STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345278	A. BUILDING _____ B. WING _____	02/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN SURRY SNF	830 ROCKFORD STREET MOUNT AIRY, NC 27030

(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 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to develop a care plan with critical interventions, including monitoring target behaviors and non-pharmacological interventions, for a resident receiving psychotropic medications for 1 of 6 residents, Resident #12. The findings included: Resident #12 was admitted to the facility 4/21/2013. Diagnoses included pneumonia, weakness, dementia and chronic back pain. Progress notes dated 12/16/2015, 7/17/2015 and 1/6/2016 included diagnoses of depression, anxiety and dementia with psychosis.	F 279	F 279 PLAN OF CORRECTION: For resident #12 care plan has been revised to include non-pharmacological interventions and to monitor /record target behaviors, related to the use of psychotropic medication (Seroquel). To ensure the deficient practice will not occur again: Staff has been educated to monitor/record target behaviors of residents receiving psychotropic medication. A daily monitoring tool, 24 hr. report, has been implemented documenting any new orders or changes and will be monitored daily by Director of Nursing. Director of Nursing will implement changes to care plans of affected residents. Daily monitoring of compliance will be reported quarterly to Quality Assurance Committee as a standing agenda item. [See supporting documentation] Completion Date: 3/10/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Robin Hodgin	Vice President Patient Svc. /CNO	3-10-16

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 279	Continued From page 1 Resident #12 ' s Minimum Data Set dated 2/3/2016 indicated that she had received 7 days of antianxiety medication, 7 days of antidepressants, and 7 days of antipsychotic medication. A review of physician orders showed that Seroquel 75 milligrams (mg) an antipsychotic, was to be given by mouth daily at bedtime. Lexapro 20 mg, an antidepressant, was ordered to be given daily. Ativan 1 mg, an antianxiety, was ordered to be given by mouth three times a day. A review of the Medication Administration Record showed that these medications were given as ordered during December 2015, January 2016 and to date in February 2016. No behavioral monitoring was noted in the resident ' s medical record. No non-pharmacological interventions were documented for this resident. The resident ' s care plan identified a concern of psychotropic medication use, including Seroquel, Lexapro, and Ativan. The goal stated, " The resident will remain free of psychotropic drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation or cognitive/behavioral impairment. " The interventions included, " Administer psychotropic medications as ordered by physician. Monitor for side effects and effectiveness every shift. " It did not include any non-pharmacological interventions. It did not list any target behaviors to monitor for the use of Seroquel. The care plan was initiated 5/14/2014 and updated 1/23/2016. The Director of Nursing was interviewed 2/19/2016 at 11:46 am. She identified herself as the nurse responsible for the care plan. When asked about non-pharmacological interventions,	F 279		

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F 279	Continued From page 2 she agreed that they were not included on the care plan. She explained that the resident gets tearful at times and wants her family. She indicated that the nurses will give her tasks to do, like folding linen to distract her. She explained that nurses who know this resident will do these interventions automatically, without being included on the care plan.	F 279	F280 PLAN OF CORRECTION: For resident #16 care plan has been revised to include medication changes and examples of anxiety and aggression (hitting and kicking staff). To insure the deficient practice will not occur again; care plans of readmitted residents will be revised within 72hrs. of admission to the facility. A daily monitoring tool, 24 hr. report, has been implemented documenting any new order or changes. This is completed by staff nurses, and will be monitored daily by Director of Nursing, who will implement changes to care plan of affected residents. Staff education provided on using the 24 Hr. form. Daily monitoring of compliance will be reported quarterly to Quality Assurance Committee as a standing agenda item. [See supporting documentation] Completion Date: 3/10/16	
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to update a care plan with the current psychotropic medications and dosages	F 280		

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F 280	Continued From page 3 for one of six residents receiving psychotropic medications. Resident #16. The findings included: Resident #16 was re-admitted to the facility on 8/29/15 with diagnosis including advanced dementia, Alzheimer ' s type and behavioral abnormality accompany dementia. The Minimum Data Set (MDS) dated 12/16/15, a quarterly, indicated Resident #16 had short and long term memory impairment and moderate impairment with daily decision making abilities. This MDS included use of an antipsychotic medication in his treatment. Re-admission orders included Risperdal (antipsychotic) 0 .5 milligrams (mg) once a day, The Ativan (antianxiety) was discontinued. Review of the care plan with an update of 9/23/15 included a problem for use of Risperdal 1.0 mg at 2:00 PM, Risperdal 0.5mg daily and Ativan 0.5mg as needed at bedtime related to anxiety issues and dementia disease process. Target behaviors for use of the Risperdal included agitation. Interview on 02/18/2016 at 2:44 PM with the Director of Nursing revealed she completed and updated care plans for Resident #16. She explained she missed updating the medications and dosages when Resident #16 was readmitted and on subsequent care plan reviews. Further interview revealed Resident #16 has physical aggression at times and would hit or kick at staff. The target behaviors were not included on the care plan due to nurses knew his behaviors.	F 280		
F 329	483.25(l) DRUG REGIMEN IS FREE FROM	F 329		

