STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345545	A. BUILDING _____ B. WING _____	09/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN LAKES COMMUNITY MEMORY CARE	3810 HERITAGE DRIVE BURLINGTON, NC 27215

(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 329 SS=D	483.25(l) 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).	F 329	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 DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Connie Bowery
TITLE: Administrator, Twin Lakes Memory Care
(X6) DATE: 9/21/2012

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 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 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 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. 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	F 329		

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	345545	A. BUILDING _____ B. WING _____	09/07/2012

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F 329	Continued From page 2	F 329		

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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F 329	Continued From page 3 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 329		
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON 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. 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 -	F 428	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.	

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F 428	Continued From page 4 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 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 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. A review of the physician's progress notes and pharmacy consult notes were reviewed. There was no documentation found to indicate a GDR had been recommended by the consultant pharmacist, received by the physician at least annually. 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 Celexa 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	F 428	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 29, 2012.	

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F 428	Continued From page 5	F 428		

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

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

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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 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 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 428		
F 431 SS=D	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	1. The two expired wound dressings were immediately removed from the treatment cart and discarded.	

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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:	F 431	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.	

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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.	

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	345545	A. BUILDING 01 - TWIN LAKES MEMORY C/ B. WING	OCT 11 2012 09/27/2012

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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type V unprotected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system.	K 000		
K 052 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD 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 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. CFR#: 42 CFR 483.70 (a)	K 052	Corrective action: The sampling tubes of the duct detector in the main mechanical room have been cleaned. Other potential life safety issues: The mechanical room has been reviewed to determine if there is any other equipment that may need to be cleaned on a regular basis. No other issues were detected at this time. Systemic changes: Maintenance has added to their regular preventive maintenance schedule a check of the duct detector so that it will be cleaned quarterly. Monitoring: A report of all preventive maintenance tasks is reviewed by the department head of maintenance; this item will be added to the report to ensure it is done as scheduled on a quarterly basis.	10/8/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Connie R Bowers	Memory Care Administrator	10/9/12

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