

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/04/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - STARMOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 109 S HOLDEN ROAD GREENSBORO, NC 27407
--	--

(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 332 SS=E	<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 observations, record review, and staff interviews, the facility had 6 medication errors out of 26 opportunities for 2 of 2 residents observed during medication pass that resulted in a medication error rate of 23.07 %. (Resident #1 and Resident #2)</p> <p>The findings included:</p> <p>1(a). A review of Resident #1 ' s medical record revealed November 2015 physician orders for Multiple Minerals-vitamin tablet by mouth (po) one time a day for a supplemental vitamin. The scheduled designated time for administration was 10 AM.</p> <p>On 11/4/15 at 10:05 AM, Nurse #7 was observed as she prepared and administered medications to Resident #1. The administered medications included Multivitamin (MVI) 1 (one) tablet po.</p> <p>An interview was conducted on 11/4/15 at 11:40 AM with Nurse #7 revealed no response when an inquiry was made about Resident #1 being administered the MVI without minerals.</p> <p>(b). A review of Resident #1 ' s November 2015 physician orders and medication administration record (MAR) was conducted during the reconciliation of medications administered during</p>	F 332	<p>Preparation and / or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and / or executed solely because it is required by the provisions of Federal and State Law.</p> <p>There was no negative outcome for Resident #1 and Resident #2. The physician was notified about Resident #1 not receiving the medications and Resident #2 receiving medication regarding crushed medication. A one time dose of medications was ordered at this time for Resident #1. Resident #2 Potassium chloride tablet order changed by physician to Potassium chloride solution. Current residents all receiving medications have the potential to be affected. No other residents were identified as having been affected.</p> <p>Nurse #7 was immediately educated regarding the Five Rights of Medications Administration on 9/4/15 by the Director of Clinical Education.</p> <p>Pharmacist completed 100% audit of</p>	12/2/15
---------------	--	-------	--	---------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/18/2015
--	-------	-----------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/04/2015
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - STARMOUNT			STREET ADDRESS, CITY, STATE, ZIP CODE 109 S HOLDEN ROAD GREENSBORO, NC 27407		
(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 332	<p>Continued From page 1</p> <p>the medication pass. The MAR dated 11/4/15 at 9 AM was initiated by Nurse #7 to indicate Spiriva HandiHaler capsule 18 micrograms (mcg) oral inhale (a drug used to Improve lung function by opening airways), Gas-X 1 chewable tablet (a drug used to treat gas and bloating) and Symbicort Inhalation Aerosol 160/4.5 mcg (2) puffs (a drug to improve lung function for better breathing) had been administered. The designated scheduled times for these medications to be administered was 9 AM. None of these medications were observed to be administered during the medication pass.</p> <p>An interview was conducted on 11/4/15 at 11:40 AM with Nurse #7 to inquiry and clarify about the initialed medications of Spiriva, Symbicort Aerosol and Gas-X documented on the MAR. During the interview, Nurse #7 revealed this was her first time to administer medications on the unit where Resident #1 resided and did not remember administering the puffs, inhalant or the Gas-X. Further interview on 11/4/15 at 1:51 PM with Nurse #7 revealed she had not administered these medications and notified the physician about Resident #1 not receiving her puffs, inhalant and Gas X on 11/4/15 as initialed. Nurse #7 indicated the physician ordered a one-time dose administration of the Spiriva, Symbicort Aerosol and Gas-X.</p> <p>2. A review of Resident #2 ' s medical record revealed November 2015 monthly physician orders for Potassium chloride (KCL) tablet 20 milliequivalent (meq) by mouth once a day. The scheduled designated time for administration was 9 AM. On 11/4/15 at 10:15 AM, Nurse #7 was observed as she prepared KCL to be administered to Resident #2. Nurse #7 poured</p>	F 332	<p>resident medications. No errors were found.</p> <p>Medication administration observations will be conducted by Administrative Nursing Staff and the Director of Nursing Services 3 times a week for 12 weeks and weekly for 12 weeks.</p> <p>Licensed nurses will be inserviced by the Director of Nursing Services regarding the Five Rights when administering medications (the right patient, the right drug, the right dose, the right route, and the right time) Licensed nurses will complete the Medication Administration Competency Test.</p> <p>Results of the audits will be reported to the Executive Director daily in the Stand Up Meeting. Results from the audits will be discussed at the Quality Assurance and Performance Improvement Meeting monthly for 6 months. Additional education and monitoring will be initiated for any identified concerns.</p>		

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

PRINTED: 12/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/04/2015
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - STARMOUNT			STREET ADDRESS, CITY, STATE, ZIP CODE 109 S HOLDEN ROAD GREENSBORO, NC 27407		
(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 332	<p>Continued From page 2</p> <p>the medication from the pharmacy labeled package identified as Potassium chloride 20 meq Extended Release (ER). This medication was crushed, placed in applesauce and administered. According to the manufacturer ' s recommendations extended release medications should not be crushed to avoid the release of all the drug at once.</p> <p>An interview was conducted on 11/4/15 at 11:40 AM with Nurse #7 to inquiry about the crushing of the KCL and administration of the KCL dose that was different from the physician ' s order. Nurse #7 had no response.</p> <p>Interview on 11/4/15 at 5:43 PM with the Director of Nurses revealed she expected her staff to follow the five (5) rights (the right patient, the right drug, the right dose, the right route, and the right time) when administering medications.</p>	F 332			