

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

PRINTED: 08/14/2012
FORM APPROVED
OMB NO. 0938-0391

*Received
Emergency
copy
9/14/12*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2012
NAME OF PROVIDER OR SUPPLIER WALNUT COVE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 611 WINDMILL ST WALNUT COVE, NC 27052	
(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
F 428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the consultant pharmacist failed to identify irregularities to the attending physician and Director of Nursing for 2 of 13 residents (Residents #55 and # 19) reviewed for unnecessary medications.</p> <p>1. Resident # 55 was admitted to the facility on 05/14/12 with diabetes, cerebral vascular accident, hypertension and chronic anemia.</p> <p>Record review of the resident's clinical record revealed orders for:</p> <ol style="list-style-type: none"> Restoril (temazepam) 15 mg (milligram) capsule by mouth at bedtime, written 07/17/12. Remeron (mirtazapine) 30 mg one tablet every day at bedtime, written 05/14/12. Ativan (lorazepam) 0.5 mg tablet every day, written 05/14/12. <p>Record review of hospital discharge records revealed the resident came from the hospital with</p>	F 428	<p>This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by state and Federal law.</p> <p>F428 Drug Regimen Review</p> <ol style="list-style-type: none"> Resident #55 and Resident #19 medication regimen have been reviewed by the attending physician. Resident # 55 antidepressant medication administration time has been adjusted by the attending physician. Resident # 19 anxiolytic medication administration time has been adjusted by the attending physician. A review of current residents receiving sedative/hypnotic and or anxiolytic medications has been completed by the Director of Clinical Services with any irregularities brought to the attention of the attending physician. Corrective/physician orders taken at time of discovery. The consultant pharmacist was re-educated by the Nursing Home Administrator regarding completing the drug regimen review every 30 days on 08/20/2012. The pharmacist will complete a medication regimen review to identify inconsistency with usual proper, accepted, or right approaches to provide pharmaceutical services on a monthly basis. 	8/23/12

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

Glenda Pulliam Executive Director

TITLE

(X6) DATE

9/14/12

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 428	<p>Continued From page 1 orders for Remeron and Ativan.</p> <p>Lexi-comp 's Geriatric Dosage Handbook, 17th edition, revealed that Remeron is an antidepressant agent with significant chance of somnolence (54%).</p> <p>Ativan is listed as a sedative/hypnotic, anxiolytic medication in the benzodiazepine class which causes central nervous system depression resulting in sedation.</p> <p>Restoril is listed as an anxiolytic sedative hypnotic that per manufacturer 's instructions should not be used for more than 7-10 days. The medication can cause central nervous system depression resulting in sedation.</p> <p>Review of the pharmacist 's drug regimen review sheet from May 2012 through July 2012 did not reveal a review asking the physician for a risk/benefit statement for the use of 3 sedating medications; or a review for use of a sedative hypnotic for more than 10 days.</p> <p>Review of the care plan written on 05/23/12, revealed the resident to be a high risk for falls and the resident had fallen on 07/26/12. The resident was also care planned for " monitor therapeutic effectiveness and for adverse effects of Ativan, Remeron and Restoril. "</p> <p>Interview with the consultant pharmacist by phone on August 1, 2012 at 2:30 PM revealed that he had not addressed the overlap sedation issue and the use of a sedative hypnotic for more than 10 days.</p> <p>2. Resident # 19 was admitted to the facility on 04/29/11 with cumulative diagnoses of end stage</p>	F 428	<p>3. The consultant pharmacist will conduct a drug regimen review at least monthly in order to identify irregularities and to identify significant risks and adverse consequences resulting from or associated with the use of sedatives and hypnotics. The pharmacist will report the finding to the attending physician and /Director of Clinical Services for follow up. The Director of Clinical Services will complete a review of physician orders monthly to identify those residents receiving sedative/hypnotic and/or anxiolytic medications to cross reference with pharmacy recommendations done monthly x 6 months to monitor follow up for those residents identified.</p> <p>4. The Director of Clinical Services will report the results of the review of physician orders to the performance Improvement Committee monthly to identify trends and need for further monitoring. The consultant pharmacist will report findings of reviews on a quarterly basis.</p>		

