

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

PRINTED: 08/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/30/2015
NAME OF PROVIDER OR SUPPLIER REX REHAB & NURSING CARE CENTER OF APEX			STREET ADDRESS, CITY, STATE, ZIP CODE 911 SOUTH HUGHES STREET APEX, NC 27502		
(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 156 SS=B	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal</p>	F 156		8/27/15	

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

TITLE

(X6) DATE

Electronically Signed

08/13/2015

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 156	<p>Continued From page 1 funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p>	F 156			

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F 156	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to include, in the " Notice of Medicare Non-Coverage, " a reason why Medicare coverage may end for 2 of 2 residents (Residents #1 and #218). The findings included: 1. On 4/10/15 Resident #1 was issued a Notice of Medicare Non-Coverage indicating Medicare coverage would end on 4/13/15. No reason for non- coverage was included in the Notice. During an interview on 7/30/15 at 9:02 AM, Social Worker (SW) #1 indicated the social workers wrote the Notices for Medicare Non-Coverage. SW #1 stated they did not include a reason for non-coverage in the Notices but did verbally explain the decision to the resident and/or responsible party. During an interview on 7/30/15 at 9:18 AM, SW #2 confirmed they did not include a written reason for non-coverage in the Notices, but if an expedited appeal was requested they provided a detailed explanation of the reason. SW #2 indicated the Notice of Medicare Non-Coverage form did not include language directing the facility to include a reason for non-coverage. The SW added that the facility also received Notices of Medicare Non-Coverage from private insurers and the private insurers did not include a reason for non-coverage. During an interview on 7/30/15 at 11:50 AM, the Administrator indicated he believed the Notice of Medicare Non-Coverage did not require a written reason for non-coverage.	F 156	Resident #1 and Resident #218 are no longer residing at the facility. The reason for non-coverage will be included for the Notice of Medicare Non-Coverage letters provided. In the event an external Notice of Non-Coverage does not allow for re-write, re-interpretation or insertion of additional information into the body of the notice, except where indicated; the facility will provide a written reason for non-coverage to the resident. The Social Service department will be in-serviced on the need to include the reason for non-coverage for the Medicare Notice of Non-Coverage by the Administrator, Administrator, Director of Nursing, Assistant Director of Nursing, Clinical Educator/Infection Preventionist, or Nursing Team Leader will randomly audit 20% of the Notice of Medicare Non-Coverage letters issued weekly for 1 month, 15% weekly for 1 month and then 10% weekly for a 1 month. The results of the audits will be reviewed in the Quality Assurance Performance Improvement meeting each month. Any deviations will be immediately reported to the Administrator, Director of Nursing, Assistant Director of Nursing, Clinical Educator/Infection Preventionist, or Nursing Team Leader for further investigation and correction. Plan of correction will be initiated by 8/20/15. All in-servicing will be completed by 9/3/15.		

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F 156	Continued From page 3 2. On 2/20/15 Resident #218 was issued a Notice of Medicare Non-Coverage indicating Medicare coverage would end on 2/22/15. No reason for termination of coverage was included in the Notice. During an interview on 7/30/15 at 9:02 AM, Social Worker (SW) #1 indicated the social workers wrote the Notices for Medicare Non-Coverage. SW #1 stated they did not include a reason for non-coverage in the Notices but did verbally explain the decision to the resident and/or responsible party. During an interview on 7/30/15 at 9:18 AM, SW #2 confirmed they did not include a written reason for non-coverage in the Notices, but if an expedited appeal was requested they provided a detailed explanation of the reason. SW #2 indicated the Notice of Medicare Non-Coverage form did not include language directing the facility to include a reason for non-coverage. The SW added that the facility also received Notices of Medicare Non-Coverage from private insurers and the private insurers did not include a reason for non-coverage. During an interview on 7/30/15 at 11:50 AM, the Administrator indicated he believed the Notice of Medicare Non-Coverage did not require a written reason for non-coverage.	F 156	Audits will be completed by 11/20/15. The audit form documents will be kept in a binder in the Director of Nursing office.		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced	F 241		8/27/15	

