #7]. I don't know if there is a place to sign off [on the MAR] when the patch is removed. There is a place to sign when one is put on. I have only worked there for 2 weeks so I am not sure." Nurse #3 indicated she has been responsible for administering medications every shift she has worked and was the nurse assigned to Resident #7 on second shift 7/30/14.</p> <p>During an interview with the Director of Nursing on 7/31/14 at 1:49pm, she stated, "I would expect the [Lidocaine patches] be removed, the nurse to follow the physician order and document appropriately on the MAR." In reviewing Resident #7's July MAR, she indicated there were initials indicating the patch was removed on 7/30/14 second shift and she could not say why a nurse signed when it had not been removed.</p> <p>During a phone interview with Nurse Practitioner #1 on 8/1/14 at 12:30 pm, she stated, "The order did state to remove at 9:00 pm and that is what I would expect."</p> <p>2. Resident #6 was most recently admitted on 2/16/12 with diagnoses that included advanced cerebral palsy and pain.</p> <p>The Minimum Data Set (MDS) dated 7/14/14 indicated Resident #6 was cognitively intact, did not reject care, and received scheduled and as-needed pain medications.</p> <p>Resident #6's Medication Administration Record (MAR) for July 2014 included [Lidoderm] Patch</p>	F 332	<p>#6 and resident #7. The audit will include conduction observations with medication aides and license nurses on all three shifts and weekends. Any license nurse or medication aide with an error rate of greater than 5% will be immediately retrained on the correct procedure for medication administration by the Staff Facilitator or DON.</p> <p>The DON and/or QI Nurse (The Staff Facilitator cannot do this because she is included in the audits) will review and monitor the Med Pass QI audit tool for completion and accuracy 2X a week for 8 weeks, and then weekly for 4 weeks. The Quality Improvement Committee will review the QI audit tool for transdermal patches weekly for 8 weeks and then monthly for three months for recommendations, take action as appropriate, and monitor continued compliance in this area</p>		

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F 332	<p>Continued From page 3</p> <p>5%. The order indicated the [Lidoderm] Patch was to be applied at 9:00 am and removed at 9:00 pm. There were separate boxes for nurses to initial the MAR when the patch was placed and when the patch was removed. The MAR indicated Resident #6's [Lidoderm] Patch was removed on 7/30/14 at 9:00 pm.</p> <p>During the medication pass observation on 7/31/14 at 11:35 am, Resident #6 was observed with a Lidoderm Patch on her lower back. Resident #6 stated, "They didn't take the patch off last night." Nurse #2 removed the Lidoderm Patch and placed a new Lidoderm Patch, according to the physician order.</p> <p>During an interview with Nurse #2 on 7/31/14 at 11:38 am, she indicated the Lidoderm Patch placed on 7/30/14 at 9:00 am should have been removed by Nurse #3 on 7/30/14 at 9:00 pm, according to the physician order.</p> <p>During a phone interview with Nurse #3 on 7/31/14 at 1:20 pm she indicated she worked the second shift on 7/30/14 and stated, " I don't remember removing the patch for [Resident #6]. I don't know if there is a place to sign off [on the MAR] when the patch is removed. There is a place to sign when one is put on. I have only worked there for 2 weeks so I am not sure." Nurse #3 indicated she has been responsible for administering medications every shift she has worked and was the nurse assigned to Resident #6 on second shift 7/30/14.</p> <p>During an interview with the Director of Nursing on 7/31/14 at 1:49pm, she stated, "I would expect the [Lidoderm patches] be removed, the nurse to follow the physician order and document</p>	F 332			

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F 332	Continued From page 4 appropriately on the MAR." In reviewing Resident #6's July MAR, she indicated there were initials indicating the patch was removed on 7/30/14 second shift and she could not say why a nurse signed when it had not been removed.	F 332			
F 356 SS=C	<p>During a phone interview with Nurse Practitioner #1 on 8/1/14 at 12:30 pm, she stated, "The order did state to remove at 9:00 pm and that is what I would expect."</p> <p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p>	F 356		8/21/14	

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F 356	<p>Continued From page 5</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to maintain daily posting of nurse staffing.</p> <p>Findings included:</p> <p>During the initial tour of the facility on 7/29/14 at 10:00 am, an observation was made of the Daily Nursing Staffing sheet posted of the wall of the main entrance of the facility. The posting was dated 7/1/14. There were no other Daily Nursing Staffing sheets posted throughout the facility.</p> <p>During an interview with the Administrator on 7/29/14 at 10:30 am, she indicated the posting sheet had not been updated since 7/1/14 and stated, "I expect there to be a daily, updated posting of nursing staff in the main hallway. I walk by that every day and it has just not been done." The administrator indicated the Admissions Coordinator was previously responsible for posting the staffing but now the Staffing Coordinator would be taking on that duty.</p> <p>During an interview with the Admissions Coordinator on 7/31/14 at 4:11 pm, she stated, "As long as I have been here it has been the [Director of Nursing] (DON) that has done the nurse staff posting. I was doing the master schedule and daily assignment sheets. I was not aware that I was supposed to be doing [the Daily</p>	F 356	<p>F356 Posted Nurse Staffing Information: On 7/29/14, the posted nurse staffing information was immediately changed and posted in the front lobby of the facility with current date, facility name, the total number and the actual hours worked of licensed and unlicensed staff to include Registered Nurses, Licensed Practical Nurses and Certified Nurse Aides for the date of 7/29/14 by the Staff Facilitator. A nurse staffing audit was conducted on 7/29/14 by the Staff Facilitator from 7/1/14- 7/29/14. No issues were found with the total number and staffing hours during the audit.</p> <p>The Administrator assigned the task of posting the nurse staffing information daily to the facilities Staffing Coordinator. The Staffing Coordinator was in-serviced on how to calculate and where to post the nurse staffing information daily by the Administrator on 7/29/14.</p> <p>100% of all Administration staff to include, Housekeeping manager, Maintenance Supervisor, Dietary Manager, Admissions Coordinator, MDS Nurse Coordinator, QI Nurse, and the Staff Facilitator who work during the week and on scheduled weekends as Manager on Duty were in-serviced on reviewing the daily posted nurse staffing information utilizing their</p>		

