PRINTED: 12/30/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
	<b>345474</b> B. WING		B. WING _		11/2	11/24/2014	
	PROVIDER OR SUPPLIER  6 HOMES WEST			STREET ADDRESS, CITY, STATE, ZIP CO 6100 W FRIENDLY AVENUE GREENSBORO, NC 27410			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 332 SS=E	RATES OF 5% OR  The facility must en medication error ra  This REQUIREMENT by: Based on observation interviews with facility failed to admordered for 2 of 25 medication pass remarked of 7.6%.  The findings included 1. Resident #22 was 11/18/14 vertebraed compression fractures and for Abreva to her look Record review of the Administration Reconstruction in the Administration Reconstruction in the Administration Reconstruction in the Administration in the Admi	sure that it is free of tes of five percent or greater.  NT is not met as evidenced ity staff and pharmacist, the ninister medications as opportunities during sulting in a medication error ed:  s admitted to the facility on with diagnosis of re of thoracic vertebrae.  physician order dated 11/1/14 wer lip three times daily.  The MARS (Medication ord) indicated that on and 11/23/14 facility staff had with a circle around their the medication was not	F 33	F-332 It is the intent of the faprovide medications to reside ordered by the physician, and exceed an error rate of five progreater.  Criteria 1. Corrective action to accomplished for the resider have been affected by the all deficient practice.  The Director of Nursing review medical records of resident # the resident did not have negoutcome related to the medical referenced in this report, spemg of Fish Oil one time a day.  Another 1000 mg of Fish Oil R#22 at about 10:30 a.m. 11 provide the 2000 mg dosage Abreva was received at 11 at 11-24-14 and applied as ordered.	ents as d to not bercent or  to be at found to leged  ewed the #22 to ensure gative cations errors ecifically 2000 y and Abreva.  was given to -24-14 to as ordered; .m. on ered. On	12/22/14	
	11/24/14 at 8:32 AN not available to be a Interview on 11/24/	ion pass observation on I, the Abreva medication was administered.  14 at 8:32 AM with Nurse #1 ent #22 had been out of the		11-25-14 the practitioner gav R#22 to self-administer the A There were no further orders practitioner when these finding reported concerning R#22 at	Abreva. s given by the ngs were		
ABORATORY		ys. She pointed to the MARS, DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE	

**Electronically Signed** 

12/19/2014

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	showing that the fainitials and circled that the 3 to 11 shif restock the Abreva this, Nurse #1 was automated backup machine did not carbon on 17 #22's lip revealed a lip, about one-half of Nursing revealed and said they would She did not know where the limit of Nursing revealed and said they would she did not know where the limit of Nursing revealed on 11/21/14. He dicame in Monday (1 know why the facility pharmacy over the limit of Interview with the E at 12:03 PM reveal the facility staff did pharmacy.	cility staff had initialed their their initials. She continued it nurse had faxed the order to on 11/21/14. As she said looking for Abreva in the supply machine but the rry Abreva.  1/24/14 at 8:32 AM of Resident a discolored area on her lower centimeter wide.  14 at 9:41 AM with the Director of that the pharmacy called her domail the Abreva out stat. When they would receive it.  1/24/14 at that the order was faxed late of the order was faxed late of not see the order until he 1/24/14) morning. He did not they staff did not use the back up weekend.  1/24/14 worning on 11/24/14 at that she did not know why not contact the backup	F 332	,	having me  e on of  ve been ng, her e e e e e e e e e e e e e e e e e e	
	Record review of the 11/18/14 revealed 1000 milligram, 2 g	ne physician's order dated " Fish Oil, Omega 3 fatty acid, (grams) by mouth, once daily. of the MAR was written 2 caps,		Licensed nurses will be or have be educated by Director of Nursing, designee or the pharmacy on the importance and means of medical administration and the actions to should a medication error take played as the process to report medical contents.	her ation take ace as	

