

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/28/2014
NAME OF PROVIDER OR SUPPLIER HUNTER WOODS NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 620 TOM HUNTER RD CHARLOTTE, NC 28256		
(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 329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff and physician interviews and record review, the facility failed to obtain laboratory values ordered by the physician to monitor medications used to lower blood sugar and cholesterol for 1 of 4 sampled residents who received medications (Resident #3).</p> <p>The findings included:</p>	F 329	<p>1. A clarification order for the frequency of the lipid and HgbA1C lab was written for Resident #3 on 2-27-2014 by the Assistant Director of Clinical Services. There were no adverse outcomes for Resident #3.</p> <p>2. All current resident charts have been audited for completion of monthly standing orders for February 2014. This</p>	3/27/14	

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

TITLE

(X6) DATE

Electronically Signed

03/21/2014

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 329	<p>Continued From page 1</p> <p>Resident #3 was admitted to the facility on 08/01/12 with diagnoses which included diabetes mellitus and hyperlipidemia.</p> <p>Review of Resident #3's monthly physician orders dated 02/01/14 revealed medications included Januvia 50 milligrams (mg.) daily to treat diabetes mellitus and Lipitor 20 mg. daily for hyperlipidemia. The monthly physician's orders included direction to obtain a Hemoglobin A1c (Hgb A1c) blood test every 3 months and a lipid panel blood test every 6 months. (A Hgb A1c blood test measures blood sugar attached to red blood cells in a 3 month period. A lipid panel measures cholesterol and triglyceride levels.)</p> <p>Review of Resident #3 s most recent lipid panel dated 05/17/13 revealed a cholesterol of 213 milligrams per deciliter (mg/dL) with a normal reference range of less than 200 mg/dL and a triglyceride level of 194 mg/dL with a normal reference range of less than 150 mg/dL.</p> <p>Review of Resident #3's most recent Hgb A1c dated 11/10/13 revealed a result of 8% with a reference range of 4.2% to 5.8%.</p> <p>Review of the facility's laboratory schedule revealed Resident #3's Hgb A1c and lipid panel scheduled to be completed on 05/17/14.</p> <p>Interview with Nurse #1 on 02/27/14 at 2:38 PM revealed facility staff entered the schedule for laboratory tests. Nurse #1 reported the lipid panel and Hgb A1c had been entered as annual instead of every 6 months and every 3 months respectively. Nurse #1 reported she could not determine the identity of the nurse who entered the schedule incorrectly but staff should check</p>	F 329	<p>was done 2-27-2014 and 2-28-2014 by the Nursing Administration Team.</p> <p>3. Licensed staff have been re-educated by nursing management concerning transcription of lab orders and collection of labs as ordered by the physician. The standing lab orders will be reviewed by the Director of Clinical Services/Nurse Management each month during the change over process with the written orders to verify that lab orders have been transcribed properly. The Director of Clinical Services/Nurse Manager will document this review each month on the Standing Labs quality improvement monitoring tool monthly x12months.</p> <p>4. The Director of Clinical Services will report the findings of the monitoring to the QAPI committee monthly for the duration of the 12 months of monitoring for review and recommendation by the committee to sustain substantial compliance.</p>		

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

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F 329	Continued From page 2 the orders every month. Interview with the Director of Nursing on 02/27/14 at 2:50 PM revealed she expected staff to check physician ordered laboratory tests for correct entry into the laboratory schedule. Telephone interview with Resident #3's physician on 02/27/14 at 3:02 PM revealed she expected the laboratory tests to be completed as ordered. The physician explained the lipid panel was not critical but she did adjust the diabetic medication according to the Hgb A1c value.	F 329		