PRINTED: 11/16/2012 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	SVANA SASSASSASSAS		X3) DATE SURVEY COMPLETED	
		С			
345438 B. WING		11/02/2012			
NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF SUMMIT RIDGE		1	00 RICEVILLE ROAD		
SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		D BE COMPLETION			
No deficiencies were complaint investigatio 483.25(m)(1) FREE C	e cited as a result of the on Event ID H6O011. DF MEDICATION ERROR	F 000 F 332	The Laurels of Summit Ridge to have this submitted plan of correction stand as its allegal compliance. Our date of all- compliance is 11/30/12.	of ation of	
This REQUIREMENT by: Based on observatio interviews, the facility of 6.25% as evidence of 64 opportunities fo	is not met as evidenced  ns, record review and staff had a medication error rate ed by 4 medication errors out r 3 of 10 residents observed		Preparation and/or execution plan of correction does not of admission or agreement by the provider of the truth of the falleged or conclusions set for statement of deficiencies. The correction is prepared and/of solely because it is required provisions of Federal and Statement of Statement	constitute the facts orth in the The plan of the executed by the	
The findings are:			F332		
1. On 10/31/12 at 4:1 observed administering #218. She administer as a PRN (as needed A review of Resident revealed a physician's PM which read: "Prazi	ng medication to Resident red Prazosin 2mg one tablet d) medication for agitation. #218's medical record s order dated 10/31/12 1:55 rosin 3mg po (by mouth)		Residents # 207 and #3 were administered omitted medic immediately. The residents receiving their medications. No negative outcome resulte the delay in administration.	e s ordered.	
A review of the Medic (MAR) revealed the F transcribed correctly.	cation Administration Record Prazosin PRN had been		Current residents receiving medications have the potent affected.		
PM. Nurse #1 stated	there were not any 1mg		on 11/21/12, by the Director		
	SUMMARY ST. (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS)  No deficiencies were complaint investigatic 483.25(m)(1) FREE CRATES OF 5% OR Modern of the facility must ensure medication error rates and the facility of 6.25% as evidence of 64 opportunities for during medication parand #3).  The findings are:  1. On 10/31/12 at 4:1 observed administering the facility of 6.25% as evidence of 64 opportunities for during medication parand #3).  The findings are:  1. On 10/31/12 at 4:1 observed administering the findings are:  4. The findings are:  1. On 10/31/12 at 4:1 observed administering the findings are:  1. On 10/31/12 at 4:1 obse	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  No deficiencies were cited as a result of the complaint investigation Event ID H60011.  483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE  The facility must ensure that it is free of medication error rates of five percent or greater.  This REQUIREMENT is not met as evidenced by:  Based on observations, record review and staff interviews, the facility had a medication error rate of 6.25% as evidenced by 4 medication errors out of 64 opportunities for 3 of 10 residents observed during medication pass. (Residents #218, #207 and #3).  The findings are:  1. On 10/31/12 at 4:10 PM Nurse #1 was observed administering medication to Resident #218. She administered Prazosin 2mg one tablet as a PRN (as needed) medication for agitation.  A review of Resident #218's medical record revealed a physician's order dated 10/31/12 1:55 PM which read: "Prazosin 3mg po (by mouth) PRN qd (every day)."  A review of the Medication Administration Record (MAR) revealed the Prazosin PRN had been	This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility had a medication error rate of 6.25% as evidenced by 4 medication errors out of 64 opportunities for 3 of 10 residents #218, #207 and #3).  The findings are:  1. On 10/31/12 at 4:10 PM Nurse #1 was observed administering medication for agitation.  A review of Resident #218's medical record revealed a physician's order dated 10/31/12 1:55 PM which read: "Prazosin 3mg po (by mouth) PRN qd (every day)."  A review of the Medication Administration Record (MAR) revealed the Prazosin PRN had been transcribed correctly.  