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F 356	Continued From page 6 Nursing Staffing sheet]. Even when the previous DON was here she was doing the staff posting and I was still doing the monthly schedule and assignments for nurses and aides because we were not doing any admissions."	F 356	weekend rounds tool packet by the Administrator on 8/10/14. All newly hired Administration nurses and Department Heads who take Manager on Duty assignments will be in-serviced by the Staff Facilitator during orientation. On 7/29/14, a nurse staffing log book was initiated by Administrator for monitoring the daily nurse staffing information forms that are posted in facility. The log book will be reviewed by the Administrator daily. The Administrator and/or DON will monitor the posting of the daily staffing by reviewing Administration nurses daily round tools to include weekends as well as monitoring the log book of the daily posted staffing information forms 5X per week for 8 weeks, 3X a week for 4 weeks, 2X a week for 2 weeks, and 1X a week for 2 weeks. The Quality Improvement Committee will review the daily rounds tool to include weekends and the nurse staffing log book of daily posted staffing information forms weekly for 8 weeks and then monthly for three months for recommendations, take action as appropriate, and monitor continued compliance in this area.		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  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	F 431		11/13/14	

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F 431	<p>Continued From page 7 reconciled.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility failed to label two unit does vials of Insulin (Novolog and Humalog) with the resident's name, date of dispensing, and/or expiration date on 1 of 3 medication carts (400 hall medication cart) reviewed for medication storage and labeling. Findings Included:  The facility policy for medication labeling included: (read in part)</p>	F 431	<p>F431 Drug Records, Label/Store drugs, &amp; Biologicals: On 7/29/14, two insulin vials, which were unlabeled with open dates, were removed from the medication cart by the hall nurse and discarded. On 8/11/14, 100% audit of all multi-vials to include insulin vials was completed by MDS Nurse Coordinator and Treatment Nurse to ensure all vials were labeled with</p>		



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F 431	<p>Continued From page 8</p> <p>All prescription medications and all non-prescription medications not in the original manufacturer ' s package shall be dispensed in an approved container. Each container shall have at least the following information contained on the label.</p> <p>3) First and last name of the resident 5) Date of dispensing 12) Expiration date</p> <p>On 8/1/2014 at 12:00 PM an observation was made of the medication cart on the 400 resident hall. The Insulin's used for residents on the 400 hall were kept together in a locked drawer. Two Insulin vials were unidentified 1) Novolog did not have an expiration date or an opened on date nor did it have a resident identifier on the vial or a container with a resident name. 2) Humalog did not have an expiration date or an opened on date.</p> <p>On 8/1/2014 at 12:00 PM Nurse #1 reported that when an Insulin was opened it was suppose to be dated and the medication expires in 28 days; and an unlabeled vial of medication needed to be discarded. Nurse #1 reported she withdrew Insulin from the unlabeled Novolog on 8/1/2014.</p> <p>On 8/1/2014 at 1:45 PM an interview with the Director of Nursing revealed her expectation that when Insulin vials are opened they are to be labeled and dated and if not the vials are to be pull from cart and return to pharmacy. The responsibility to label and date is on every nurse working on the medication cart that is going to withdraw from the vial.</p>	F 431	<p>resident's name, open dates, and expiration dates are within the 28 day limit upon open date on vials. Insulin vials that were not labeled appropriately were removed from the medication cart and discarded.</p> <p>A medication cart audit tool for expired medications and appropriate labeling was initiated on 8/18/14 to be completed 3X per week by the Staff Facilitator, MDS Nurse Coordinator, Treatment Nurse, and QI Nurse to include multi-dose and insulin vial checks for appropriate labeling of resident name, date of opening, and ensuring expiration dates are within the 28 day limit upon open date on vial.</p> <p>On 7/30/2014, 100% of all nurses were in-serviced by the Staff Facilitator on appropriate labeling of multi-dose vials to include insulin vials with resident's name, ensuring all vials are labeled with open dates, and expiration dates are within the 28 day limit upon open date on vials completed by 8/29/14.</p> <p>On 8/11/14, a mandatory class in-service for all nurses on Medication Administration on appropriate labeling of multi-dose vials to include insulin vials was completed by a Neil Medical Pharmacy Nurse Consultant. Those nurses who could not attend will be in-serviced by the Staff Facilitator and/or DON by 8/29/14. All newly hired staff will be in-serviced on Medication Administration in orientation to include appropriate labeling of insulin by Staff Facilitator.</p> <p>The DON and/or the Staff Facilitator will review and monitor the medication cart</p>		

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F 431	Continued From page 9	F 431	audit tools for expired medications and appropriate labeling of insulin 3X per week for 8 weeks, 2X a week for 4 weeks, and 1X a week for 2 weeks. The Quality Improvement Committee will review the medication cart audit tools for expired medications and appropriate labeling weekly for 8 weeks and then monthly for 4 weeks for recommendations, take action as appropriate, and monitor continued compliance in this area.		