STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345471	A. BUILDING ______ B. WING ______	C 05/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MECKLENBURG HEALTH & REHABILITATION CENTER	2415 SANDY PORTER ROAD CHARLOTTE, NC 28273

(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 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff and physician interviews and record review, the facility failed to remove narcotic analgesic patches prior to application of fentanyl (a narcotic analgesic) patches for 1 of 3 sampled residents who received medications (Resident #1). The findings included: Resident #1 was admitted to the facility on 12/10/13 with diagnoses which included chronic pain syndrome and end stage chronic obstructive pulmonary disease (COPD). Review of physician's orders dated 04/24/14 revealed direction to decrease the dosage of a fentanyl patch from 50 micrograms (mcg.) every 72 hours to 37 mcg. every 72 hours for treatment of chronic pain. The physician directed application of one 25 mcg. patch and one 12 mcg. patch in order to achieve the desired dose of 37 mcg. (According to the manufacturer's directions, removal of a fentanyl patch should occur prior to placement of the next dose to prevent overdosing.) Review of Resident #1's electronic Medication Administration Record and controlled medication records revealed Resident #1 received the fentanyl patches on 4/30/14 from Nurse #1. On 05/03/14, the Director of Nursing (DON) applied	F 333	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center□s allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. 1. How the corrective action will be accomplished for the resident(s) affected. On 05/08/14 the nurse that identified the area removed the patches and recorded the actions in her nurses□ notes. Nurses completed Medication Error Reports. 2. How corrective action will be accomplished for those residents with the potential to be affected by the same practice. Staff nurses that are employed with the facility were in-serviced on the Policy for Transdermal application and removal along with Tool for monitoring of application, removal and destruction.	6/5/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed — TITLE — (X6) DATE: 06/06/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345471	A. BUILDING ______ B. WING ______	C 05/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MECKLENBURG HEALTH & REHABILITATION CENTER	2415 SANDY PORTER ROAD CHARLOTTE, NC 28273

(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 333	Continued From page 1 the fentanyl patches and on 05/06/14, Nurse #2 applied the fentanyl patches. Review of a nursing note dated 05/08/14 at 2:17 PM revealed Nurse #1 notified Resident #1's physician of the discovery of two fentanyl patches on the left arm dated 04/30/14 in addition to two fentanyl patches on the right shoulder administered on 05/06/14. Review of a physician's note dated 05/08/14 revealed Resident #1's opiate medication were adjusted and intravenous fluids were begun due to lethargy of questionable etiology. The physician documented receipt of phone calls from staff over the past 48 hours regarding Resident #1's increased lethargy. The physician also ordered antibiotic therapy for a fever with increased sputum production. Interview with Nurse #1 on 05/12/14 at 12:40 PM revealed Resident #1 became increasingly confused and lethargic so she conducted a physical assessment on 05/08/14. Nurse #1 reported 2 fentanyl patches dated 04/30/14 with her initials remained on Resident #1's left arm in addition to 2 fentanyl patches on Resident #1's right shoulder initialed by Nurse #2 dated 05/06/14. Nurse #1 explained she immediately notified the physician and the DON. Nurse #1 reported she received direction from the physician to remove all of the fentanyl patches and begin IV fluids. A second interview with Nurse #1 on 05/12/14 at 1:10 PM revealed fentanyl patches were to be removed prior to application of the new fentanyl patch. Nurse #1 explained Resident #1's fentanyl patches came off at times between doses and a	F 333	3. Measures in place to ensure practices will not occur. DON/Interim DON to review all Fentanyl Patch tools for completeness. This information will be discussed during weekly Risk Meeting and documented in the minutes weekly for a period of three months. New nurses will be in-serviced on the procedure and Fentanyl Patch placement, removal and disposal by SDC/Designee in her absence. 4. How the facility plans to monitor and ensure correction is achieved and sustained. Information obtained during weekly Risk Meetings will be discussed and reviewed for completeness and revision if need during the monthly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345471	A. BUILDING ______ B. WING ______	C 05/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MECKLENBURG HEALTH & REHABILITATION CENTER	2415 SANDY PORTER ROAD CHARLOTTE, NC 28273

(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 333	Continued From page 2 complete body check would be conducted if a fentanyl patch could not be found. Nurse #1 reported she usually placed the fentanyl patches on Resident #1's upper arms or behind the shoulders. Interview with the DON on 05/12/14 at 2:51 PM revealed she administered the fentanyl patches to Resident #1 on 05/03/14. The DON explained the fentanyl patches should be removed prior to application of the next dose. The DON reported she checked Resident #1 completely and did not see any fentanyl patches. The DON reported she applied the new fentanyl patches and. thought the old ones were no longer on Resident #1. The DON reported Nurse #1 informed her of the discovery of the extra fentanyl patches on 05/08/14. The DON reported she was not aware of the dates of the fentanyl patches and did not conduct a further investigation of the medication error. Telephone interview with Resident #1's physician on 05/12/14 at 3:15 PM revealed he received notification of the discovery of the 04/30/14 fentanyl patches in addition to the 05/06/14 fentanyl patches from Nurse #1. The physician explained he directed immediate removal of the 04/30/14 and the 05/06/14 fentanyl patches. The physician explained the extra fentanyl patches could be a potential cause of Resident #1's increased confusion and lethargy. He estimated 20% of the fentanyl remained in the 04/30/14 patches and it would be difficult to determine if this caused the increased confusion and lethargy. The physician reported Resident #1 did not respond with fentanyl patch removal so Resident #1's end stage COPD was the most likely cause of the change in condition.	F 333		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345471	A. BUILDING ______ B. WING ______	C 05/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MECKLENBURG HEALTH & REHABILITATION CENTER	**2415 SANDY PORTER ROAD CHARLOTTE, NC 28273**

(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 333	Continued From page 3 Telephone interview with Nurse #2 on 05/12/14 at 3:35 PM revealed she administered the fentanyl patches to Resident #1 on 05/06/14. Nurse #2 reported she removed the two fentanyl patches dated 05/03/14 before application. Nurse #2 explained she did not look for additional fentanyl patches since she removed the only patches which should be on Resident #1.	F 333		