

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345081</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>03/02/2017</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>KINDRED TRANSITIONAL CARE &amp; REHAB-ROSE MANOR</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4230 NORTH ROXBORO ROAD</b><br><b>DURHAM, NC 27704</b>  |                      |   |
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| F 281<br>SS=D   | <p>483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>(b)(3) Comprehensive Care Plans</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:<br/>Based on observation, record review and staff interviews, the facility failed to follow physician medication and treatment orders for 1 of 5 residents reviewed (Resident #5).</p> <p>Resident #5 was admitted 02/13/17. Diagnoses included lymphedema, cellulitis on unspecified part of limb, hypertension, hypothyroidism and major depressive disorder.</p> <p>a. According to a physician order, Resident #5 was scheduled to receive "Fexofenadine HCl tablet - give 180 mg by mouth at bedtime for allergies." The start date listed was 02/13/17. Seven daily medication doses were missed on the following days: 02/15/17, 02/16/17, 02/19/17, 02/20/17, 02/21/17, 02/22/17, and 02/25/17. The medication nurse coded these doses "9" in the Medication Administration Record (MAR) which indicated a progress note was entered. On review, the first progress note stated that the "pharmacy [was] notified" and the subsequent entries stated the medication was "on order." The medication was available on the intervening days of 02/17/17, 02/18/17, 02/23/17 and 02/24/17 and administered to the resident. Fexofenadine was not administered on seven of 11 days.</p> | F 281   | <p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction 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>F 281            3/23/17</p> <p>1. Physician was notified that Resident #5 did not receive Fexofenadine HCL 180 mg tablet for 11 days, Aquaphor Advanced Ointment was not applied for 7 days of application and Ocean Nasal Spray was not administered for 4 of 12 doses. Medications were made available and provided as ordered. No new orders were obtained from MD after notification. No negative outcomes for resident noted.<br/>2. Nurse Management performed an audit of residents with orders from December 2016-March 2017, for Fexofenadine HCL,</p> | 3/23/17              |   |

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

TITLE

(X6) DATE

Electronically Signed

03/22/2017

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 281   | <p>Continued From page 1</p> <p>b. According to a physician order, Resident #5 was scheduled to receive "Aquaphor Advanced Therapy Ointment (Emollient) - Apply to whole body topically four times a day [9:00 a.m., 12:00 p.m., 5:00 p.m. and 9:00 p.m.] for severe dry skin." The start date listed was 02/13/17. Fourteen applications were missed on the following days: 02/15/17, 02/16/17, 02/19/17, 02/20/17, 02/21/17, 02/22/17, and 02/25/17. These applications were coded "9" in the Treatment Administration Record (TAR). On review, the related progress notes stated that the ointment was "on order." The ointment was available and was applied to the resident for earlier doses on the days listed above (at 9:00 a.m. and 12:00 p.m.) except for 02/22/17 as well as on the intervening days of 02/17/17, 02/18/17, 02/23/17 and 02/24/17. Aquaphor Ointment was not applied for 14 of 28 treatments on seven days due to stated unavailability of the ointment.</p> <p>c. According to a physician order, Resident #5 was scheduled to receive "Ocean Nasal Spray Solution 0.65% (Saline) - 1 spray in both nostrils every 4 hours for congestion, administer while awake." The start date listed was 02/13/17. Four doses were missed on 02/15/17 and 02/16/17. These doses were coded "9" in the MAR. On review, the first two progress notes stated that the "pharmacy [was] notified" and the following entries stated the nasal spray was "on order." The medication was available and administered to the resident earlier these two days at midnight, 4:00 a.m. and 8:00 a.m. The 1200 dose was given on 02/16/17 but not on 02/17/17. The missing dose was coded "NA" in the MAR as "not required." Ocean Nasal Spray was not administered for four of 12 scheduled doses on 12/16/17 and 12/17/16 due to stated unavailability</p> | F 281   | <p>Aquaphor Advanced Ointment and Ocean Nasal Spray. After completion of audit, current residents with these medications had been/were given as ordered.</p> <p>**For protection of all residents in similar situations, the facility will continue to audit residents current and any newly admitted- using an audit tool for any unavailable medications to ensure residents are receiving their medications as ordered. The tracking tool/log will be kept at each nurse cart to audit the availability and administration of medications. Log will include follow up the nurses performed to ensure medications given as ordered. Audits will be discussed in clinical morning meetings.</p> <p>3. Licensed staff in-serviced/educated by Nurse Management on following physician medication and treatment orders. A list of house medications was placed on each medication cart and Licensed nursing staff education provided. A tracking log will be kept at each nurse cart to audit the availability of medications. Log will include follow-up the nurses performed to ensure medications given as ordered. The team will also review the electronic medication records to ensure the medications are being administered as ordered. Newly hired staff will be educated on the above process to ensure understanding and compliance regarding following physician medication and treatment orders.</p> <p>4. Nurse Management will audit resident's medications for a period of 3x week for three months to ensure</p> |                      |   |