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F 241	Continued From page 4 by: Based on observations and staff interviews, the facility failed to serve residents sitting at the same table breakfast at the same time for 1 of 2 Residents (Resident #138) in the dining area. The facility also failed to call a 1 of 2 residents (Resident #138) sitting at the same dining by her preferred name. Findings included: Resident #138 was admitted 7/5/12 with Alzheimer ' s disease, diabetes and arthritis. The resident ' s quarterly Minimum Data Set (MDS) indicated the resident had short and long term memory impairment and severely impaired cognitive skills for daily decision making. Resident #138 was coded as totally dependent on staff for eating. An observation was made on 7/29/15 beginning at 8:40 AM of the breakfast meal in the 200 hall dining room. The first resident at the table was served her breakfast at 8:45 AM and was assisted by Nursing Assistant (NA) #1. At 8:48 AM, Resident #138 was brought into the dining room by NA #2. NA #1 stated to NA #2 to sit the resident at the table, adding that since Resident #138 was " a feeder " she would feed her when she completed assisting the resident sitting at the table. Resident #138 was served at 9:10 AM. NA #1 was interviewed on 7/29/15 at 11:06 AM. The NA stated she had not been taught to serve all residents at a single table at one time, but had been taught to serve residents the ways in the dining carts were stacked. She stated Resident #138 was not fed at the same time as her table-mate because she had been taught to not take the " feeder " trays off the dining cart until the resident was ready to be fed. NA #1 stated she had not received any training regarding calling residents " feeders " and had no idea it	F 241	Resident #138's tray was placed in the tray delivery system, developed by the Director of Nursing, to provide residents #138s tray at same time of the other residents at resident #138s table. All additional residents who choose to receive their meals in a facility dining room will be added to the seating chart to have their meal tray delivered at the same time as their table mates. Dining room staff including nurses, nurse's aides and activities professionals will be in-serviced by Director of Nursing and/or Clinical Educator/Infection Preventionist on two aspects of the dining experience to include, addressing residents by their preferred name and in delivering resident that are seated at the same table their meals at the same time. A dining room seating chart has been developed by the Director of Nursing and trays are now placed on the tray delivery carts in table order versus room order. Trays are served one table at a time. The dining experience will be randomly observed during breakfast lunch and dinner and audited by Administrator, Director of Nursing, Assistant Director of Nursing, Clinical Educator/Infection Preventionist, or Nursing Team Leader 5 meals a week for 1 month, 3 meals a week for 1 month and then 1 meal a week for 1 month. The results of the audits will be reviewed in the Quality Assurance Performance Improvement meeting each month. Any deviations will be immediately reported to the Administrator, Director of Nursing, Assistant Director of Nursing, Clinical		

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F 241	Continued From page 5 was a dignity issue to refer to residents as feeders. On 7/29/15 at 11:26 AM NA #2 was interviewed. NA #2 stated she had not been taught that all residents at one table needed to be served at the same time. She added she would not like to sit and watch others eat while she had no food. The NA stated she had been taught to not refer to residents requiring assistance with meals as " feeders " . The Staff Development Coordinator was interviewed on 7/30/15 at 9:12 AM. The SDC stated she was responsible for all the facility education. The SDC stated NAs were taught to pass trays in the dining room by room number, since the dining cart was set up by room number and not table. The SDC stated she thought there was an issue with residents sitting at the same table served their meal at different times. The SDC added one resident should not be eating in front of another without the other resident being offered food. The SDC stated she saw this as a dignity issue. The SDC added staff had been taught to call residents by their preferred name.	F 241	Educator/Infection Preventionist, or Nursing Team Leader for further investigation and correction. Plan of correction will be initiated by 8/20/15. All in-servicing will be completed by 9/3/15. Audits will be completed by 11/20/15. The audit form documents will be kept in a binder in the Director of Nursing office.		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the	F 278		8/27/15	

