28N 2 8 2014

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

PRINTED: 01/16/2014 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345551	B. WING_		01	C //08/2014	
	ROVIDER OR SUPPLIER	CAROLINA POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 000 F 157 SS=G	This complaint invest conducted by the Divi Regulation, Nursing F Certification Section of interviews were conducted additional information was changed to 01/08 483.10(b)(11) NOTIF* (INJURY/DECLINE/R A facility must immedit consult with the reside known, notify the reside or an interested family accident involving the injury and has the pot intervention; a significantly accident involving the injury and has the pot intervention; a significantly intervention in health status in either life the clinical complications) significantly (i.e., a ne existing form of treatm consequences, or to deterioration in the existing form of treatm consequences, or to deteriorate from the fights. The facility must also and, if known, the resident from or roces or interested family mechange in room or roces or interested family mechange in foom or roces or specified in §483.15(eresident rights under fights).	igation survey was sion of Health Service flome Licensure and on 12/18/13. However, staff ucted on 01/08/14 to obtain Therefore, the exit date Therefore, the exit dent's legal representative ember when there is a Therefore Therefore, the exit date The exit date The exit date Th	F 1	requirements. Preparation and/or execution of constitutes a written alle of substantial compliance. Federal and Medicaid requirements. Preparation and/or execution of this correction do not constitution.	e with In Ite by the ems et forth es. d red by and aith re and in the with	1/30/14	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other satisfication provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days rowing 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 ys 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.

TITLE

(X6) DATE

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

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION			SURVEY PLETED
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<u> </u>		345551	B. MNG			01/	08/2014
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	STATE, ZIP CODE		
UNIHEAL	TH POST-ACUTE CARE	CAROLINA POINT		5935 MOUNT SINAI ROAI	D		
				DURHAM, NC 27705			
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F 157	The facility must reco the address and phor legal representative of This REQUIREMENT by: Based on interviews	rd and periodically update the number of the resident's r interested family member. is not met as evidenced with staff, infectious disease	F	current will 01/22/14 by Health Serv Partner, Un	rom page 1 nce 12/05/2013 be completed by the Director of vices, Senior Ca it managers, and	y are d/or	
	and record review, the attending physician are physician group of electests and elevated and resident was on intraversulting in the facility while the resident exhapphrotoxicity (damagrenal failure and result	te to the kidney) and acute ting in hospitalization of 1 of ad medication monitoring		ordered, and reported to there is an ordered to an ordered to an ordered to an analysician are audit will ide	e, date lab(s) d completed, da physician, whetl order to report ny other outside nd if so then this entify the date fa de specialist.	her	
	Resident #1 had a hos until 12/3/13. Review "Interim Summary" of resident received IV V treat methicillin resista (MRSA) infection. Ret Discharge/Transfer St physician on 12/3/13 rhave acute renal failur Vancomycin dosing. Thave continued follows weekly labs.	sident #1 had a hospital stay from 11/22/13 il 12/3/13. Review of the hospital record titled erim Summary" of 12/03/13 revealed the ident received IV Vancomycin at the hospital to at methicillin resistant staphylococcus aureus RSA) infection. Review of the charge/Transfer Summary signed by the resician on 12/3/13 revealed the resident did re acute renal failure associated with acomycin dosing. The resident would need to re continued followup for her creatinine with		Director of H managers a Initiated in-s session with all shifts to s importance of labs are follow	of ensuring orde owed through da ion are done	Unit visor n s on	
	facility on 12/3/13 at 6:	tted from the hospital to the 26 PM. Her cumulative spital included multiple , chronic pain, spinal	,				ŕ

stenosis and a complex fluid collection from a

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		345551	B. WING		01	//08/2014 <u>/</u>	
	ROVIDER OR SUPPLIER TH POST-AGUTE CARE	- CAROLINA POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINA! ROAD DURHAM, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 157	Continued From page 2 possible paraspinal abscess whose culture was positive for MRSA. Review of the facility's Physician Orders dated 12/3/13 revealed an order for "Vancomycin (name of the infectious disease physician group) to dose. (Vancomycin) trough weekly on Wednesdays. Send the results to (name of the infectious disease physician group)." A lab report of 12/5/13 was faxed to the facility on 12/05/13 and included a creatinine of 1.23 and a Vancomycin trough of 24.7.			Continue from previous All licensed nurses will be educated by 01/30/2014 licensed nurse not educated outlier of the continuation of the continuation process for or clinical staff moving forw	e. Any ated by allowed in the col in-new		
	A nurse's note of 12/5/13 on the lab results revealed that the nurse spoke with PA (physician's assistant) from the attending physician's group. New orders were issued to recheck BMP (basic metabolic panel) on 12/09/13 (Monday) and fax to the facility pharmacy. There was no documentation in the resident's record to indicate that the lab results of 12/5/13 were sent to the infectious disease physician group. Review of the facility's "Physician Interim Orders" of 12/6/13 revealed orders to do Vancomycin trough 30 minutes prior to dose administration twice a week on Monday and Thursday, to fax all lab results to the infectious disease physician group within 24 hours and not to change the Vancomycin dose without consulting with the group. A lab report of 12/9/13 was faxed to the facility on 12/09/13 and included a creatinine of 4.20 (high) and a Vancomycin trough of 67.3 (high). There			Unit managers will monito completion, notification to physician notification to Resure ordered lab results filled in resident's clinical daily M-F, week end superand/or week end clinical manager on duty will monitor Saturdays and Sunday. DHS/ADHS Nurse supervised monitor compliance was moths then monthly after DHS revised the "daily laboratory draw sheet" to include the column for Monotification and weekly lacommittee column.	or lab P and s are records rvisor itor on isor eekly x erwards D/RP		

