

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345566</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/02/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRUITTHEALTH-UNION POINTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3510 WEST HIGHWAY 74 MONROE, NC 28110</b>
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F 554 SS=D	<p>Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)</p> <p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, resident and staff interviews, the facility failed to assess the ability of a resident to self-administer medications (eye drops and Salonpas patches) that were kept at the bedside for 1 of 1 residents (Resident #17) reviewed for self-administration of medications.</p> <p>Findings Included:</p> <p>Resident #17 was admitted to the facility on 2/14/18. Diagnoses included cellulitis, hypertension, muscle weakness, unspecified lack of coordination and hypothyroidism.</p> <p>Review of the care plans dated 3/5/2018 revealed that resident #17 was not care planned for self-administration of medications.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 5/21/2018 revealed that Resident #17 was cognitively intact. Resident #17 had adequate hearing, clear speech, able to understand and make herself understood, and had adequate vision (wore corrective lenses). Resident #17 required extensive assistance with bed mobility, transfers and toileting, and needed supervision</p>	F 554	<p>This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction do not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the state and federal law in order to remove the deficiency. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our residents.</p> <p>For the affected resident, the medication was removed from the room.</p> <p>For residents with the potential of being affected, our administrator, director of nursing and other nursing leadership, visited each room to see if another residents had similar items.</p> <p>On August 6, staff assigned to patient rooms were in-serviced to observe patient rooms for any over the counter (OTC) medications. If found, they were instructed to remove them immediately and notify</p>	8/30/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  08/13/2018
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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 554	<p>Continued From page 1 with eating.</p> <p>An observation on 7/30/18 at 10:44am revealed that Resident #17 had Salonpas patches on her dresser. Continued observation revealed that Resident #17 had eye drops on her over bed table.</p> <p>Review of current physician orders revealed no order for medicated patches or eye drops. No order in place for Resident #17 to self-administer medications and keep medications at the bedside.</p> <p>Review of the medical record (assessments) on 7/30/18 at 10:58am revealed that there was no self-administration assessment completed for Resident #17.</p> <p>An observation and interview on 7/31/18 at 9:45am with Resident #17 revealed that the eye drops remained on the over bed table and the medicated patches remained on the dresser. Resident #17 stated that she had the eye drops since she was admitted to the facility, as well as, the medicated patches. Resident #17 further stated that she used the eye drops for dry eyes and the medicated patches for aches as needed.</p> <p>An observation on 8/1/18 at 9:12am revealed that the eye drops and medicated patches remained on the over bed table and dresser.</p>	F 554	<p>the director of nursing as soon as possible.</p> <p>The organization will monitor the effectiveness by the director of nursing and assistant director of nursing randomly auditing rooms 3 times a week for 2 weeks, then 2 times a week for 2 weeks, and then PRN.</p> <p>This plan of correction will be monitored by the quality assurance committee for effectiveness this next quarter (Sept. <input type="checkbox"/> Oct.) and then PRN to ensure on-going compliance.</p> <p>8/30/18</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 554	Continued From page 2 An interview with Resident #17's primary nurse stated that she was not aware of Resident #17 having eye drops and medicated patches at the bedside. The nurse stated that she would have to remove the items due to Resident #17 not being assessed to self-medicate.  An interview with the Director of Nursing (DON) on 8/1/18 at 10:04am revealed that her expectation regarding self-administration of medications would be to have the resident assessed to determine if they could safely self-administer medications.	F 554			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential	F 842		8/30/18	

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F 842	<p>Continued From page 3</p> <p>all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p>	F 842			

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F 842	<p>Continued From page 4</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview the facility failed to accurately document medication administration for 1 of 8 residents (Resident #226) on the medication administration record.</p> <p>The findings included:</p> <p>Resident #226 was admitted to the facility on 2/6/18 at 6:30pm with diagnoses that included left hip fracture with closed avulsion, type 1 diabetes mellitus, coronary artery disease and hypertension. The Minimum Data Set (MDS) dated 2/13/18 assessed the resident's cognition as intact to participate in daily decision making.</p> <p>Review of the Medication Administration Record (MAR) documented had the following medications ordered on 2/6/18 at 9:00pm: Tresiba flextouch 100/u/ml 30 units sq bid, Atorvastatin 80mg daily, Gabapentin 300mg bid, Xalatan 1 drop qhs, Metoclopramide 10mg qid, Metopropol 50mg po q12hr, Nitroglycerin 0.4mg/hr transdermal film, extended releasem 1 patch topically qday. 9am on 9pm off, Novolog ac and hs 6:30am, 11:30am, 4:30pm, 9:00pm. There was no documentation on the MAR for 2/6/18 of refusal or whether the medications were administered. The key on the MAR indicated if there was a refusal it needed staff initials. There was documentation on the MAR stating "2/7/18 resident refused all 0900 and 1700 meds."</p> <p>An interview on 8/1/18 at 12:05pm with Nurse #1</p>	F 842	<p>For the affected resident, the nurse that failed to document a medication administration is no longer with the organization.</p> <p>For those residents with the potential to be affected, the facility will lead a series of in-services to ensure those nurses that routinely administer medications properly document the date, time and medication that is administered. This will ensure the medical record is complete and accurate.</p> <p>The organization will monitor the impact of this education two (2) times a week for two (2) weeks and then two (2) times a week for an additional two (2) weeks and then PRN. The administrator is implementing this plan of correction with the oversight being assigned to the director of nursing. This oversight includes education and reporting of her monitoring to the quality assurance committee.</p> <p>This plan of correction will be monitored by the quality assurance committee for the next quarter (Sept <input type="checkbox"/> November and then PRN to ensure on-going compliance.</p> <p>8/30/18</p>		

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F 842	<p>Continued From page 5</p> <p>stated she did not remember this resident or her admission day. Nurse #1 stated all ordered meds are reviewed with the physician and then scanned to pharmacy. Nurse #1 stated some medications are stocked in the cubex system but those that are not, the policy is to call the afterhours pharmacy or the physician for a hold order until medication is available.</p> <p>An interview on 8/1/18 at 4:30pm with the Director of Nursing (DON) stated the nurse that was working with Resident #226 on the evening of 2/6/18 no longer worked for the company due to documentation errors.</p> <p>An interview on 8/2/18 at 1:47pm with Nurse #2 stated he did not remember this resident or her admission day. Nurse #2 further stated he could not remember if she took her medications 9:00pm medications on 2/6/18. He stated some medications are available in the cubex and there would be no reason why Resident #226 wouldn't have received them if available. He further explained that he sometimes did forget to document medications administered on the MAR stating "we're all human, it can happen."</p> <p>An interview on 8/2/18 at 2:09pm with the Administrator stated he expected all medications to be administered as ordered, if available and to chart on the MAR according to their policy.</p>	F 842			