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F 428	<p>Continued From page 2</p> <p>COPD (chronic obstructive pulmonary disease, hypertension, hypothyroidism, and diabetes mellitus.</p> <p>Record review of the resident ' s clinical chart revealed orders for:</p> <ol style="list-style-type: none"> 1. Ambien(zolpidem) 5 mg (milligrams) one tablet at bedtime for insomnia, written 2/19/12 2. Ativan (lorazepam) 0.5 mg at bedtime for anxiety, written 3/12/12. <p>Lexi-comp ' s Geriatric Dosage Handbook, 17th edition, stated that Ambien is a hypnotic medication. " Use with caution with respiratory disease ", the text recommends that the medication should only be used for 7-10 days before re-evaluation.</p> <p>Ativan is listed as a sedative/hypnotic, anxiolytic medication in the benzodiazepine class which causes central nervous system depression resulting in sedation.</p> <p>Review of the pharmacist ' s drug regimen review sheet revealed that the last review for Ambien was in August 2011, the Ativan review was written on 03/01/12; however the attending physician was not made aware that the resident was on two sedating medications both given at bedtime.</p> <p>The resident was care planned on 04/24/12 for COPD and the need to monitor for possible drug interaction/increased side effects due to multiple medication use and for falls. The resident did fall on 04/16/12 and had no injuries.</p> <p>Interview with the consultant pharmacist by phone on August 1, 2012 at 2:30 PM revealed that he</p>	F 428			

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F 428	Continued From page 3 had not addressed the overlap sedation issue and the use of a sedative hypnotic for more than 10 days.	F 428			

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K 000 INITIAL COMMENTS

This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type III(211) construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

K 038 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

This STANDARD is not met as evidenced by:
42 CFR 483.70(a)
By observation on 8/22/12 at approximately noon the following exit access was non-compliant, specific findings include 100 hall exit door required more than fifteen pounds of pressure to operate. This item was corrected during the survey.

K 052 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4

K 000 This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by state and Federal law.

K 038
1. How Corrective action will be accomplished by the facility to correct the deficient practice;
The exit door on 100 hall was repaired before surveyors exit.

K 038
2. How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
Maintenance Director will check and provided all exits doors ensuring that less than fifteen pounds of pressure is needed to operate. Any doors requiring more than fifteen pounds to operate will be repaired or replaced.

3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice will not recur;
Maintenance Department will check doors daily for 30 days and then monthly checks will be perform thereafter.

K 052
4. How the facility plans to monitor its performance to make sure that solutions are sustained;
The Maintenance Director will report results of findings to the Risk Management/Quality Improvement committee for continued compliance x 6 months.

9/11/12

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

Blenda Pulliam

TITLE

Executive Director

(X6) DATE

9/7/12

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DRJ

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K 052	Continued From page 1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 6/29/11 at approximately noon the following fire alarm system was observed as non-compliant, specific findings include the annual certification for the fire alarm control panel was last completed on 5/16/11.	K 052	K052 1. How Corrective action will be accomplished by the facility to correct the deficient practice; Annual certification for the fire alarm control panel was completed 8/28/12. 2. How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken; Maintenance Director will check all fire alarm certifications ensuring all annual checks have been completed and maintain an annual inspection log.	9/11/12
K 067	NFPA 101 LIFE SAFETY CODE STANDARD SS=D Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/22/12 at approximately noon the following Heating Ventilating and Air Conditioning (HVAC) was non-compliant, specific findings include the HVAC system on the 100 hall did not shut down with fire alarm activation when the 100 hall pull station and the pull station at the nurses station (zone 3) was activated.	K 067	3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice will not recur; Maintenance Department will check fire alarm system and certification monthly and log monthly check every month x12 months. 4. How the facility plans to monitor its performance to make sure that solutions are sustained; The Maintenance Director will report results of findings to the Risk Management/Quality Improvement committee for continued compliance x 12 months. K067 1. How Corrective action will be accomplished by the facility to correct the deficient practice; The facility HVAC System has individual Duct Detectors for each air handler. The correct pull station and HVAC system area for 100 hall was identified by Maintenance Director.	
K 147	NFPA 101 LIFE SAFETY CODE STANDARD SS=D Electrical wiring and equipment is in accordance	K 147	2. How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;	

