

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

PRINTED: 07/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/27/2021
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VISTA HEALTH PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 106 MOUNTAIN VISTA HEALTH PARK ROAD DENTON, NC 27239		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced Recertification and complaint survey was conducted on 05/24/21 through 05/27/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #OC1W11.	F 000			
F 756 SS=D	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 05/24/21 through 05/27/21. Event ID# OC1W11 3 of the 3 complaint allegations were not substantiated. Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.	F 756		6/24/21	

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

TITLE

(X6) DATE

Electronically Signed

06/16/2021

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 756	<p>Continued From page 1</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and interviews with staff and Pharmacy Consultant, the facility failed to ensure a Medication Regimen Review was completed for 2 of 7 residents (Resident #10 and #11) reviewed for unnecessary medications.</p> <p>Findings Included:</p> <p>A review of the policy dated 11/28/12 titled Pharmacy Record Reviews read in part, "the pharmacist shall be responsible to review the medication regimen of all residents at least on a monthly basis".</p> <p>1. Resident #10 was admitted to the facility on 2/20/21 with a diagnosis of unspecified dementia, major depressive disorder, and anxiety disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 2/26/21 indicated Resident #10's cognition was severely impaired. Resident #10 was administered antianxiety medication and</p>	F 756	<p>June 14, 2021</p> <p>Plan of Correction</p> <p>1. Corrective action for those residents found affected by the deficient practice. The Consultant Pharmacist will conduct a Retrospective and Concurrent Medication Management Review for residents #10 and #11. The Consultant Pharmacist will begin the Retrospective and Concurrent Medication Regimen Review from the date of the omitted MRR. A statement of completion with findings and recommendations will be given to the Medical Director, Director of Nursing and the Director of Administration. Completed 6/15/2021</p> <p>2. Identification of other residents having the potential to be affected by the same deficient practice.</p>		

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F 756	<p>Continued From page 2</p> <p>anticoagulant medication 7 of 7 days, antidepressant medication 6 of 7 days and opioid medication 5 of 7 days of the look back period.</p> <p>A review of the pharmacy consultant record sheet for resident #10 revealed the pharmacist reviewed the medications on 4/26/21. There was no review of resident #10's medication regimen for the month of March 2021.</p> <p>A review of the pharmacy consultation sheet showing one entry for April 2021 was shared with the Director of Nursing (DON) on 5/25/21 at 5:30 PM who stated when the pharmacist comes for her reviews she is given a census list and signs off on that census sheet that the medication regime review was completed. The Pharmacist then completes the Pharmacy Consultant Record sheet on each resident. The DON presented the documented signed off census sheet dated 3/31/21 showing the medication regimen review was completed by the Pharmacist. Resident #10 was listed on the census sheet.</p> <p>An interview was completed with the Pharmacist on 5/25/21 at 6:01 PM who reviewed the pharmacy consultant record sheet and stated she must have forgot to enter a note. The Pharmacist stated that she receives a census sheet, so she knows who she needs to review and then reviews the labs to see if there were any problems with the lab results. The Pharmacist stated she then reviews the resident's medications to see if there were any medication changes. If changes are needed, the Pharmacist will fill out a change form. If there are no recommendations, she will write no recommendations on the pharmacy consultation sheet for each resident.</p>	F 756	<p>The Consultant Pharmacist and Director of Nursing will generate census reports for the date(s) of the MRRs completed in the last six months. They will compare the MRRs to the census reports and identify any omitted MRRs. Any MRRs identified as omitted, will be noted and the Consultant Pharmacist will begin a Retrospective and Concurrent Medication Regimen Review from the date of the omitted MRR. A statement of completion with findings and recommendations will be given to the Medical Director, Director of Nursing and the Director of Administration.</p> <p>Completed 6/15/2021</p> <p>3. Measures to be placed to ensure deficient practice will not reoccur</p> <p>The pharmacy consultant/s will receive education from the Director of Nursing by 6/16/2021 related to Drug Regimen Review facility policy and procedure and federal/ state regulations.</p> <p>To ensure each resident receives a MRR as noted by tag F756, the Clinical Pharmacist will do the following:</p> <ol style="list-style-type: none"> 1. Print a Current Census list per hall in alphabetical order prior to the MRR. 2. Utilize a designated consultant pharmacy software program, in coordination with the EHR (Electronic Health Record) and printed Current Census to identify all current residents of the facility while conducting a MRR. 3. Provide Summary Reports, Physician 		