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F 332	Reviewing the Med revealed that the F from 11/18/14 throu resident received the physician's order.  Interview with Nurse revealed that Nurse received the Fish Content of the Interview with the E at 10:30 AM expection.	dication Administration Record ish Oil was initialed once a day ugh 11/23/14 indicating that the he Fish Oil 2000 milligrams per se #1 on 11/24/14 at 8:32 AM e #1 thought Resident #22	F3	322	errors to the practitioner. The pharmas evaluated, and documented the supervisors are qualified to complemented the phase of t	e RN Ite the with  ated to on  pe hment  nee or ion ch a  rector armacy. ot as  will cation c. This tion pe with uation. N in the	

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F 332	Continued From pa	ge 3	F 3:	employment role with a Cha Worksheet, attachment H. A education, corrective and/o action will be taken with the as indicated, based on the Nurse Skills Verification Ch is inclusive of the medication worksheet audit).  Audits of medication receip conducted by the Director of designee. These audits included New Admission Medication Medication Receipt audit, a Medication audit (attachmerespectively).  Data for the 24 hour New A Medication audit will be coll receipt of medications from within 24 hours of the order collections will be re-evalual quarterly QA/QAPI meeting.  Data for the Medication Receipt audit, and weekly for 4 times a week for 4 weeks), weekly for 4 more weeks, the every other week for 4 more re-evaluated at the quarterly meetings.  Data for the Medication audicollected weekly for 4 week collected every other week and re-evaluated at the quarterly QA/QAPI meetings.	Additional or disciplinary elicensed staff, Licensed ecklist (which on pass of Nursing or lude a 24 hour audit, and a ents I, J and K of Mission elected to verify a the pharmacy of These data ated at the plant. Ceipt audit will weeks (2 then collected hen collected e weeks and y QA/QAPI dit will be as, then for 4 weeks		

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F 332	Continued From pa	ge 4	F 33	Criteria 4. FacilityNs plan to monit performance so solutions are sus and integrated into the facilityNs cassurance system.  Data obtained from these audits, New Admission Medication audit, Medication Receipt audit and Medication Pass Works Licensed Nurse Skills Verification Checklist (inclusive of the Medica Pass Worksheet audit) will be another DON and/or Pharmacist conspatterns, trends and/or the need further educational opportunities to analysis of the error. (An error conthe prescriber, the nurse transcribe physicianNs order to the pharmacy dispensing pharmacy, or by the madministering the medication, indication or any combination of these.) The trends/patterns noted, education adisciplinary action taken will be rethe Medication Management Comof the Quality Assessment and Assurance/Quality Assurance Performance Improvement (QA/O Committee at its quarterly meeting.)  The QAPI Committee will evaluate effectiveness of the plan and adjuplan, as needed, based on trends identified in the audits. The Admir is responsible to see that the QAF recommendations are acted upor timely manner.  Criteria 5. Date corrective action falleged deficient practice will be	tained juality  24 hour  dication heet,  tion alyzed by ultant for or based on alyzed by ultant for or based on alyzed by the by the by the ported to amittee  API) gs.  e the st the st the istrator PI in a	

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F 332	Continued From page 5		F 332	accomplished. December 22, 2014			
F 431 SS=D	( // ( // ( /	DRUG RECORDS, UGS & BIOLOGICALS	F 431	2000m20122, 2011		12/22/14	
	a licensed pharmac of records of receip controlled drugs in accurate reconciliat records are in order controlled drugs is reconciled.  Drugs and biological labeled in accordant professional princip appropriate access	apploy or obtain the services of cist who establishes a system at and disposition of all sufficient detail to enable an tion; and determines that drug and that an account of all maintained and periodically als used in the facility must be acce with currently accepted ales, and include the ory and cautionary e expiration date when					
	facility must store a locked compartmen	State and Federal laws, the II drugs and biologicals in hts under proper temperature to only authorized personnel to keys.					
	permanently affixed controlled drugs list Comprehensive Dru Control Act of 1976 abuse, except when package drug distri	ovide separately locked, d compartments for storage of ted in Schedule II of the ug Abuse Prevention and and other drugs subject to in the facility uses single unit bution systems in which the hinimal and a missing dose can					