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F 329 SS=D	Continued From page 4 UNNECESSARY DRUGS 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. 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure that Resident # 12 ' s drug regime was free of unnecessary drugs, as they failed to identify and monitor target behaviors and failed to attempt a dose reduction of the medication Seroquel, an antipsychotic, for 1 of 6 residents. The findings included: Resident #12 was admitted to the facility	F 329	F329 PLAN OF CORRECTION: A dose reduction recommendation for Seroquel was requested to the physician for Resident #12. Drug regimens of each resident have been reviewed by the pharmacist. A monthly monitoring tool has been developed for monthly review by pharmacist. Dose reduction recommendations will be made to provider, and tracked on this form. Documentation of same will be placed in the resident medical record. Director of Nursing will monitor monthly the spreadsheet from pharmacist. Monitoring of compliance will be reported quarterly to Quality Assurance committee as an ongoing agenda item. [See supporting documentation] Completion Date: 3/10/16	

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F 329	Continued From page 5 4/21/2013. Diagnoses included pneumonia, weakness, dementia and chronic back pain. A review of physician orders dated 11/9/2014, showed that Seroquel 75 milligrams (mg), an antipsychotic, was to be given by mouth at bedtime. A dose reduction was attempted 10/31/2014, with the dosage of Seroquel 100 mg daily to 50 mg daily. The dose was increased to 75 mg daily on 11/9/2014. The dose has remained at 75 mg since this order. Progress notes dated 7/17/2015, 12/16/2015, and 1/6/2016 included the diagnoses of anxiety, depression and dementia with psychosis. The resident ' s care plan identified a concern of psychotropic medication use, including Seroquel, an antipsychotic, Lexapro, an antidepressant, and Ativan an antianxiety medication. The goal stated, " The resident will remain free of psychotropic drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation or cognitive/behavioral impairment. " The interventions included, " Administer psychotropic medications as ordered by physician. Monitor for side effects and effectiveness every shift. " It did not include any non-pharmacological interventions. It did not list any target behaviors to monitor for the use of Seroquel. The care plan was initiated 5/14/2014 and updated 1/23/2016. Resident #12 ' s Minimum Data Set dated 2/3/2016 indicated that she had received 7 days of antianxiety medication, 7 days of antipsychotic medication, and 7 days of antidepressant medication. The resident ' s cognitive assessment indicated that she is rarely/never understood. A review of the Medication Administration Record showed that Seroquel, Lexapro and Ativan were given as ordered during December 2015, January	F 329		

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F 329	Continued From page 6 2016 and to date in February 2016. No behavioral monitoring was noted in the resident ' s medical record. No non-pharmacological interventions were documented for this resident. Pharmacy reviews were conducted monthly from 5/14/2015 with no recommendations for dose reduction of Seroquel. The pharmacist was interviewed on 2/19/2016 at 11:00 am. He explained that he communicated with the physician by fax when needed and he expected the physician to order the dose reduction. He stated that he just missed recommending the dose reduction. The Director of Nursing was interviewed 2/19/2016 at 11:46 am. She identified herself as the nurse responsible for the care plan. When asked about non-pharmacological interventions, she agreed that they were not included on the care plan. She also explained that the resident would often become delusional, crying and searching for her family, believing that her children were young. She explained that the nurses would give her tasks to do, like folding linen to distract her. She indicated that nurses who knew her would know to do these interventions automatically, without being included on the care plan. The physician was unavailable for interview, but provided a written statement dated 2/19/2016, received at 12:00 pm that stated: " (Resident #12) was taking Seroquel 100 mg (every day) and was reduced to 50 mg 10/2014. After Seroquel was reduced patient had an episode of delirium then Seroquel was changed to 75 mg (daily) 11/2014. Patient is currently on Seroquel 75 mg (daily) with no complications. "	F 329		
F 428	483.60(c) DRUG REGIMEN REVIEW, REPORT	F 428		

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F 428 SS=D	Continued From page 7 IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the consulting pharmacist failed to recommend a gradual dose reduction and/or a risk versus benefit rationale for the continued use of the antipsychotic medication, Seroquel, for 1 of 6 residents reviewed for unnecessary medications (Resident #12). The findings included: Resident #12 was admitted to the facility 4/21/2013. Diagnoses included pneumonia, weakness, dementia and chronic back pain. Resident #12 ' s Minimum Data Set dated 2/3/2016 indicated that she had received 7 days of antianxiety medication, 7 days of antipsychotic medication, and 7 days of antidepressant medication. A dose reduction was attempted 10/31/2014, with the dosage of Seroquel 100 mg (milligrams) daily reduced to 50 mg daily. On 11/9/2014 the dose was increased to 75 mg daily. The dose has remained at 75 mg since this order. Review of physician orders dated 11/9/2014, showed that Seroquel 75 mg was ordered to be given by	F 428	F428 PLAN OF CORRECTION: A dose reduction recommendation for Seroquel was requested to the physician for Resident #12. Drug regimens of each resident have been reviewed by the pharmacist. A monthly monitoring tool has been developed for monthly review by pharmacist. Dose reduction recommendations will be made to provider, and tracked on this form. Documentation of same will be placed in the resident medical record. Director of Nursing will monitor monthly the spreadsheet from pharmacist. Monitoring of compliance will be reported quarterly to Quality Assurance committee as an ongoing agenda item. [See supporting documentation] Completion Date: 3/10/16	

