

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011341	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2016
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NAME OF PROVIDER OR SUPPLIER WOODLAND TERRACE FAMILY CARE HOME #	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ELLA LANE ALEXANDER, NC 28701
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(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) COMPLETE DATE
C 330	<p>10A NCAC 13G .1004(a) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered for 1 of 3 residents (Resident #1) sampled (Lidocaine topical patch 5%).</p> <p>The findings are:</p> <p>Review of the current FL2, dated 5/16/16, for Resident #1 revealed -Diagnoses which included back pain and chronic obstructive pulmonary disease. -Physician orders for Lidocaine topical patch, transdermal, apply daily, remove at bedtime.</p> <p>Review of Resident #1's May 2016 Medication Administration Record (MAR) revealed no entry for the Lidocaine Topical patch 5%.</p> <p>Review of Resident #1's June 2016 Medication Administration Record on 6/2/16 at 10:45am revealed a computer generated entry for Lidoderm 5% patch, apply 1 patch every morning and remove 12 hours later, but no documentation that it was administered or not available for administration.</p>	C 330		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 330	<p>Continued From page 1</p> <p>Observation of medications on hand for Resident #1 on 6/2/16 at 10:30am revealed no Lidoderm topical patch 5% available for administration.</p> <p>Interview with the Administrator on 6/2/16 at 10:30am revealed: -She faxed the new FL2, dated 5/16/16 to the pharmacy. -The pharmacy usually contacted her to give her any information related to medications not dispensed as ordered. -She was not aware the Lidocaine topical 5% patch was on the current FL2 for Resident #1. -She did not know why she did not see that the Lidocaine 5% topical patch had not been delivered by the pharmacy.</p> <p>Telephone interview with staff at the pharmacy on 6/2/16 at 1:35pm revealed: -Medicaid would not pay for the Lidocaine topical patch 5% without prior authorization. -They had not received any prior authorization yet from the physician. -If they had filled the prescription for the Lidocaine topical patch 5%, they would have sent a 30 day supply for Resident #1.</p> <p>Interview with the Administrator on 6/2/16 at 1:45pm revealed: -The pharmacy usually lets the facility know if a prescription order cannot be filled. -The pharmacy did not let them know about the requirement for the prior authorization for the Lidocaine topical patch 5%. -Staff did not make any attempt to contact the physician for the prior authorization for the Lidocaine topical patch 5% because they were not aware of the order or that it had not been delivered to the facility. -She would call the physician to discontinue the</p>	C 330		

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C 330	<p>Continued From page 2</p> <p>Lidocaine topical patch 5% or request a hold until they could get the prior authorization.</p> <p>-Their system was to enter the medications on the MAR when the medications are delivered to the facility but she would change the system to enter the medications on the MAR when ordered.</p> <p>Interview with the Supervisor-in-Charge/Medication Aide on 6/2/16 at 10:45am revealed:</p> <p>-Resident #1 was admitted to this facility on 5/16/16 when she was discharged from the hospital.</p> <p>-She was not aware the Lidocaine topical 5% patch had been ordered by the physician.</p> <p>-The Lidocaine topical 5% patch was not entered on the May 2016 MAR and she had not seen it on the June 2016 MAR.</p> <p>-She should have seen the entry for the Lidocaine patch 5% on the June 2016 MAR and called the pharmacy.</p> <p>Interview with Resident #1 on 6/2/16 at 2:45pm revealed:</p> <p>-When she was in the hospital, they applied the Lidocaine topical patch for her back pain, but they also gave her other strong pain medications while in the hospital.</p> <p>-The Lidocaine topical patch that was administered to her while in the hospital "was worthless" and not effective for relieving her back pain.</p> <p>-She was currently on oral pain relievers and muscle relaxers which were effective in relieving her pain.</p> <p>Review of current physician orders for Resident #1 revealed medications for pain and muscle spasms included:</p> <p>-Oxycodone 5 mg PRN 1 every 4 hours for pain</p>	C 330		

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C 330	Continued From page 3 -Tizanidine 0.5mg daily PRN for muscle spasm (a muscle relaxer). -Acetaminophen 325 mg daily PRN for pain or fever.	C 330		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure all as needed medications were documented with the reason or justification for the medications administered and the resulting effect of the medications administered for 1 of 1 resident (Resident #1) sampled (Oxycodone, Tizanidine, and	C 342		

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C 342	<p>Continued From page 4</p> <p>Acetaminophen).</p> <p>The findings are:</p> <p>Review of the current FL2, dated 5/16/16, for Resident #1 revealed diagnoses which included back pain and chronic obstructive pulmonary disease.</p> <p>Review of the current FL2, dated 5/16/16, revealed the following physician orders: -Oxycodone 5 mg PRN 1 every 4 hours for pain -Tizanidine 0.5mg daily PRN for muscle spasm (a muscle relaxer). -Acetaminophen 325 mg daily PRN for pain or fever.</p> <p>Review of subsequent physician orders for Resident #1 revealed: -On 5/25/16, Oxycodone 5 mg PRN 1 every 4 hours for pain was increased to Oxycodone 7.5 mg PRN 1 every 6 hours for pain. -On 5/27/16, Oxycodone 7.5 mg PRN 1 every 6 hours for pain was increased to Oxycodone 7.5 mg PRN 1 every 4 hours for pain.</p> <p>Review of Resident #1's May 16 through June 1, 2016 Medication Administration Record (MAR) revealed: -Oxycodone (beginning with 5 mg on 5/25/16 and changed to 7/5 mg on 5/27/16) PRN documented as administered 64 times but with no documentation on back of the MAR with the reason or effectiveness of the medication. -Tizanidine 0.5mg daily PRN documented as administered 36 times but with no documentation on back of the MAR with the reason or effectiveness of the medication. -Acetaminophen 325 mg daily PRN documented as administered 18 times but with no</p>	C 342		

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C 342	<p>Continued From page 5</p> <p>documentation on back of the MAR with the reason or effectiveness of the medication.</p> <p>Interview with Resident #1 on 6/2/16 at revealed: -She had a lot of back pain, leg pain, and shoulder pain. -The Oxycodone, Acetaminophen, and Tizanidine usually gave her relief from the pain.</p> <p>Interview with the Supervisor-in-Charge/Medication Aide on 6/2/16 at 10:45am revealed: -Resident #1 was admitted to this facility on 5/16/16 when she was discharged from the hospital. -She knew she was supposed to document the reason and effectiveness of the PRN medications but she had forgotten to. -She would begin immediately to document the reason and effectiveness of the PRN medications.</p> <p>Interview with the Administrator on 6/2/16 at 10:30am revealed -She had not been monitoring the documentation for PRN medications consistently, but would begin immediately. -The SIC's had been trained to document the reason and the effectiveness of PRN medications. -She would begin immediately to monitor the PRN documentation.</p>	C 342		