

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/01/2016
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-HIGH POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265		
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F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and record review, the facility failed to obtain a medication to treat bladder pain per a physician's order for 1 of 3 residents (resident #1) reviewed for pain recognition and management. Findings included: Resident #1 was admitted on 5/31/2016 for rehab following a motor vehicle accident resulting in multiple broken bones and limited mobility. The medical history included recurrent urinary tract infection, urethral stricture, and cystitis. The Minimum Data Set (MDS) dated 6/7/16 stated a Brief Interview for Mental Status (BIMS) of 14 indicating that the resident possessed normal cognitive abilities and noted no moods or behaviors. The resident had a history of pain management with scheduled and as needed pain medications and non-medication interventions for pain. Pain was frequent and a 9 out of 10 on the numeric scale but did not disrupt day to day activity. Pyridium is a medication used to treat pain in the lower tract of the urinary system related to urinary tract infections and can reduce the symptoms of abdominal pain, burning with urination, urinary frequency and urgency.</p>	F 309	<p>This plan of correction constitutes a written allegation of compliance, Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>Corrective action for those residents to have been affected.</p> <p>Resident #1 is no longer in the facility.</p> <p>Corrective action will be accomplished for those residents to be affected by same deficient practice.</p> <p>On 07/19/16 all residents receiving pain medications were reviewed. The review included reviewing the Physician's orders, checking the MAR (Medication Administration Record) and checking the</p>	7/22/16	

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

TITLE

(X6) DATE

Electronically Signed

07/22/2016

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 309	Continued From page 1 The nurse's notes stated that the Resident complained of burning on urination on 6/28/16 and a urinalysis was ordered at that time (5 am). Pyridium was ordered later that day (7pm). There was a Physician's order for Pyridium on 6/28/16 (no time listed). The Nurse's note stated at 5 am that a message was left for the MD and at 7pm states that Pyridium had been ordered. The Nurse's note on 6/30/16 at 7:20 am states that the resident started Pyridium that morning. The medication administration record (MAR) contained an order for "Pyridium 200 mg P.O. TID x 1 wk [by mouth three times a day for one week] (bladder pain) 6/28/16" which was first initialed as given on 6/30/16 at 6:00 am. A Resident interview was conducted at 10:01 am on 7/1/16 and revealed that the resident (#1) didn't feel that their pain was managed well. The Resident stated that they had to wait two days for Pyridium for bladder pain and burning and the nurse told the resident that it was because the facility didn't have any in the building. The Director of Nursing (DON) stated (2:19 pm 7/1/16) that the facility doesn't keep records of faxes that are sent to the pharmacy requesting medications unless there is a problem, so he was unable to say when the orders were originally sent to the pharmacy. To his knowledge there had not been a problem concerning the resident's medications (resident #1). The Nurse stated (3:31 pm 7/1/16) that he cannot recall why there was a delay in the administration of the Pyridium.	F 309	medication cart to ensure the medication was received. All reviews were completed 07/19/16. Measures put into place or systemic changes made to ensure that the deficient practice will not occur. All new orders for pain and anxiety medications, including increases, decreases or discontinuation will be brought to the daily clinical meeting for review by the IDT (Inter-disciplinary Team). The orders will be cross-referenced to the resident's MAR and medication cart to ensure the medication has been received as ordered. This will be done five times per week for four weeks, then three times a week for four weeks, and then 1 time a week for four weeks, via the audit tool. On 07/19/16 the Director of Health Services, Clinical Competency Coordinator, MDS Nurse and RN Supervisor began education for all licensed staff, including weekend and PRN staff on Ordering/Receiving Medications. This includes obtaining medications from a back-up pharmacy as needed. Of the 27 licensed staff, 18 have completed the in-service. All licensed staff will be required to complete the in-service prior to working his/her next scheduled shift. Education on Ordering/Receiving Medications, including obtaining medications from a back-up pharmacy has been added to orientation for all new hires.		

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

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F 309	Continued From page 2	F 309	Facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The Director of Health Services will present the findings of the ordering/receiving pain medications to the Quality Assurance and Performance Improvement Committee monthly for three months or until a pattern of compliance is obtained.		
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM 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.	F 329		7/22/16	

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F 329	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interviews, the facility failed to stop administering a medication for three days after it was discontinued by the physician (Resident #1) for one of three sampled residents reviewed for unnecessary medications. Findings included: Resident #1 was admitted on 5/31/2016 for rehab following a motor vehicle accident resulting in multiple broken bones and limited mobility. The resident's medical record at the facility included fracture limiting mobility, back surgery, chronic pain, and arthritis. The Minimum Data Set (MDS) dated 6/7/16 indicated a Brief Interview for Mental Status (BIMS) of 14 indicating that the resident possessed normal cognitive abilities and noted no moods or behaviors. The resident had a history of pain management with scheduled and as needed pain medications and non-medication interventions for pain. Pain was frequent and a 9 out of 10 on the numeric scale, but did not disrupt day to day activity. A physician's order written on 6/1/16 discontinued Percocet 7.5/325 mg, a pain medication, and started Oxycodone 10 mg every 6 hours, a narcotic analgesic, and Oxycodone 5 mg every 4 hours, as needed for breakthrough pain. The Medication Administration Record (MAR) indicated Percocet 7.5/325 milligrams (mg) was given twice daily on 6/1/16, 6/2/16, and 6/3/16. Oxycodone 10 mg was given three times on	F 329	This plan if correction constitutes a written allegation of compliance, Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law. Corrective action for those residents to have been affected. Resident #1 is no longer in the facility. Corrective action will be accomplished for those residents to be affected by same deficient practice. On 07/19/16 all residents receiving pain medications were reviewed. The review included reviewing the Physician's orders and cross referencing the Physician order to the MAR (Medication Administration Record) to ensure medication was given as ordered. All reviews were completed 07/19/16. Measures put into place or systemic		

