STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: 345645

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED 09/07/2012

NAME OF PROVIDER OR SUPPLIER
TWIN LAKES COMMUNITY MEMORY CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
3810 HERITAGE DRIVE
BURLINGTON, NC 27216

(X4) ID PREFIX TAG
F 329

SUMMARY STATEMENT OF DEFICIENCIES
(Each deficiency must be preceded by full regulatory or LSC identifying information)

F 329 SS=D 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS

- Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.

- Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

This REQUIREMENT is not met as evidenced by,
- Based on record review, staff, physician, and pharmacist interviews the facility failed to identify and attempt a Gradual Dose Reduction (GDR) or document the continued need for the antidepressant medication, Trazodone, for 1 of 10 sampled residents for unnecessary drugs (resident #1).

1. The pharmacy consultant reviewed the medications for the identified resident and requested a review of Trazodone by the attending physician. The physician determined that it was contraindicated to decrease the dose and made a note to that effect in the chart.

2. A comprehensive review of all residents' charts was completed by the pharmacy consultant and recommendations were made to all attending physicians for a gradual dose reduction (GDR) or notes as to why a GDR may be contraindicated for all psychotropic medications.

3. The pharmacy consultant will implement the use of a monthly computer-generated nursing home report to highlight target medications which may need GDR review.

4. The pharmacy consultant will aid in following up for compliance by doing a comprehensive monthly psychotropic list for all residents. The DON will review to determine when the last GDR or note for contraindications occurred for each medication. This information will be reviewed at the quarterly Quality Assurance meeting.

5. This corrective action will be implemented by September 28, 2012.

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Connie Gooney

TITLE
Administrator

(DATE)
9/7/2012

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 60 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.
F 329 Continued From page 1

Findings include:

- Resident #1 was admitted to the facility on 08/03/2009 due to physical and mental decline. Resident #1's diagnoses included anxiety, depression and Alzheimer's dementia. Resident #1's September 2012 physician order sheet (POS) indicated resident #1 was prescribed two medications for depression (08/03/2009 - Trazodone 100 milligrams, 1 by mouth every night at bedtime and 03/07/2012 - Celexa 10 milligrams, 1 by mouth every day).

- Resident #1's care plan, updated on 07/11/2012, documented the resident to have a potential for sad mood disturbances and anxiety R/T a diagnosis of depression.

- A review of resident #1's most recent quarterly Minimum Data Set (MDS) dated 05/27/2012 indicated the resident was cognitively impaired and had a current active diagnoses list which included Alzheimer's disease, anxiety, and depression. The MDS also indicated resident #1 was receiving medications for anxiety and depression.

- A review of the physician's progress notes and pharmacy consult notes was made. There was no documentation found to indicate a GDR had been recommended by the contracted consultant pharmacist or received by the physician at least annually for the resident's antidepressant, Trazodone.

- A review of resident #1's thinned medical record was conducted with the facility's day nurse, the DON, and Administrator. There was no
Continued From page 2

documentation or information the facility could provide from the thinned record or other source to show that a GDR for the Trazodone had been recommended by the pharmacist or that the physician had documented a GDR was medically contraindicated.

On 09/06/2012 at 11:45 a.m. an interview was conducted with the day shift nurse concerning resident #1 receiving two antidepressant medications. The nurse could not explain why a GDR for the resident's Trazodone was not recommended/attempted other than the physician ordered the medication and the Trazodone was also used as a sleep aid.