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F 431	Continued From pa	ge 6 NT is not met as evidenced	F 431			
	Based on observarinterviews with facility failed to rem from the stock medication rooms.  The findings include Record review of the April, 2007 revealed use discontinued, cor biologicals. All sthe dispensing phase Observations on 11 revealed the following Diabetic Tussin DM 10/14. Imodium, 2 mg. (mexpired 10/14.	the Policy Statement revised d., "4. The facility shall not butdated, or deteriorated drugs shuch drugs shall be returned to rmacy or destroyed."  1/24/2014 at 11:15 AM and medications out of date:  1, 4 oz. (ounces), expired dilligram) tablets, 9 tablets,  51% supp. (suppository), 3		F-431 - The facility must remove outdated medications from the faci accordance with its policy and the requirements to do so.  Criteria 1. Corrective action to be accomplished for those residents for have been affected by the alleged deficient practice.  Stock medications, Diabetic Tussin oz. (ounces), expired 10/14; Imoditing (milligram) tablets, 9 tablets, ex 10/14 and Tucks Hemorrhoid, 51% (suppository), 3 supp. These expired 10/14 were removed immediatly from the stock medication room November 24, 2014 and destroyed protocol.  Criteria 2. Corrective action to be accomplished for those residents in potential to be affected by the same	ound to  DM 4  Jum, 2  Repired  Sup.  Ed  Dm the  as per	
	Interview with Staff Development Coordinator (SDC) on 11/24/2014 at 11:44 AM revealed she was responsible for checking the medication room monthly for expired medications and returning them back to the pharmacy. She continued that she was in the medication room on Friday, 11/14/2014, and did not see the expired medications. She continued that she checked for expired medications every month. The SDC also indicated that the pharmacist also checked the medication room every month.			alleged deficient practice.  Residents have the potential to be affected by use of outdated medica not removed as required by protocorequirements.  The licensed nurses will be or have educated by the Director of Nursing designee or pharmacy, on the important means of removing stock medications, which are expired, and disposing of those properly according	e been g her ortance	

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F 431	Interview on 11/24/2 Director of Nursing expectation of expir medications be remmedication room. SDC did rounds on continued that the Sexplanation for the located in the stock Interview on 11/24/2 pharmacist reveale reviewed by a pharmation of the pharmacist reveale reviewed by a pharmation of the pharmacist reveale reviewed by a pharmation of the pharmacist reveale reviewed by a pharmatic of the pharmacist revealed the pharmatic of the pharmacist revealed the pharmacist reve	2014 at 11:48 AM with the (DON) revealed her red medications was that the noved from the stock. The DON continued that the Friday, 11/14/14. The DON SDC did not have an expired medications that were medication room.  2014 at 2:40 PM with the d that the medications were macy technician on narmacist continued that the n typically did a spot check of	F 43	the facilityNs policy, attachment or systemic changes made to the alleged deficient practice occur.  Licensed nurses will be or has educated by the Director of Notesignee or pharmacy, on the and means of properly remonant handling the disposition of examedications.  The Director of Nursing or deevaluate the effectiveness of educational measures throug Expired Drug audit, (attachment M) conducted weeks then every other week and re-evaluated at the quar QA/QAPI meeting. Additional corrective and/or disciplinary be taken by the Director of Notesignee based on the result audits.  Criteria 4. FacilityNs plan to performance so solutions are and integrated into the facility assurance system.  Data obtained from these audits and the company audit will be and DON and/or Pharmacist conditions.	ut into place o ensure that e will not ave been Nursing her ne importance ving and xpired esignee will f these gh Med Roomnent L) and it, reekly for 4 k for 4 weeks terly al education, raction may lursing or her its of these monitor its e sustained yNs quality adits, Med and Med Cart nalyzed by the		

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F 431	Continued From pa	ge 8	F 4:	patterns, trends and/or further edopportunities, including education disciplinary action. These data a analysis will be taken to the next of the Medication Management Committee of the Quality Assess Assurance/Quality Assurance Performance Improvement (QA/Committee. The next QA/QAPI rscheduled for February 5, 2014.  QA/QAPI Committee will review taken, may make recommendatifurther actions based on the reviapprove the actions at the quarte QA/QAPI meetings until the Consatisfied the Corrective Action Phas been effective and has susta corrective action.  Criteria 5. Date corrective action alleged deficient practice will be accomplished. December 22, 2014	n and nd meeting ment and QAPI) neeting is actions of ew and/or erly mittee is ogram ained the		
	483.75(o)(1) QAA COMMITTEE-MEM QUARTERLY/PLAN		F 5	·		12/22/14	
	assurance committee nursing services; a	tain a quality assessment and ee consisting of the director of physician designated by the 3 other members of the					
	committee meets a	nent and assurance t least quarterly to identify to which quality assessment					