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F 329	Continued From page 4 6/1/16 and 4 times a day on 6/2/16 and 6/3/16. A resident interview was conducted at 10:01 am on 7/1/16 and revealed that the resident (#1) didn't feel that their pain was managed well. There was no documentation in the medical record concerning the resident's pain being assessed either before or after the medications were given. On 7/1/16 at 2:19 pm, the Director of Nurses (DON) was unable to explain why the medications continued to be given to the resident after the order was written to discontinue them. The nurse that had administered the medication (nurse #2) was interviewed on 7/1/16 at 3:31 pm and could not explain why he had given the medication after it was discontinued by the physician.	F 329	changes made to ensure that the deficient practice will not occur. All new orders for pain medications, including increases, decreases or discontinuation will be brought to the daily clinical meeting for review by the IDT (Inter-disciplinary Team). The orders will be cross-referenced to the resident's MAR. This will be done five times per week for four weeks, then three times a week for four weeks, and then 1 time a week for four weeks, via the audit tool. On 07/19/16 the Director of Health Services, Clinical Competency Coordinator, MDS Nurse and RN Supervisor began education for all licensed staff, including weekend and PRN staff on the process of transcribing an order, including an increase, decrease or discontinuation of a medication. Hold orders will not be acceptable. Of the 27 licensed staff, 18 have completed the in-service. All licensed staff will be required to complete the in-service prior to working his/her next scheduled shift. Facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The Director of Health Services will present the findings of pain medications/physician order review to the Quality Assurance and Performance Improvement Committee monthly for three months or until a pattern of compliance is obtained.		

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F 425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interviews the facility failed to obtain two medications, one for pain and one for anxiety, per the physician ' s orders for 1 of 3 residents (resident #1) reviewed for pharmacy services.</p> <p>Findings included: Resident #1 was admitted on 5/31/2016 for rehab following a motor vehicle accident resulting in multiple broken bones and limited mobility.</p> <p>The resident ' s medical record at the facility</p>	F 425	<p>This plan of correction constitutes a written allegation of compliance, Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>Corrective action for those residents to</p>	7/22/16	

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F 425	<p>Continued From page 6</p> <p>included fracture limiting mobility, back surgery, chronic pain, anxiety and arthritis.</p> <p>The Minimum Data Set (MDS) dated 6/7/16 indicated a Brief Interview for Mental Status (BIMS) of 14 indicating that the resident possessed normal cognitive abilities and noted no moods or behaviors. The resident had a history of pain management with scheduled and as needed pain medications and non-medication interventions for pain. Pain was frequent and a 9 out of 10 on the numeric scale for severity, but did not disrupt day to day activity.</p> <p>The physician ' s orders contained an order for Morphine sulfate 15 milligrams extended release by mouth twice a day for pain. Also, there was an order for Klonopin 1 milligram by mouth twice a day for anxiety. Neither medication was given on the morning of 6/4/16 despite being scheduled at 9:00 am. An order to hold these medications, until they were received by the pharmacy, was faxed to the pharmacy at 8:39 pm on 6/4/16.</p> <p>A resident interview was conducted at 10:01 am on 7/1/16 and revealed that the Resident (#1) didn ' t feel that their pain was managed well.</p> <p>On 7/1/16 at 1:17 pm Nurse #1 stated that the nurses on the hall were supposed to fax the pharmacy when the medication got down to the last 7 doses. The pharmacy policy housed at the 200 hall nurses ' station stated that the facility was supposed to order the standing medications 4 days before they would have run out.</p> <p>On 7/1/16 at 2:19 pm, the Director of Nursing (DON) stated that the facility doesn ' t keep records of faxes that are sent to the pharmacy</p>	F 425	<p>have been affected.</p> <p>Resident #1 is no longer in the facility.</p> <p>Corrective action will be accomplished for those residents to be affected by same deficient practice.</p> <p>On 07/19/16 all residents receiving pain/anxiety medications were reviewed. The review included reviewing the Physician's orders, checking the MAR (Medication Administration Record) and checking the medication cart to ensure the medication was received. All reviews were completed 07/19/16.</p> <p>Measures put into place or systemic changes made to ensure that the deficient practice will not occur.</p> <p>All new orders for pain and anxiety medications, including increases, decreases or discontinuation will be brought to the daily clinical meeting for review by the IDT (Inter-disciplinary Team). The orders will be cross-referenced to the resident's MAR and medication cart to ensure the medication has been received as ordered. This will be done five times per week for four weeks, then three times a week for four weeks, and then 1 time a week for four weeks, via the audit tool. On 07/19/16 the Director of Health Services, Clinical Competency Coordinator, MDS Nurse and RN Supervisor began education for all licensed staff, including weekend and</p>		

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F 425	Continued From page 7 requesting medications unless there is a problem, so he was unable to say when the orders were originally sent to the pharmacy. To his knowledge there had not been a problem concerning the resident ' s medications (resident #1). The Nurse (nurse #2) stated (3:31 pm 7/1/16) that he cannot recall why there was a delay in the ordering of the Morphine and Klonopin.	F 425	PRN staff on Ordering/Receiving Medications. This includes obtaining medications from a back-up pharmacy as needed. Of the 27 licensed staff, 18 have completed the in-service. All licensed staff will be required to complete the in-service prior to working his/her next scheduled shift. Education on Ordering/Receiving Medications, including obtaining medications from a back-up pharmacy has been added to orientation for all new hires. Facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The Director of Health Services will present the findings of the ordering/receiving medications to the Quality Assurance and Performance Improvement Committee monthly for three months or until a pattern of compliance is obtained.		