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K 147	<p>Continued From page 2 with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 6/29/11 at approximately noon the following electrical code item was observed as non-compliant, specific findings include electrical wire hanging down in the sprinkler riser room.</p>	K 147	<p>Maintenance Director will check all pull stations to ensure individual duct detectors activate HVAC shut down in the define area.</p> <p>3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice will not recur; Maintenance Department will check HVAC system at a different pull station daily x 10 days then monthly x 12 months thereafter</p> <p>4. How the facility plans to monitor its performance to make sure that solutions are sustained; The Maintenance Director will report results of findings to the RIsK Management/Quality Improvement committee for continued compliance x 12 months.</p> <p>K147 1. How Corrective action will be accomplished by the facility to correct the deficient practice; Electrical wiring was capped off, taped up, and put into metal box with cover. Metal box was fastened to the ceiling.</p> <p>2. How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken; Maintenance Director will check all sprinkler riser room for hanging wire and fix.</p> <p>3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice will not recur; Maintenance Department will check Sprinkler riser room weekly x three months thereafter Sprinkler riser room checks will be completed monthly x12 months.</p> <p style="text-align: right;">9/11/12</p>

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K147

4. How the facility plans to monitor its performance to make sure that solutions are sustained;
The Maintenance Director will report results of findings to the Risk Management/Quality improvement committee for continued compliance x 12 months.

9/11/12

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K 038

1. How Corrective action will be accomplished by the facility to correct the deficient practice;

The exit door on 100 hall was repaired before surveyors exit.

2. How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;

Maintenance Director will check and provided all exits doors ensuring that less than fifteen pounds of pressure is needed to operate. Any doors requiring more than fifteen pounds to operate will be repaired or replaced.

3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice will not recur;

Maintenance Department will check doors daily for 30 days and then monthly checks will be performed thereafter.

4. How the facility plans to monitor its performance to make sure that solutions are sustained;

The Maintenance Director will report results of findings to the Risk Management/Quality Improvement committee for continued compliance x 6 months.

K052

1. How Corrective action will be accomplished by the facility to correct the deficient practice;

Annual certification for the fire alarm control panel was completed 8/28/12.

2. How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;

Maintenance Director will check all fire alarm certifications ensuring all annual checks have been completed and maintain an annual inspection log.

3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice will not recur;

Maintenance Department will check fire alarm system and certification monthly and log monthly check every month x12 months.

4. How the facility plans to monitor its performance to make sure that solutions are sustained;

The Maintenance Director will report results of findings to the Risk Management/Quality Improvement committee for continued compliance x 12 months.

K067

1. How Corrective action will be accomplished by the facility to correct the deficient practice;

The facility HVAC System has Individual Duct Detectors for each air handler. The correct pull station and HVAC system area for 100 hall was identified by Maintenance Director.

2. How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;

Maintenance Director will check all pull stations to ensure individual duct detectors activate HVAC shut down in the define area.

3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice will not recur;

Maintenance Department will check HVAC system at a different pull station dally x 10 days then monthly x 12 months thereafter

4. How the facility plans to monitor its performance to make sure that solutions are sustained;

The Maintenance Director will report results of findings to the Risk Management/Quality Improvement committee for continued compliance x 12 months.

K147

1. How Corrective action will be accomplished by the facility to correct the deficient practice;

Electrical wiring was capped off, taped up, and put into metal box with cover. Metal box was fastened to the ceiling.

2. How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;

Maintenance Director will check all sprinkler riser room for hanging wire and fix.

3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice will not recur;

Maintenance Department will check Sprinkler riser room weekly x three months thereafter Sprinkler riser room checks will be completed monthly x12 months.

4. How the facility plans to monitor its performance to make sure that solutions are sustained;

The Maintenance Director will report results of findings to the Risk Management/Quality Improvement committee for continued compliance x 12 months.