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F 756	<p>Continued From page 3</p> <p>An interview was completed with the DON on 5/26/21 at 5:23 PM who stated that it is her expectation for the pharmacist to follow the policy and to review the medications monthly and document in the resident's medical record and submit her recommendations. The DON stated that her recommendations are hand delivered to the DON or will fax the report.</p> <p>A telephone interview was conducted with the medical director on 5/26/21 at 5:39 PM who stated that monthly reviews are helpful, and he was not aware some reviews were not completed. The medical Director stated that he reviews the recommendations when it is put in his box and if one did not show up, he would not be aware that a review was not completed.</p> <p>A phone interview as completed with the Pharmacist on 5/27/21 at 9:02 AM who agreed there was no entry on the consultant sheet for March for resident #10. The Pharmacist stated that if it is not on the pharmacy consultation sheet then she could not say a medication review was completed. The Pharmacist stated that going forward she will be printing the census in order of the halls and room numbers so nothing is omitted.</p> <p>An interview was completed with the administrator on 5/27/21 at 9:33 AM who stated that she would expect the pharmacist would conduct monthly reviews and document them in the medical record.</p> <p>2. Resident #11 was admitted to the facility on 05/26/20. His diagnoses included a progressive neurological condition, Parkinson's disease, shortness of breath, hypertension, anxiety, atrial</p>	F 756	<p>Letters and Nursing Letters to identify irregularities found during the MRR. The summary report, Record of Medication Regimen and Chart Review, is given to the attending physician, the facility's medical director and director of nursing. This report lists the MRRs performed by the Consultant Pharmacist at the time of the visit. "Recommendation Activity" indicates at least one recommendation was generated to Nursing, Physician, or Pharmacy Services. Specific and detailed information regarding recommendations will be given in the Physician Letters and Nursing Letters generated on that date. All summary reports are generated as an on-going quality improvement process pertaining to pharmacy services and should be used for quality improvement purposes only.</p> <p>4. The Director of Nursing plans to monitor its performance to make sure the solutions are sustained by: Each month, the director of nursing will generate a census for the date of the MRR and compare the census with the Consultant Pharmacist's Record of Medication Regimen and Chart Review to identify any MRR omissions. If an omission is identified, the facility will alert the Consultant Pharmacist. Results of the audit will be submitted to the QAPI Committee monthly for 6 months. The Quality Assurance Committee with reevaluate the need for further monitoring after 6 months. The</p>		

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F 756	<p>Continued From page 4</p> <p>fibrillation, thrombocytopenia and a history of stroke.</p> <p>The Quarterly Minimum Data Set (MDS) assessment completed on 02/25/21 indicated Resident #10 was not cognitively intact.</p> <p>Review of the medical record for the monthly Medication Regimen Review (MRR) for Resident #11 revealed the review was not completed in January 2021 or February 2021.</p> <p>An interview was conducted with the Pharmacist on 05/25/21 at 6:02 PM regarding the MRR. She stated she usually completed the medication reviews on each resident monthly. She stated if there was a recommended change, the Pharmacist completed the change form in addition to signing the pharmacy consultant record sheet in the patient record.</p> <p>A follow-up interview was done with the Pharmacist on 05/25/21 at 6:29 PM after she reviewed the records of concern that were missing the monthly MRR. She stated she must have missed Resident #11 during her monthly reviews.</p> <p>An interview with the Director of Nursing (DON) was done on 05/25/21 at 6:03 PM. She stated the MRR was supposed to be recorded in the chart monthly.</p> <p>An interview was conducted on 05/26/21 at 5:22 PM with the Director of Nursing regarding the Pharmacist's role with MRR. The DON noted the Pharmacist was to review the resident's information monthly and document the recommendations for the physician on the pharmacy consultant record.</p>	F 756	<p>Director of Nursing is responsible for monitoring and follow up.</p> <p>5. Dates when corrective action will be completed: June 24, 2021 Completion of the Retrospective and Concurrent Medication Management Review and the Statement of Completion with findings and recommendations submitted to the medical director and director of nursing.</p>		

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F 756	Continued From page 5 An interview was done on 05/26/21 at 5:39 PM with the Medical Director. The physician stated monthly medication reviews are helpful and he was not aware that the reviews had not been completed. He noted he reviewed the recommendation when it was put in his box and if one did not show up, he would not be aware that a review had not been completed. On 05/27/21 at 9:01 AM the Pharmacist was interviewed by phone regarding the Medication Regimen Review process that had been occurring monthly. She stated her monthly she had been reviewing resident records and would sign a census when she was done. The pharmacist gave the signed census to the DON. She noted in the future printing the census by room number may be more helpful. She said she understood that the census signature sheet was not sufficient, and she needed to document in the resident's record, as that was not meeting the requirements. The pharmacist noted she was going to work on a plan for the future, so no residents were omitted. An interview was conducted on 05/27/21 at 9:33 AM with the administrator regarding the Medication Regimen reviews that had not been done. She stated the monthly review of the medications should be completed and documented in the medical record.	F 756			