09/06/2012 at 1:07 p.m., a phone interview with the resident's physician was conducted. The physician was asked if he recalled resident #1 was receiving two antidepressants (Celexa and Trazodone). The physician indicated he knew the resident was receiving both antidepressant medications. The physician was asked if he had received any recommendations from the consultant pharmacist concerning the resident's Trazodone, specifically a recommendation for a gradual dose reduction of the Trazodone or if there was a medical contraindication documented by him. The physician stated he had just gotten off of the phone with the consultant pharmacist and they had discussed the issue. The physician stated that the consultant pharmacist generally knew that when he ordered Trazodone for depression and as a sleep aid for a resident that he would not normally do a gradual dose reduction. The physician indicated he did not attempt a GDR for the Trazodone. The physician stated, "I would normally make a note in my
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<th>ID</th>
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<th>SUMMARY STATEMENT OF DEFIENCIES</th>
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<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>F 329</td>
<td>Continued From page 3</td>
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<td>progress notes to indicate that a dose reduction would not be considered (Contraindicated) however it appears that I didn’t do it for this resident.”</td>
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<td>F 428</td>
<td>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</td>
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<td>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</td>
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This REQUIREMENT is not met as evidenced by:
Based on record review, staff, physician, and pharmacist interviews the facility failed to identify and attempt a Gradual Dose Reduction (GDR) or document a GDR was medically contraindicated for an antidepressant medication, Trazodone, for 1 of 10 sampled residents for unnecessary drugs (resident #1).

Findings include:
- Resident #1 was admitted to the facility on 08/03/2009 due to physical and mental decline.
- Resident #1’s diagnoses included anxiety, depression and Alzheimer’s dementia. Resident #1’s September 2012 physician order sheet (POS) indicated resident #1 was prescribed two medications for depression (08/03/2009 -
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<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<td>F 428</td>
<td>Continued From page 4</td>
<td>Trazodone 100 milligrams, 1 by mouth every night at bedtime and 03/07/2012 - Celaexa 10 milligrams, 1 by mouth every day).</td>
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<td>Resident #1's care plan, updated 07/11/2012, documented the resident to have a potential for sad mood disturbances and anxiety R/T a diagnosis of depression.</td>
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<td>A review of resident #1's most recent quarterly Minimum Data Set (MDS) dated 06/27/2012 indicated the resident was cognitively impaired and had a current active diagnoses list which included Alzheimer's disease, anxiety, and depression. The MDS also indicated resident #1 was receiving medications for anxiety and depression.</td>
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<td>A review of the facility's contracted consultant pharmacist's monthly Medication Regimen Reviews (MRR) was conducted. The reviewed MRR dates were: 11/02/2011; 12/06/2011; 01/04/2012; 02/07/2012; 03/07/2012; 04/02/2012; 05/09/2012; 06/05/2012; 07/11/2012; and 08/08/2012. The MRRs indicated the Celaexa dose was reduced on 03/07/2012 by the physician from 1-15 milligram tablet to 1-10 milligram tablet by mouth every day. There was no documentation to indicate the consultant pharmacist recommended, or indicated a GDR of the resident's duplicated antidepressant</td>
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F 428  Continued From page 5
medication (Trazodone) had been assessed or made or she had received notification from the physician that a GDR was medically contraindicated.

A review of resident #1's thinned medical record was conducted with the facility's day nurse, the DON, and Administrator. There was no documentation or information the facility could provide from the thinned record or other source to show that a GDR for the Trazodone had been recommended by the pharmacist or that the physician had documented a GDR was medically contraindicated.

On 09/06/2012 at 11:45 a.m. an interview was conducted with the day shift nurse concerning resident #1 receiving two antidepressant medications. The nurse could not explain why the resident was receiving both antidepressant medications other than the physician ordered the medications and that the Trazodone was also used as a sleep aid.

On 09/06/2012 at 12:00 p.m., a phone interview was conducted with the facility's consultant pharmacist. The pharmacist indicated the resident was on Trazodone 100mg for depression and sleep disturbance. The consultant pharmacist indicated she had no other records or documentation to show a dose reduction was recommended by her or a GDR change in the medication dose was contraindicated by the physician. The pharmacist also stated she was aware of the duplicate medication recommendations per CMS guidelines. The pharmacist could not give a reason as to why she had not recommended a GDR for resident #1's
F 428  Continued From page 6

Trazodone order. The pharmacist stated she would fax a note for inclusion in the resident's record.