Nurse #1 was interviewed on 11/01/12 at 3:00 PM. Nurse #1 stated there were not any 1mg	INITIAL COMMENTS  The facility must ensure that it is free of medication error rates of five percent or greater.  This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility had a medication error rate of 62.9% as evidenced by 4 medication error rate of 64.0pm and #30.  The findings are:  1. On 10/31/12 at 4:10 PM Nurse #1 was observed administered Prazosin 2mg one tablet as a PRN (as needed) medication of ragitation.  A review of Resident #2.18's medical record revealed a physician's order dated 10/31/12 1.55 PM which read: "Prazosin 3mg po (by mouth) PRN (a) (every day)."  Name of 1/21/12, by the Direction of the root receiving medications have the potent affected.  A BUILDING B. WINNG  STREET ADDRESS, CITY, STATE, ZIP CODE too Rice VICE ROAD ASHEVILLE, NC 28805  STREET ADDRESS, CITY, STATE, ZIP CODE too RICE VIOLET ROAD ASHEVILLE, NC 28805  STREET ADDRESS, CITY, STATE, ZIP CODE too RICE VIOLET ROAD ASHEVILLE, NC 28805  STREET ADDRESS, CITY, STATE, ZIP CODE too RICE VIOLET ROAD ASHEVILLE, NC 28805  STREET ADDRESS, CITY, STATE, ZIP CODE too RICE VIOLET ROAD ASHEVILLE, NC 28805  STREET ADDRESS, CITY, STATE, ZIP CODE too RICE VIOLET ROAD ASHEVILLE, NC 28805  STREET ADDRESS, CITY, STATE, ZIP CODE too RICE VIOLET ROAD ASHEVILLE, NC 28805  STREET ADDRESS, CITY, STATE, ZIP CODE too RICE VIOLET ROAD ASHEVILLE, NC 28805  STREET ADDRESS, CITY, STATE, ZIP CODE too RICE VIOLET ROAD ASHEVILLE, NC 28805  STREET ADDRESS, CITY, STATE, ZIP CODE too RICE VIOLET ROAD ASHEVILLE, NC 28805  STREET ADDRESS, CITY, STATE, ZIP CODE too RICE VIOLET ROAD ASHEVILLE, NC 28805  STREET ADDRESS, CITY, STATE, ZIP CODE too RICE VIOLET RATE OF CRECTED CORRECT  FRESULATION OR STATE ASHORD ASHOULD CROSS-REFERENCED TO THE APPRO CROSS-REFERENCED TO THE APPR	

administrator

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is eatermined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosure of the patients. 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.

NOV 2 6 2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		COMP		(X3) DATE SUF	
	A. BUILDING			С			
		345438	B. WING		11/0	2/2012	
NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF SUMMIT RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE  100 RICEVILLE ROAD  ASHEVILLE, NC 28805					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROVIDENCY)  DEFICIENCY)  Nursing/designee regarding	.D BE	(X5) COMPLETION DATE
F 332	tablets of Prazosin to a total dose of 3mg. Sagitated and she thou to go ahead and give instead of not giving hinstead of waiting 2 his sent from the back-up stated the medication facility's Pixus system medications.  An interview with the on 11/01/12 at 5:15 Pexpected the nurses to ordered. She stated the entry on the MAR again the time, route and arbefore giving the medication following the administration (right moright dosage, right time stated the nurse should took the medication.  An interview with the at 5:18 PM revealed the available in the Pixus for emergency medication.  An interview with the at 12:04 PM revealed the nurses to administer in the pixus for emergency medication.  2. On 11/01/12 at 8:36 observed administer in the pixus for emergency medication.	give with the 2mg tablet for the stated the resident was ght it was nursing judgment the resident the lower dose the any medication or the pharmacy. Nurse #1 also was not available in the for emergency  Director of Nursing (DON)  M revealed that she of administer medications as the nurse should check the pharmacy and administer the medication label for any parameters needed ication and administer the first of medication, and right route). She lid also verify the resident  Nurse Manager on 11/01/12 that Prazosin was not system used by the facility actions.  Administrator on 11/02/12 at the expectation is for the medications as ordered.  B AM Nurse #2 was a gemedications to Resident	F	332	medication administration, in the 5 rights of medication administration and physiciar notification when a medicatia available.  Medication administration observations will be conduct Administrative Nurses and I weekly for (4) four weeks, the randomly thereafter. Variance corrected at the time of observation results will be rethe Director of Nursing weeknext (4) four weeks and conduct the properties of the quality assecommittee during the month meeting.  Continued compliance will be monitored through routine ramedication administration observations and through the quality assurance program. An education and monitoring within initiated for any identified continued for any identified for any identi	ted by the DON hen ces will be cerns will surance ly hedditiona ill be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