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F 278	<p>Continued From page 6</p> <p>assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to accurately code the Minimum Data Set dental section for broken/fragmented teeth for 1 of 2 residents (resident # 13) reviewed for dental services. The findings included: Resident #13 was admitted to the facility on 4/16/2012, with diagnoses to include dementia, fracture and history of a fall. The resident ' s annual Minimum Data Set (MDS) assessment dated 8/26/014, indicated she was moderately cognitively impaired. The Oral/Dental section was coded as none of the above present, which indicated the resident did not have broken or ill-fitting dentures, no natural teeth or tooth fragments, abnormal mouth tissue, cavities or broken natural teeth, inflamed or bleeding gums, mouth or face pain, discomfort or difficulty chewing. The Care Area Assessment (CAA) did</p>	F 278	<p>Resident #13's Responsible Party was contacted and confirmation obtained of continued declination of dental services. Resident #13's current Minimum Data Set has been coded accurately by Candice Gerloff, RN, the Care Area Assessment and Care Plan reflects current Dentition status. The MDS Coordinators have been in-serviced by the Director of Nursing and/or Clinical Educator/Infection Preventionist on visual assessment on all oral/dental status of residents when coding and completing the Minimum Data Set. To ensure coding compliance for the oral/dental section of the Minimum Data Set, the Administrator, Director of Nursing, Assistant Director of Nursing, Clinical Educator/Infection Preventionist, or Nursing Team Leader will</p>		

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F 278	Continued From page 7 not trigger for Dental Care. A note under the CAA Activities of Daily Living Functional Status revealed the resident had broken teeth, but denied oral pain or chewing problems. On 7/27/2015 at 12:18 PM, an observation of was resident #13, revealed her visible lower teeth were broken and discolored brown. An interview was conducted with the MDS nurses (MDS #1, and MDS #2) on 7/30/2015 at 10:18 AM. The MDS nurse #1 stated she had documented the broken teeth in the CAA note. The MDS nurse #2 stated that the resident 's teeth had been that way since she was admitted and she did not code the dental section on the annual assessment, because the resident was not having any problems with her teeth. She stated that was a mistake.	F 278	randomly audit the oral/dental section of the Minimum Data Sets completed during the following time frame: 30% weekly for 1 month, 20% weekly for 1 month and 10% weekly for 1 month. The results of the audits will be reviewed in the Quality Assurance Performance Improvement meeting each month. Any deviations will be immediately reported to the Administrator, Director of Nursing, Assistant Director of Nursing, Clinical Educator/Infection Preventionist, or Nursing Team Leader for further investigation and correction. Plan of correction will be initiated by 8/20/15. All in-servicing will be completed by 9/3/15. Audits will be completed by 11/20/15. The audit form documents will be kept in a binder in the Director of Nursing office.		
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 resident, staff, primary care physician and consultant physician 's assistant (PA) and review of records, the facility failed to investigate the reason for continued use of Doxycycline (an antibiotic) and failed to administer the antibiotic per consultant physician 's order for 1 of 6 sampled residents (Resident # 148) whose medications were reviewed. Findings included: Resident #148 was admitted on 2/10/15 with	F 333	Resident #148 is no longer residing at the facility. All newly admitted resident with a discharge summary containing antibiotics with no indication for use will be investigated by the Admission Nurse, MD, Nurse Practitioner, Physician Assistant, Nursing Team Leader, Director of Nursing, and/or Assistant Director of Nursing prior to discontinuation of the medication. The investigation to include,	8/27/15	