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F 428	Continued From page 8 mouth at bedtime. Progress notes dated 7/17/2015, 12/16/2015 and 1/6/2016 included the diagnoses of anxiety, depression and dementia with psychosis. A review of the Medication Administration Record showed that Seroquel, Lexapro and Ativan were given as ordered during December 2015, January 2016 and to date in February 2016. No behavioral monitoring was noted in the resident ' s medical record. No non-pharmacological interventions were documented for this resident. Pharmacy reviews were conducted monthly from 5/14/2015 with no recommendations for dose reduction of Seroquel. The pharmacist was interviewed on 2/19/2016 at 11:00 am. He explained that he communicated with the physician by fax when needed and he expected the physician to order the dose reduction. He stated that he just missed recommending the dose reduction. The physician was unavailable for interview, but provided a written statement dated 2/19/2016, received at 12:00 pm that stated: " (Resident #12) was taking Seroquel 100 mg (every day) and was reduced to 50 mg 10/2014. After Seroquel was reduced patient had an episode of delirium then Seroquel was changed to 75 mg (daily) 11/2014. Patient is currently on Seroquel 75 mg (daily) with no complications. "	F 428		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug	F 431		

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F 431	Continued From page 9 records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to remove an expired medication from one of two medication carts and failed to date a multi dose insulin vial when opened in one of one medication rooms. The findings included: Observations on 02/18/2016 at 8:30 AM revealed a packet of Tessalon Perle capsules (30 count)	F 431	F431 PLAN OF CORRECTION: Immediately the nurse discarded the vial of Insulin. A new vial was ordered. Tessalon Pearls was also immediately discarded and a new supply ordered. Staff education was provided to nursing staff regarding expiration date of all medication, including surveillance and removal of expired items. To ensure proper dating on multi-dose vials, a 28 day expiration date will be written on vial when opened, before administering any dosage. A 28 day calculation calendar has been placed on each medication cart, and in medication room. To ensure the deficient practice will not occur again; an expired medication tracking form will be on the MAR of each resident . Director of Nursing will monitor monthly and sign off medications have been checked. Monitoring of compliance will be reported quarterly to Quality Assurance committee as a standing agenda item. [See supporting documentation] Completion Date : 3/1/16	

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F 431	Continued From page 10 had an expiration date of 12/2015. The medication had not been given to the resident in February. Observations in the medication room refrigerator revealed one multi-dose vial of Novolog insulin that had been opened and used for administration. The vial was not dated when opened for use. The medication label indicated the pharmacy had sent the medication in February. Interview with nurse #1 on 02/18/2016 at 8:56 AM indicated the nurse should date the vial when opened. Interview with the Director of Nursing on 02/19/2016 at 10:38 AM revealed she would expect the nurses to go through carts about one time a month. Further interview revealed the medications were probably overlooked.	F 431		
F 520 SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require	F 520		

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F 520	Continued From page 11 disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place. This was for one recited deficiency that was originally cited 4/23/15 on a recertification survey and subsequently recited 2/19/16, on the current recertification survey. The deficiency was in the area of consultant pharmacy review and report of irregularities of medication regime at F428.The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assessment and Assurance Program. The findings included: This tag is crossed referenced to: F428: Monthly medication review to be conducted monthly by a pharmacist and report irregularities to the physician and director of nursing. During the recertification survey of 4/23/15 the facility was cited at F428 due to failure to report an irregularity of labwork for monitoring of a seizure medication. On the current recertification survey the facility was recited for failure to recomment a trial dosage reduction of an antipsychotic drug for Resident #12.	F 520	F520 The Quarterly Assessment and Assurance Committee met on 2-25-16. Monitoring of psychotropic medications was discussed. To ensure the deficient practice will not occur again; this topic has been added to the monthly Quality Assurance measurement monitors and report form. This is reviewed at each quarterly Assurance meeting as a standing agenda item. Monthly medication review to be conducted by a pharmacist and report irregularities to the physician and director of nursing. Monitoring of compliance will be reported quarterly to Quality Assurance Committee. Completion Date: 3/10/16	

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NORTHERN SURRY SNF	830 ROCKFORD STREET MOUNT AIRY, NC 27030

(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 520	Continued From page 12 Interview with the Director of Nursing on 02/19/2016 at 10:38 AM revealed the consultant pharmacist was part of the Quality Assessment and Assurance Committee. The committee had not included use of psychotropic medications due to most residents did not receive these medications. The pharmacist did monthly medication reviews and any recommendations to the physicians were made by the pharmacist directly. Interview with the consultant pharmacist on 2/19/16 at 10:40 AM revealed he had missed a gradual dose reduction recommendation for Resident #12 on his reviews.	F 520		