		345438	B. WNG		11.	C 11/02/2012	
NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP O 100 RICEVILLE ROAD ASHEVILLE, NC 28805	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC				OF CORRECTION ACTION SHOULD BE O THE APPROPRIATE ENCY)	(X5) COMPLETION DATE	
F 332	oral medications in a one tablet; Bumex 1n 600mg with Vitamin II. Loratidine 10mg, one tablet; Vitamin B-12 5 300mg, one tablet; Polymer 600mg, one tablet and Culturelle, swallowed all the table. Review of the Octobe physician orders for Forders for Calcium 60 two tablets every day tablet twice daily. A rethe orders had been to medications were scheduled that she second Calcium table would give them right. Nurse #2 was observed additional Calcium table would give them right. An interview with the on 11/01/12 at 11:06 AM. An interview with the on 11/01/12 at 5:15 Pexpected the nurses for ordered. She stated the entry on the MAR against the time, route and arbefore giving the medication following the medication fo	medicine cup: Aspirin 81mg, ng, one tablet; Calcium D 400mg, one tablet; tablet; Sotalol 80mg, one 500mcg, one tablet; Cefdinir chassium 20meq, one tablet; tablet; Prilosec 20mg, one one tablet. Resident #207 lets whole with water.  Per 2012 recapitulation of Resident #207 revealed 10mg with Vitamin D 400mg and Ferrex 150mg one eview of the MAR revealed transcribed correctly and the neduled for administration at 11.01/12 at 10:50 let and the Ferrex and she away.  Ped giving Resident #207 the olet and the Ferrex on I.  Director of Nursing (DON)	F3	332			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	(REPSERVE TV)	
345438 B. WNG		2000002	C 11/02/2012				
NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP CO 100 RICEVILLE ROAD ASHEVILLE, NC 28805		0212012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX  REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETION DATE		
F 332	took the medication.  An interview with the 12:04 PM revealed th nurses to administer in 3. On 11/01/12 at 9:1 observed administer if #3. Resident #3 was two inhalations and in with water and spit th gave Resident #3 Mir ounces of water. Nurse following oral medicate Multivitamin with mine coated aspirin 81mg, one tablet; Klonopin 1625mg, one tablet and tablet. Resident #3 sw whole with water.  A review of the Octob physician's orders for order for Namenda 5r review of the MAR reversibed correctly a scheduled for administrational administration with must have overlooked call the physician for predication late.	Administrator on 11/02/12 at at her expectation is for the medications as ordered.  O AM Nurse #3 was an gmedication to Resident given Spiriva 18mcg inhaler istructed to rinse her mouth e water out. Nurse #3 then alax 17gm mixed with 6 are #3 then placed the cions in a medicine cup: erals, one tablet; Enteric one tablet; Lamictal 25mg, amg, one tablet; Fiberlax di Primidone 50mg, one-half wallowed all the tablets  over 2012 recapitulation of Resident #3 revealed an ang one tablet twice daily. A avealed the order had been and the Namenda was stration at 9:00 AM.  se #3 on 11/01/12 at 10:55 thought she gave Resident her other medications but lit. She stated she would be permission to administer the led administering Namenda	. F3	32			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING			X3) DATE SURVEY COMPLETED	
		345438	B. WNG		C 11/02/2012		
NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF SUMMIT RIDGE				10	EET ADDRESS, CITY, STATE, ZIP CODE 00 RICEVILLE ROAD SHEVILLE, NC 28805		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 332	on 11/01/12 at 5:15 P expected the nurses ordered. She stated the entry on the MAR agathe time, route and arbefore giving the medication following administration (right right dosage, right tim stated the nurse shoutook the medication.  An interview with the 12:04 PM revealed the	Director of Nursing (DON)	F	332			