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F 520	develops and imple action to correct ide  A State or the Sect disclosure of the reexcept insofar as a compliance of such requirements of this  Good faith attempts and correct quality a basis for sanction  This REQUIREMEI by:  Based on observation interviews with staffacility's Quality Ass Committee failed to procedures and mothe committee put in 2013. These procedures and mothe committee put in 2013. These procedures and mothe committee put in 2013. These procedures are greatly of (1) one feet November 21, 2013. Complaint survey, the current recertifity was in the area of more. The continuation federal surveys the facility is inability Quality Assurance in Findings included:  This tag is cross residued:	wities are necessary; and ements appropriate plans of entified quality deficiencies.  Tetary may not require cords of such committee uch disclosure is related to the committee with the section.  The by the committee to identify deficiencies will not be used as as.  The is not met as evidenced the sessment and Assurance of maintain implemented entitor these interventions that into place in November of dures and interventions were a deral deficiency originally cited as on a Recertification and the deficiency was recited on cation survey. The deficiency medication error rate of 5 % or a defailure of the facility during the forecord showed a pattern of the to sustain an effective program.	F 520	F-520 It is the intent of the facility have a QA&A/QAPI Committee that functions to develop and implement appropriate plans of action to correst identified quality deficiencies and to sustain the corrective actions.  Criteria 1. Corrective action to be accomplished for those residents for have been affected by the alleged deficient practice.  During the annual re-certification surprocess (exit date 11-24-14) the surprocess (exit date 11-24-14) the surprocess (exit date 11-24-14) the surprocess and error rate above 5% identified an error rate above 5% identified an error re-certification survey (exit 11-01-13).  The QAA Committee Corrective Ac Plan from the prior yearNs survey for the survey for the prior that the	t t t t t t t t t t t t t t t t t t t	

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F 520	interviews with faci facility failed to adn ordered for 2 of 25 medication pass re rate of 7.6%. (Residual of 7.6%) (Residual o	servation, record review and ity staff and pharmacist, the ninister medications as opportunities during sulting in a medication error dent # 22)  ed for F 332 for failing to have rate of less than 5% during the 3 Recertification and	F 520	had ended after several months of that identified no deficient practice nurse involved in the deficient identified practice for the survey ending 11-was re-hired in May, 2014 and was involved in a medication pass and Specific deficient practice affected resident, Resident #22. The Direct Nursing reviewed the medical rect resident #22 to ensure the resident have negative outcome related to medications errors referenced in the report, specifically 2000 mg of Fistone time a day and Abreva.  Another 1000 mg of Fish Oil was R#22 at about 10:30 a.m. 11-24-1 provide the 2000 mg dosage as on Abreva was received 11-24-14 at a.m. and applied as ordered. The practitioner changed R#22Ns Abrorder on 11-25-14 to self-administrationar when these findings we reported concerning R#22 attacher.  Criteria 2. Corrective action to be accomplished for those residents potential to be affected by the san alleged deficient practice.  Residents have the potential to be affected by improper administration.	e. The intified 24-14 s not iit.  d one tor of ords of it did not the his h Oil  given to 4 to rdered; 11:00  eva tration.  In by the vere ment A.  having ne	
		PM an interview with the aled she had collaborated with		medication.  The licensed nurses will be or have ducated by the Director of Nursir		