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F 333	<p>Continued From page 8</p> <p>diagnoses that included aftercare for an upper arm fracture, history of falls, disorder of the rotator cuff, diabetes and hypertension. The hospital History and Physical (H & P), dated 2/6/15, indicated the current medications taken by the resident included Doxycycline 50 milligrams (mgs) twice daily. The medication was noted with 11 refills.</p> <p>Discharge instructions, dated 2/10/15, included discharge medications. Under "continue taking these medications" was found Doxycycline 50 mg twice daily with the last time it was given as 2/9/15 at 9:14 AM. The form further noted the discharge instructions, including medications, were ordered and signed by a physician and/or advanced practice provider as part of discharge planning supervised by the attending physician, (name of physician noted). A handwritten note next to the Doxycycline indicated " per the floor nurse " at the hospital, the doxycycline was to be discontinued.</p> <p>Review of nurse's notes for 2/10/15 did not document a conversation between any facility nurse and the nurse at the hospital discontinuing the Doxycycline.</p> <p>The facility H & P, with an unreadable date, indicated the medications included doxycycline. An appointment sheet, dated 2/20/15 indicated Resident #148 had osteomyelitis and indicated the infection was due to fixation devices.</p> <p>The 2/22/15 Admission Minimum Data Set (MDS) identified Resident #148 as cognitively intact with no behaviors or rejection of care. The resident was coded as having a fracture, a surgical wound and was coded as having surgical wound care.</p> <p>Review of the February and March 2015 physician ' s orders revealed Resident #148 had not received any Doxycycline.</p> <p>An orthopedic consult, dated 3/4/15, indicated</p>	F 333	<p>but not limited to, review/discussion of resident's medical record, consulting physician, Physician Assistant, Nurse Practitioner, resident and/ or responsible party, as applicable. Admission Nurses, attending physicians, Physician Assistants, and Nurse Practitioners will be in-serviced by the Director of Nursing and/or Clinical Educator/Infection Preventionist to further investigate the use of an antibiotic without listed indications in the discharge summary. The outcome of the investigation will clarify further antibiotic use. Administrator, Director of Nursing or Director of Nursing, Assistant Director of Nursing, Clinical Educator/Infection Preventionist, or Nursing Team Leader will randomly audit 30% of the admission records weekly for 1 month, 20% weekly for 1 month, and 10% weekly for 1 month. The results of the audits will be reviewed in the Quality Assurance Performance Improvement meeting each month. Any deviations will be immediately reported to the Administrator, Director of Nursing, Assistant Director of Nursing, Clinical Educator/Infection Preventionist, or Nursing Team Leader for further investigation and correction. Plan of correction will be initiated by 8/20/15. All in-servicing will be completed by 9/3/15. Audits will be completed by 11/20/15. The audit form documents will be kept in a binder in the Director of Nursing office.</p>		

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F 333	<p>Continued From page 9</p> <p>Resident #148 currently received Doxycycline 100 mg daily.</p> <p>On 3/10/15 Resident #148 was discharged home. A telephone interview was held with Resident #148 on 7/29/15 at 9:50 AM. She stated she had been on the Doxycycline for about a year prior to entering the nursing home. Resident #148 stated she had originally been started on the medication by a physician at the Infectious Disease Clinic because she had methicillin resistant staphylococcus aureus (MRSA) in her leg. She stated the orthopedic surgeon had added the Doxycycline to the discharge medication list on her discharge from the hospital and prior to her admission to the facility. Resident #148 stated she knew it had been added because she had been given a copy of the discharge information that included the Doxycycline.</p> <p>Admission Nurse (AN) #1 was interviewed on 7/29/15 at 4:00 PM. AN #1 stated medication orders for new admissions were taken from the hospital discharge summary. The orders for any outstanding medications were reviewed with the facility Medical Doctor (MD) who verifies the orders. The AN stated medication orders were then transcribed to the Medication Administration Record. AN #1 stated medication orders were received only from a MD, Nurse Practitioner (NP) or a PA. Other nurses are not able to order medications. The nurse reviewed the discharge orders for Resident #148 and verified the statement at the bottom of the medications with the MD's name meant he had ordered all the medications and treatments listed. The nurse reviewed the discharge material that listed 11 refills of the Doxycycline and stated the resident should have continued on the medication and had 11 refills available. After review of the discharge summary with the physician ' s signature, orders</p>	F 333			

