

MAY 06 2013

PRINTED: 04/24/2013  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/10/2013	
NAME OF PROVIDER OR SUPPLIER  SALISBURY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		
(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=J	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to obtain the blood work for Protimes (PT) and International Ratio (INR) as ordered for one of four sampled residents (Resident #3) receiving the anticoagulant Coumadin.</p> <p>Findings included:</p>	F 329	Past noncompliance: no plan of correction required.	

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

TITLE

Administrator

(X6) DATE

4-29-13

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	<p>Continued From page 1</p> <p>Resident #3 was admitted to the facility on 5/31/12 with diagnoses including Atrial Fibrillation, status post dual chamber pacemaker placement, Hypertension and Dementia.</p> <p>Review of the physician orders for January 2013 revealed Coumadin 4 milligrams (mg) had been ordered on 12/14/13.</p> <p>Review of the lab result sheets revealed the anticoagulant Coumadin was dosed according to the lab values of the PT/INR. The lab sets the parameters and sends results to the facility for physician review and orders. The physician would order a Coumadin dose based on the patient ' s diagnoses and treatment needs. There were two therapeutic ranges used by the lab and physicians. One would be 2.0 to 3.0 and the second would be 2.5 to 3.5. The following dates with lab results and corresponding physician orders with Coumadin doses were reviewed for January 2013:</p> <ul style="list-style-type: none"> <li>- On 1/14/13 the PT was 23.6 and the INR was 2.2; and no changes were ordered in the Coumadin dose by the physician.</li> <li>- on 1/21/13 the PT was 36.5 and the INR was 3.5; and on 1/22/13 the physician order was to hold the Coumadin X 1 (for one) day and decrease dose to 3.5mg Q HS (every night).</li> <li>- On 1/28/13 the PT was 36.9 and the INR was 3.5; and on 1/29/13 the physician order was to hold the Coumadin X 1 day then decrease dose to 3mg Q HS.</li> </ul> <p>The monthly re-cap of orders for February 2013 were for Coumadin 3mg one tablet every HS. The February 2013 re-cap orders for labs indicated the PT and INR were to be checked weekly.</p>	F 329			

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F 329	<p>Continued From page 2</p> <p>There were no telephone orders for lab work or changes in the Coumadin dose until 2/28/13. There were no lab results for the month of February 2013 in the medical record.</p> <p>Review of the February 2013 MAR revealed Coumadin 3mg had been administered every night except on 2/28/13.</p> <p>The next physician orders were obtained on 2/28/13 when Resident #3 had a change in condition. Review of the nurse 's notes for that date revealed the following:</p> <ul style="list-style-type: none"> <li>- On 2/28/13 at 5:00AM the nurse documented an aide reported Resident #3 had a large loose stool that looked like blood. The physician was notified.</li> <li>- On 2/28/13 at 5:10 AM the physician returned the call and gave orders for STAT Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP) and PT. Vitamin K 10 mg was to be given intramuscular now. Stop the Coumadin and may send the resident to the emergency room if family wants her sent out.</li> <li>- On 2/28/13 at 5:15 AM Blood drawn for STAT lab work.</li> <li>- On 2/28/13 at 5:20AM the family was informed and the Vitamin K injection was given.</li> <li>- On 2/28/13 at 5:25 AM the family wanted Resident #3 sent to the emergency room.</li> <li>- On 2/28/13 at 5:40AM the nurse called 911 for transport. Resident #3 had another large loose stool that had a gross amount of blood. Review of the vital signs on the transfer form were a blood pressure of 105/70, pulse 79 and respirations 20. The oxygen saturation on room air was 91%.</li> <li>- On 2/28/13 at 5:55 AM emergency medical</li> </ul>	F 329			

