

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345450</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/10/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WESTWOOD HEALTH AND REHABILITA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 ASHLAND STREET</b> <b>ARCHDALE, NC 27263</b>		
(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=D	<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 failed to be free of a medication error rate of 5% or greater as evidenced by 2 medication errors out of 34 opportunities, resulting in a medication error rate of 5.88%, for 2 of 3 residents observed during medication pass. (Resident #4 and Resident #3)</p> <p>The findings included:</p> <p>1. Resident #4 was admitted to the facility on 1/12/13 with cumulative diagnoses which included osteoporosis (a condition in which bones become weak and brittle).</p> <p>On 5/10/16 at 9:30 AM, Nurse # 1 was observed to prepare and administer 9:00 AM scheduled medications to Resident #4. These medications included Aspirin 81 milligrams (mg) ,Diltiazem 24 -180 mg extended release, Vitamin- B 1000 micrograms, Folic Acid 1 mg, Meloxicam 15 mg, Vitamin- D3 2000 Units, Amantadine 100 mg, 2 nasal sprays in each nostril of Fluticasone and 2 drops of Systane lubricated eye drops in both eyes.</p> <p>A review of the resident ' s May 2016 Physician ' s monthly orders included an order for oyster shell calcium 500 mg with vitamin D (a combination of calcium and vitamin D supplement) 1 tableto by</p>	F 332	<p>1) The MD was notified and order received to administer omitted dose of Zoloff and oyster shell calcium with vitamin D to resident #4 and resident #3. Nurse #1 was re-educated on 6 rights of medication administration on 5-10-16.</p> <p>2) All nurses will be observed during medication pass utilizing the medication pass worksheet by Pharmacy Registered Nurse Consultant and or Director of Clinical Services to ensure accuracy with medication administration by 6-3-16.</p> <p>3) All nurses will be re-educated on medication administration, and the 6 rights of medication administration by 6-3-16. Medication Pass observations will be completed by the Director of Clinical Services and or Supervisor two times weekly for 16 weeks to ensure ongoing compliance.</p> <p>4) The results of these medication pass observations will be submitted to the QAPI Committee by the Director of Clinical Services for review by IDT members each month for 4 months. The QAPI Committee will evaluate the effectiveness and amend as needed.</p>	6/3/16	

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

TITLE

(X6) DATE

Electronically Signed

06/01/2016

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	<p>Continued From page 1 mouth twice a day.</p> <p>Review of the resident ' s May 2016 Medication Record (MR) revealed oyster shell calcium 500 mg with vitamin D one (1) tablet po by mouth was schedule to be administered daily at 9:00 AM and 6:00 PM.</p> <p>During observations of the 05/10/16 morning medication pass oyster shell calcium 500 mg with vitamin D one (1) tablet po by mouth was not administered to Resident #4.</p> <p>Review of the resident ' s MR revealed the 9:00 AM dose of oyster shell calcium 500 mg with vitamin D one (1) tablet po by mouth had not be documented as administered on 05/10/16.</p> <p>During an interview with Nurse #1 on 5/10/16 at 2:21 PM the nurse stated the dose of oyster shell calcium with vitamin D was overlooked and was not administered to Resident #4 during the 05/10/16 morning medication pass.</p> <p>During an interview with the Director of Nursing (DON) on 5/10/16 at 3:15 PM, the DON stated the expectation for her nurses were to follow the six (6) rights of medication administration (right resident, right drug, right dose, right route, right time and right documentation).</p> <p>2. Resident #3 was admitted to the facility on 9/18/15 with diagnoses which included seizure disorder, hypertension and depressive disorder.</p> <p>On 5/10/16 at 9:45 AM, Nurse #1 was observed to prepare and administer 9:00 AM scheduled medications to Resident #3. These medications included Loratadine 10 milligrams (mg) , 2 nasal</p>	F 332			

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F 332	<p>Continued From page 2</p> <p>sprays in each nostril of Fluticasone , Enulose 30 cubic centimeters ,Klor-con ER 20 milliequivalent , Kepra 500 mg, magnesium 400 mg, Metoprolol extended release (ER) 150 mg multivitamin 1 tablet,, Antacid chewable 1 pill, Gabapentin 200 mg, Hydralazine 25 mg , Isordil 20 mg , Natural Vegetable 2 pills ,Torsemide 40 mg and Morphine Sulfate ER 15 mg.</p> <p>A review of the resident ' s May 2016 Physician ' s Monthly orders included an order for Zoloft 25 mg po by mouth every day (a drug to treat depression).</p> <p>Review of the resident ' s May 2016 Medication Record (MR) revealed Zoloft 25 mg by mouth po every day was schedule to be administered daily at 9:00 AM.</p> <p>During observations on 05/10/16 at 9:45 AM of the morning the medication pass revealed Zoloft 25 mg by mouth was not administered to Resident #3.</p> <p>Review of the resident ' s MAR revealed the 9:00 AM dose of Zoloft 25 mg po by mouth every day had not be documented as administered on 05/10/16.</p> <p>During an interview with Nurse #1 on 5/10/16 at 2:21PM, the nurse stated the Zoloft was not administered to Resident #3 because Zoloft was not available in medication cart.</p> <p>During an interview with the Director of Nursing (DON) on 5/10/16 at 3:15 PM the DON stated the expectation for her nurses were to follow the six (6) rights of medication administration (right resident, right drug, right dose, right route, right</p>	F 332			

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

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