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(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 10 for the 11 refills of Doxycycline, the admission nurse stated the resident should had continued the doxycycline. The nurse identified the handwriting to discontinue the Doxycycline per the hospital nurse as the handwriting for AN #2. The Director of Nursing (DON) was interviewed on 7/29/15 at 4:32 PM. The DON stated admission medications were copied from the hospital discharge summary and/or the medication reconciliation form. She added the admission nurse would review the orders and compare those with medications the resident received in the hospital. The medications are then verified with the facility ' s MD. The DON stated nurses were not allowed to take orders from other nurses. The DON reviewed the order for the Doxycycline stated with the 11 refills it was the ordering physician ' s intent for the resident to continue taking the Doxycycline. The DON reviewed the signed orders and acknowledged if a medication was listed in the " continue to take " category, the MD at the hospital had intended for the resident to continue taking the Doxycycline. When the DON saw AN #2 had written discontinue the Doxycycline per the hospital floor nurse next to the Doxycycline, she stated she was sure the facility MD had agreed to discontinuing the medication and added the facility MD could change or discontinue any medications he wished. On 7/30/15 at 8:10 AM, another telephone interview was held with Resident #148. She stated she was not sure when she realized she was not receiving the Doxycycline. She added she received so many pills in the medication cup, it was difficult to tell what she medications she received. Resident #148 stated she tried to ask the nurses what medications she received and the only reply she got was " you are getting your	F 333			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 333	<p>Continued From page 11</p> <p>pain medication and all the other medications the MD ordered." Resident #148 stated on the day of discharge, she noticed a large blister had formed on her leg where she had previously had MRSA. The resident stated she did not mention the blister to anyone because she had already decided to leave the facility. The resident stated the open wound on her leg from a surgical repair of a fracture, had taken 1 1/2 years to heal. She added with not taking the doxycycline for 4 weeks she was in the facility, the area had reopened and again was draining.</p> <p>The PA from the Infection Disease Clinic was interviewed via telephone on 7/30/15 at 9:10 AM. The PA stated Resident #148 was started on Doxycycline in December 2013 to treat chronic osteomyelitis of the tibia. The resident had MRSA and will always be considered colonized. The PA stated the plan was to continue Resident #148 on Doxycycline indefinitely. The PA mentioned the resident did not get Doxycycline while in the facility. She stated it was impossible to say if the interruption in treatment resulted in any harm since the resident ' s infection had been ongoing.</p> <p>On 7/30/15 at 9:34 AM a telephone interview was conducted with AN #2. The AN stated when she admitted a resident, the admission medications were taken from medications listed on the hospital discharge summary. She added if a hospital physician signed the discharge orders that did not necessarily mean the facility physician wanted the resident to continue the medications. She stated when a resident was admitted, she also called the hospital nurse to verify the medications the newly admitted resident should receive. The AN stated she did not remember Resident #148. The orders for Resident #148 were reviewed with the AN. She</p>	F 333			

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F 333	<p>Continued From page 12</p> <p>stated if the order said 11 refills, then that meant the resident would continue to take the medication and the resident had 11 refills. She stated if a medication appeared under the section titled, " continue these medications " , that meant the discharging physician intended for the medication to be continued. The handwritten note beside the Doxycycline entry, " dc per floor nurse " was read to the AN. She stated that while she did not remember Resident #148, she remembered calling the hospital and verifying with the floor nurse that Resident #148 was not to continue the Doxycycline. AN #2 gave no explanation why she could not remember Resident #148, but remembered calling the hospital nurse in February 2015 to verify Resident #148 ' s Doxycycline was discontinued. The AN added a hospital floor nurse could not discontinue medication and she assumed the nurse had spoken to a physician but was not absolutely sure since she had failed to document the name of the nurse she had spoken with or the physician ' s name. She added she should have verified the order to discontinue the medication came from the physician instead of assuming a physician had given the order to discontinue the Doxycycline.</p> <p>A phone interview was held with Resident #148 ' s MD while she lived in the facility on 7/30/15 at 10:42 AM. The MD acknowledged if Resident #148 had received Doxycycline for a year prior to hospitalization for chronic MRSA he would not have discontinued the medication if he had known the reason. He stated hospital discharge summary contained no documentation for the Doxycycline use, so he had signed the orders for the medication to be discontinued. The MD stated someone should have taken the initiative to find out why the resident had been on the</p>	F 333			

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F 333	Continued From page 13 medication for a year and should have found out why the consultant physician wanted Resident #148 to continue the Doxycycline.	F 333			