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F 329	<p>Continued From page 3</p> <p>services was present and transported Resident #3 to the emergency room.</p> <p>Review of the medical record revealed Resident #3 had been admitted to the hospital intensive care unit with a gastrointestinal bleed (GI bleed) and hypercoagulopathy (excess of anticoagulant medication).</p> <p>The admission note at the hospital on 2/28/13 revealed Resident #3 was admitted due to melena (blood in the stool) and GI bleed. On arrival at the hospital the systolic blood pressure was 70. Review of the hospital admission records dated 2/28/13 revealed the PT was greater than 150 and the INR was greater than 20. The hemoglobin was 7.4 (low) with normal being in the range of 10.0 to 12.0. Resident #3 received intravenous fluids and the systolic improved to 103.</p> <p>While in the hospital, the resident had the coumadin discontinued, was transfused with packed red blood cells to maintain hemoglobin greater than 10, was transfused with plasma and received intravenous vitamin K. She was admitted to the Intensive Care Unit.</p> <p>Review of the hospital discharge Summary dated 3/4/13 revealed she was discharged back to the skilled nursing facility with hospice. The Coumadin was discontinued.</p> <p>An interview was conducted with Director of Nursing (DON) on 4/9/13 at 2:00 PM. The process nursing used for obtaining lab work for residents was explained. The nurses used a flow sheet for coumadin. The flow sheet had the current dose and when the INR/PT was due. A</p>	F 329			

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F 329	<p>Continued From page 4</p> <p>lab calendar was kept at each nurses' station. The nurses would place the lab work on the calendar for the date the PT/INR was to be done. The monthly labs were checked when the end of month orders were checked. The 11-7 nurse did the change over from the old MARs (present month) to the next months MARs. This nurse was responsible to put the next month's labs on the calendar. On a nightly basis, the 11-7 nurse would update the flow sheet with any new orders and update the Treatment Administration Record</p> <p>The Coumadin flow sheets for Resident #3 were reviewed with the DON. Review of Resident #3's Coumadin flow sheets revealed a PT/INR was done on 10/23/12. The next PT/INR was drawn on 1/21/13. There were results of labs drawn in the medical record, but not on the sheet. The next PT/INRs were dated 1/21/13 and 1/28/13. The orders were given to hold med X2 orders and the dose was decreased. There was no documentation to indicate the PT/INRs were drawn in the month of February. The TAR was reviewed with the DON. The TAR lacked the nurses' initials indicating the labs had been drawn.</p> <p>During the 2:00 PM interview with the DON on 4/19/13, it was explained how the February labs were missed by the 11-7 nurse. During her investigation it was determined the 11-7 nurse had mistakenly put the February labs on the wrong month. The labs were written on the March calendar instead of February. The system that had been in place for a second check included the Treatment Administration Records (TARs) was checked during the monthly change over of the MARs. The lab orders were printed</p>	F 329			

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F 329	<p>Continued From page 5</p> <p>on the TARs, and the nurse would block off the dates the labs were to be drawn. When asked how the charge nurses missed drawing the PT/INR for Resident #3, when the TAR was blocked off for the dates to be drawn, no explanation could be provided. The reply was " human error. " The DON further explained historically, Resident #3 had a PT/INR drawn monthly. For some reason it had increased.</p> <p>The facility's corrective action plan which was completed on 3/3/13 was as follows:</p> <p>#1. Immediate action for patient that was effected.: Patient was immediately assessed sent to local hospital via EMS per MD order.</p> <p>#2. Action taken or any resident that could have been affected by the same actions:</p> <ul style="list-style-type: none"> <li>· The Director of Nursing on 2/28/13 made a of list of residents receiving Coumadin which totaled 16. The residents receiving Coumadin were reviewed for current orders and current PT/INR values with corrective action taken as needed.:</li> <li>· Coumadin Flow Sheets were reviewed by Director of Nursing on 2/28/13 for last PT/INR results and current dosage.</li> <li>· Med Carts were checked by Director of Nursing on 3/3/13 to ensure that residents taking Coumadin had correct dosage on cart</li> </ul> <p>#3. Education/Inservice: On 3/1/13 and 3/2/13 a nurse meeting was held for 100% of Nurses by the Director of Nursing. Licensed nurses were educated on the 5 rights of medication administration and the new Coumadin process. Newly hired Nurses will be educated on the Coumadin process during orientation.</p>	F 329			