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| F 281   | Continued From page 2 of the nasal spray.<br><br>In an interview with Nurse #9 on 03/02/17 at 4:35 p.m., she acknowledged that she was the author of the progress notes concerning the unavailability of fexofenadine, Ocean Nasal Spray and Aquaphor Ointment. She stated that she was unable to locate the medications. If a medication was not in her cart, she indicated that she would have checked with the other nurses to see if they have it in their carts. She did not remember if she had done this. She was unable to say what measures she took to obtain them. She stated she had not received any electronic notifications that the medications were not available.<br><br>In an interview with the manager of Central Supply on 03/02/17 at 5:10 p.m., he stated that Central Supply provides over-the-counter (OTC) items, such as fexofenadine for allergies, Ocean Nasal Spray and Aquaphor Ointment, to the nursing units. He stocks two medication storage rooms on the units. There would not be an 11-day period where OTC medications are on order. If he was aware that the house stock was depleted, he would have driven to a retail pharmacy to purchase it the same day.<br><br>In an interview with the Director of Nursing on 03/02/17 at 5:20 p.m., she shared her expectation that nurse assigned to give medications would "exhaust all measures" to obtain the needed medication or treatment, such as pulling from another cart, using stock from the medication storage room, notifying Central Supply or the pharmacist, or phoning the physician for a possible substitute. | F 281   | medications are available and given as ordered and/or longer as required. DNS will report findings in Quality Assurance Committee meeting for the next 3 months. QA committee will review audits to ensure compliance is on-going and to determine the need for further audits beyond 3 months. |                      |   |
| F 431<br>SS=D   | 483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS   | F 431   |   | 3/23/17              |   |

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| F 431   | Continued From page 3<br><br>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) 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.<br><br>(a) Procedures. 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.<br><br>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--<br><br>(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and<br><br>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br><br>(g) Labeling of Drugs and Biologicals. 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.<br><br>(h) Storage of Drugs and Biologicals.<br>(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in | F 431   |   |                      |   |

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| F 431   | <p>Continued From page 4</p> <p>locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>(2) 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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interviews, the facility failed to store multiple medications in labeled packaging to identify the medication name, strength and expiration date in four of five mobile medication carts inspected.</p> <p>Findings included:</p> <p>1. During an inspection of the medication cart on Unit 1 Hall A on 03/01/17 at 4:05 p.m., the following medications were found: eight assorted tablets in the top left-hand drawer and one tablet in the middle left-hand drawer. In the top right-hand drawer was an opened vial of Novolog insulin labeled with a resident 's name but no date of opening. When the loose pills were shown to Nurse #6 who was giving medications, she disposed of them in the sharps container. She indicated in an interview at the time of the inspection that had she seen them in the drawers she would have wasted them on discovery. She removed the insulin from the drawer and indicated that she would order a new vial for the resident.</p> | F 431   | <p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction 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>F431<br/>3/23/17</p> <p>1.No current residents in community affected.<br/>2.Nurse Management performed an audit of each medication cart: the carts were immediately cleaned and removal of loose pills noted in bottom of medication carts. Pharmacy follow up audit completed. No loose pills found in cart</p> |                      |   |

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| F 431   | <p>Continued From page 5</p> <p>2. During an inspection of the medication cart on Unit 2 Hall A on 03/02/17 at 9:45 a.m., the following medications were found: six assorted tablets and one capsule in the top left-hand drawer and three assorted tablets in the second left-hand drawer. When the loose pills were shown to Nurse #7 who was giving medications, she disposed of them in the sharps container. She indicated in an interview at the time of the inspection that had she seen them in the drawers she would have wasted them on discovery and informed her supervisor.</p> <p>3. During an inspection of the medication cart on Unit 2 Hall B on 03/02/17 at 11:25 a.m., the following medications were found: 30 assorted tablets in the second right-hand drawer, five assorted tablets and one capsule in the top left-hand drawer, and one tablet in the second left-hand drawer. When the loose pills were shown to Nurse #2 who was giving medications, she disposed of them in the sharps container. She indicated in an interview at the time of the inspection that had she seen them in the drawers she would have wasted them on discovery.</p> <p>4. During an inspection of the Special Care Unit cart on 03/02/17 at 11:40 a.m., the following medications were found: eight assorted tablets and one capsule in the top left-hand drawer. In the top right-hand drawer was an opened vial of Humulin N insulin labeled with a resident ' s name but no date of opening. When the loose pills were shown to Nurse #8 who was giving medications, she disposed of them in the sharps container. She indicated in an interview at the time of the inspection that if she punched a medication out of an individual dose pack and it didn ' t fall in the medication cup, she would look for it and waste it.</p> | F 431   | <p>during audit.</p> <p>3.Current Licensed staff in-serviced/educated by Nurse Management on the organization of medication cart, review of cart for loose medications, as well as dating of open medications. An audit tool will be utilized: Audit tool includes: monitoring of medication carts for any loose medications, cleanliness of the carts , and monitoring of opened medications for dates. The current licensed nursing staff was educated on audit tool. Nurse Management will conduct random audits of medication carts as follows: twice weekly x 3 weeks, then weekly x 2 weeks , then random thereafter. During clinical morning meeting, Nurse Management will report daily audit results of the medication carts utilizing the audit tool. Newly hired staff will be education upon hire on this process to ensure understanding and compliance.</p> <p>4.DNS will report findings in Quality Assurance committee for the next 3 months. QA committee will review audits to ensure compliance is on-going and to determine the need for further audits beyond 3 months.</p> |                      |   |

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

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| F 431   | Continued From page 6<br>She removed the insulin from the drawer and indicated that she would order a new unopened vial for the resident.<br><br>In an interview with the Director of Nursing (DON) on 03/02/17 at 12:00 p.m., she shared her expectation that any nurse who dropped a pill into a drawer on the medication cart or who saw a loose pill in the cart would remove and waste it. She acknowledged that medications should not be removed from their original packaging. She expected that vials of medication be labeled with the date upon opening. | F 431   |   |                      |   |