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F 520		r and believed that the facility 'er medications without errors	F 5		designee or the pharmacy, on the importance and means of medicatic administration, actions to take show medication error take place and ho report medication errors properly, attachment B.  The licensed nurse in the 2567 reprompleted a medication pass work audit, December 5, 2014, conducte the pharmacist with a zero percent error rate, and the licensed nurse orientation, "What I Need to Know Nursing at Friends Homes West" completed 12-4-14, attachment C.  Criteria 3. Measures to be put into por systemic changes made to ensurthe alleged deficient practice will no occur.  Licensed nurses will be or have been educated by Director of Nursing, he designee or the pharmacy on the importance and means of medicatic administration and the actions to tashould a medication error take place well as the process to report medic errors to the practitioner. The pharmas evaluated, and documented the supervisors are qualified to comple Medication Pass Worksheet audits licensed staff, attachment D.  The licensed staff have been education contact the physician for clarification orders, should a medication, as prescribed by the practitioner, not be available from the pharmacy, attack	ort, sheet of by (0%) about hecklist place re that of er on ke e as ation macist e RN te the with eted to in be	

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NAME OF PROVIDER OR SUPPLIER  FRIENDS HOMES WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 6100 W FRIENDLY AVENUE GREENSBORO, NC 27410				
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F 520	Continued From pa	ge 12	F 520	E.  The Director of Nursing, her design the pharmacy will observe medicat pass audits with licensed staff. Each nurse, working at least one shift or calendar month basis, will have a Medication Pass Worksheet audit, attachment F, conducted by the Di of Nursing, her designee or the ph Licensed nursing staff who have n worked in a calendar month (such P.R.N. licensed staff) will have a medication pass worksheet audit conducted in order to continue employment.  Newly hired licensed nursing staff have a Licensed Nurse Skills Verif Checklist completed, attachment Checklist is inclusive of the Medical Pass Worksheet Audit. These will completed upon hire and thereafted the employeeNs performance eval Licensed nursing staff who are PR employees and who have not beer available to work at least one shift last 60 days will be removed from employment role with a change of worksheet, attachment H. Addition education, corrective and/or discip action will be taken with the license as indicated, based on the License as indicated, based on the License Nurse Skills Verification Checklist is inclusive of the medication pass worksheet audit).  Audits of medication receipt will be conducted by the Director of Nursi	will ication be r with luation. In the status ial linary ed staff, ed (which		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
		345474	B. WING _		11/	24/2014	
NAME OF PROVIDER OR SUPPLIER  FRIENDS HOMES WEST				STREET ADDRESS, CITY, STATE, ZIP CODE 6100 W FRIENDLY AVENUE GREENSBORO, NC 27410		-	
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F 520	Continued From pa	ge 13	F 52	designee. These audits include New Admission Medication audit Medication audit (attachments respectively).  Data for the 24 hour New Adm Medication audit will be collect receipt of medications from the within 24 hours of the order. The collections will be re-evaluated quarterly QA/QAPI meetings.  Data for the Medication Receipt be collected bi-weekly for 4 weeks, then every other week for 4 more weeks, then every other week for 4 more were-evaluated at the quarterly Q meetings.  Data for the Medication audit we collected weekly for 4 weeks, to collected weekly for 4 weeks, to collected every other week for and re-evaluated at the quarter QA/QAPI meetings.  Criteria 4. FacilityNs plan to me performance so solutions are so and integrated into the facilityN assurance system.  Data obtained from these audit New Admission Medication audit Medication Receipt audit and Medication Receipt audit audit, the Medication Receipt audit and Medication Receipt audit audit, the Medication Receipt audit audit New Admission Medication Receipt Amazion Receipt Amazion Receipt Amazion Receipt Amazion	dit, a I, J and K ission ed to verify e pharmacy nese data at the ot audit will teks (2 in collected collected eeks and A/QAPI will be hen 4 weeks rly onitor its sustained Is quality ts, 24 hour dit, Medication rksheet, ion ication		

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F 520	Continued From pa	nge 14	F 5	and analyzed by the D Pharmacist consultant and/or the need for fur opportunities based or error, attachment N. (A the prescriber, the nurs physicianNs order to th dispensing pharmacy, administering the med or any combination of  The trends/patterns no disciplinary action take the Medication Manag of the Quality Assessm Assurance/Quality Ass Performance Improver Committee at its quart  The QAPI Committee effectiveness of the pla plan, as needed, base identified in the audits is responsible to see th recommendations are timely manner.  Criteria 5. Date correct alleged deficient practic accomplished. December 22, 2014	for patterns, trends ther educational analysis of the An error could be by se transcribing the ne pharmacy, the or by the nurse ication, individually these.)  Interpretation and the ment of the ment		