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F 329	Continued From page 6  The new Coumadin Process is as follows: <ul style="list-style-type: none"> <li>· Coumadin flow books and physician orders will be checked Monday and Friday by Director of Nursing and/or Unit Managers to ensure that PT/INRs are placed correctly on lab calendar and are drawn.</li> <li>· Second shift supervisor will ensure that PT/INR results are received and MD is notified of results.</li> <li>· New Coumadin and/or PT/INR orders will be signed by 2 nurses and carried out by 2 nurses and to ensure that they are correct audits by the Director of Nursing and/or Nurse Practice Educator.</li> <li>· INR was added to Coumadin order on MAR so that each night the nurse can report on her MAR the most recent PT/INR. The Director of Nursing and/or Nurse Practice Educator will monitor for compliance 2 x week.</li> </ul> #4. An emergency QI meeting was held on Thursday February 28, 2013 with the following people: 1. Administrator 2. DON 3. Social Worker 4. Assistant Dietary Manager 5. Scheduling manager 6. 2nd Shift supervisor  The above process was presented to the QA committee and approved. The new audit sheets will be presented monthly to the QA committee by the Director of Nursing. The audit sheets will be reviewed by the QA committee and Administrator for tracking and trending purposes with corrective action taken as needed.	F 329			

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F 329	Continued From page 7 Validation of the facility's corrective action plan:  Validation of the facility's corrective action plan was conducted on 4/10/13 for compliance. Residents #9, 10, 11 and 12 were reviewed for Coumadin orders, verification of lab work drawn and lab results obtained, notification to the physician completed and any new orders were transcribed correctly. The Coumadin books for both nursing stations were reviewed entirely for all residents on Coumadin. The flow sheets were completed according to their plan of correction. Interviews were conducted with the Administrative Nursing staff and floor nurses to ensure their understanding of the new process for Coumadin. The minutes of the Quality Assurance meeting dated 3/22/13 were reviewed. The audits completed by the DON were reviewed for completion.	F 329			





**Salisbury Center**

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## Plan of Correction

#1. Immediate action for pt that was effected.: Resident #3 was immediately assessed sent to local hospital via EMS per MD order. Resident #3 returned to facility and Coumadin order had been discontinued.

#2. What was done for any resident that could have been affected by the same actions:

- The Director of Nursing on 2/28/13 made a of list of residents receiving Coumadin which totaled 16. The residents receiving Coumadin were reviewed for current orders and current PT/INR values with corrective action taken as needed.:
- Coumadin Flow Sheets were reviewed by Director of Nursing on 2/28/13 for last PT/INR results and current dosage.
- Med Carts were checked by Director of Nursing on 3/3/13 to ensure that residents taking Coumadin had correct dosage on cart

#3. Education/Inservice: On 3/1/13 and 3/2/13 a nurse meeting was held for 100% of Licensed Nurses by the Director of Nursing. Licensed nurses were educated on the 5 rights of medication administration and the new Coumadin process. Newly hired Licensed Nurses will be educated on the Coumadin process during orientation.

The new Coumadin Process is as follows:

- Coumadin flow books and physician orders will be checked Monday and Friday by Director of Nursing and/or Unit Managers to ensure that PT/INRs are placed correctly on lab calendar and are drawn.
- Second shift supervisor will ensure that PT/INR results are received and MD is notified of results.



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- New Coumadin and/or PT/INR orders will be signed by 2 nurses and carried out by 2 nurses to ensure that they are correct by the Director of Nursing and/or Nurse Practice Educator.
- INR was added to Coumadin order on MAR so that each night the nurse can report on her MAR the most recent PT/INR. The Director of Nursing and/or Nurse Practice Educator will monitor for compliance 2 x week..

#4. An emergency QI meeting was held on Thursday February 28, 2013 with the following people:

1. Administrator
2. DON
3. Social Worker
4. Assistant Dietary Manager
5. Scheduling manager
6. Rn 2<sup>nd</sup> Shift supervisor

The above process was presented to the QA committee and approved. The new audit sheets will be presented monthly to the QA committee by the Director of Nursing. The audit sheets will be reviewed by the QA committee and Administrator for tracking and trending purposes with corrective action taken as needed.