09/06/2012 at 1:07 p.m., a phone interview with the resident's physician was conducted. The physician was asked if he recalled resident #1 was receiving two antidepressants (Celexa and Trazodone) and the physician indicated he knew the resident was receiving both antidepressant medications. The physician was asked if he had received any recommendations from the consultant pharmacist concerning the resident's Trazodone, specifically a recommendation for a gradual dose reduction of the Trazodone or if there was a medical contraindication documented by him. The physician stated he had just gotten off of the phone with the consultant pharmacist and they had discussed the issue. The physician stated that the consultant pharmacist generally knew that when he ordered Trazodone for depression and as a sleep aid for a resident that he would normally make a note in his progress notes to indicate that a dose reduction would not be considered (Contraindicated) however it appears that I didn't do it for this resident.

F 431  1. The two expired wound dressings were immediately removed from the treatment cart and discarded.

F 431  483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug
F 431  Continued From page 7

records are in order and that an account of all
controlled drugs is maintained and periodically
reconciled.

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.

In accordance with State and Federal laws, the
facility must store all drugs and biologicals in
locked compartments under proper temperature
controls, and permit only authorized personnel to
have access to the keys.

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.

This REQUIREMENT is not met as evidenced
by:
Based on observation and staff interview the
facility failed to remove two different expired
wound care treatment dressings, available for
use, from 1 of 3 medication storage areas.

Findings Include:

2. Staff did a complete audit of the
medication and treatment storage
areas to ensure that no other
medications/dressings were
expired. The main medication
supply area was also audited to
ensure that no medications or
treatments were expired.

3. A check sheet has been created
and procedure developed to
ensure that a nurse will review all
medication/treatment storage
areas on a weekly basis for expired
items. In-services will be held with
all nurses to instruct them of the
new procedure and remind them
of the importance of checking
expiration date prior to
administration.

4. The DON will review the check
sheets weekly to ensure checks are
being done and do periodic
(quarterly) spot checks of
medication and treatment carts.
The consultant pharmacy will also
continue their monthly review of
medication/treatment areas. A
report will be provided at the
quarterly QA meeting to ensure
ongoing compliance.
F 431 | Continued From page 8

09/05/2012 at 9:15 a.m. an observation was made with the day shift nurse of the facility's wound care treatment cart located in the Memory Care's nursing station.

The following expired wound care dressings were observed in the wound care treatment cart and ready for use by nursing staff:

1 package - McKesson - Combine ABD pad (wound dressing) 5x9" lot CAA08-19, Expired, 08/19/2011

1 Package - Duo Absorbent non-adhesive impregnated dressings Lot # 93308, Expired 06/01/2012

On 09/05/2012 at 9:25 a.m. an interview was conducted with the day shift nurse. The day shift nurse indicated both wound care dressing packages were expired and should not have been in the wound care treatment cart available for use.

On 09/07/2012 at 10:42 a.m. an interview was conducted with the facility's Director of Nursing (DON) concerning her expectations for disposition of expired wound care dressings. The DON stated her expectation was that she and the nursing staff were responsible for reviewing all medications and wound care dressing packages on a daily basis for expiration dates and ensuring that all expired items were removed from possible use.

F 431 | 5. These corrective actions will be implemented by September 28, 2012.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**TWIN LAKES COMMUNITY MEMORY CARE**

**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)**

<table>
<thead>
<tr>
<th>ID TAG</th>
<th>CFR#</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 052</td>
<td>42 CFR 483.70 (a)</td>
<td>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</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/27/2012 the following item was observed as noncompliant, specific findings include: The facility had a buildup of dust and lint on the sampling tubes of the duct detector in the main mechanical room.

<table>
<thead>
<tr>
<th>ID TAG</th>
<th>CFR#</th>
<th>Corrective action</th>
<th>Date</th>
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<tbody>
<tr>
<td>K 052</td>
<td>42 CFR 483.70 (a)</td>
<td>The sampling tubes of the duct detector in the main mechanical room have been cleaned. Corrective action:</td>
<td>10/8/2012</td>
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**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

**Memory Care Administrator**

**DATE**

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.