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A BUILDING 345561 NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE - CAROLINA POINT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECOLATIONY OR LSC IDENTIFYING INFORMATION) FREFIX TAG F 157 Continued From page 3 read "results reported to (name), (facility) receptionist on 12/9/13 at 3:49 PM, Vanct (Vancomycin trough) =67.3 H (high)." Review of the resident's Medication Record revealed the resident received 1500 mg of Vancomycin on 12/9/13, 12/10/13, 12/10/13, 12/11/13 and 12/12/13. There was no documentation in the records to show the attending physician or the infectious disease physician group was notified of the elevated laboratory results. An Interview with a representative from the lab company on 12/23/13 at 12:30 PM, revealed that the report should not have been given to the receptionist. This was not a standard operating procedure; it should have been given to a nurse. There was no documentation either in the nurse's notes or on the lab report that the results were reported to the infectious disease physician group or to the attending physician. Another lab test was done on 12/12/13 drawn at		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUIT	TIPI F	CONSTRUCTION	(X3) DATE SURVEY	
STREET ADDRESS, CITY, STATE, ZIP CODE				T T				
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5:30 AM. A nurse's note indicated that on 12/12/13 at 4:26 PM the facility received a phone call from the lab for critical Vancomycin trough of 79.6 and creatinine of 4.5. Results were called to the infusion nurse at the infectious disease physician group. The infusion nurse requested and was provided the previous 12/9/13 lab results. A nurse's note of 12/12/13 at 5:49 PM indicated the facility received a call from the infusion nurse at the infectious disease physician group who stated that she spoke with the doctor and he ordered the resident to be sent to the hospital emergency room. A nurse's note dated 12/12/13 at 7:43 PM revealed the resident left the facility	F 157	read "results reporter receptionist on 12/9/13 (Vancomycin trough) the resident's Medica resident received 150 12/9/13, 12/10/13, 12 was no documentatio attending physician group was a laboratory results. An interview with a recompany on 12/23/13 the report should not be receptionist. This was procedure; it should have reported to the infection or to the attending physician group. Another lab test was considered to the infection of the infusion nurse at the infusion nurse at the infusion nurse at the infectious diseas stated that she spoke ordered the resident to emergency room. An	d to (name), (facility) 3 at 3:49 PM, Vanct =67.3 H (high)." Review of tion Record revealed the 10 mg of Vancomycin on /11/13 and 12/12/13. There in in the records to show the in the infectious disease notified of the elevated presentative from the lab is at 12:30 PM, revealed that have been given to the is not a standard operating ave been given to a nurse. Interpretation either in the nurse's port that the results were ous disease physician group ysician. Idone on 12/12/13 drawn at ote indicated that on the facility received a phone itical Vancomycin trough of 4.5. Results were called to the infectious disease infusion nurse requested previous 12/9/13 lab 2/13 at 5:49 PM indicated call from the infusion nurse se physician group who with the doctor and he to be sent to the hospital purse's note dated 12/12/13	F	157	Continue from previous parameter Monitoring Process Unit managers will monitor la completion, notification to physician notification to RP are ensure ordered lab results at filled in resident's clinical recidity M-F, week end supervisionand/or week end clinical manager on duty will monitor Saturdays and Sunday. DHS/ADHS Nurse supervisor monitor compliance weekly a moths then monthly afterward unless recommended otherwith by Quality assurance performance improvement committee. Additional action planning will be implemented the QAPI committee as necessary. SPACE LEFT BLANK	ab and re ords sor r on r will c 3 ds, vise	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: PXIU11

Facility ID: 20090049

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l''		ECONSTRUCTION	(X3) DATE	SURVEY PLETED
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HALIE OF D	ROVIDER OR SUPPLIER	1 040001	0.711110		STREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	/08/2014
NAME OFF	ROVIDER OR SUPPLIER			1	1935 MOUNT SINAI ROAD		
UNIHEAL	TH POST-ACUTE CARE	- CAROLINA POINT		1	DURHAM, NC 27705		
	CHAMADV ST	ATEMENT OF DEFICIENCIES	ID	ь_	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	IX	(EACH CORRECTIVE ACTION SHOULD B	E	COMPLETION
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	3	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	41E	DAIL
F 157	Continued From page	a 4	F	157			
,	Communical Form page	•	,	101			
	Review of the hospita	Il records revealed the					
	laboratory results fror						,
		13 at 11 PM indicated the					
		vas 4.55 and Vancomycin 3.7. The hospital records					
	ū	dent received IV fluids.					,
	·						
	The resident returned 5:30 AM.	to the facility on 12/13/13 at	Average de la company				
	Parious of the facility	nurse's note dated 12/13/13					
	_	he resident returned to the					
		ders and to continue on					
	Vancomycin IV.			•			
	Davinus of the museus	mate detect 40/40/40 at 4:00	į		DAGE LETT DI ANIZ		
		note dated 12/13/13 at 4:20 ancomycin trough was			PAGE LEFT BLANK		
		company called and said			INTENTIANALLY		
		80 and that the laboratory					
	company will call back	k and confirm.					
	A physiolan order was	written on 12/13/13 to send					
	the resident to the hos						
	department for critical						
						ļ	
		of 12/13/13 revealed, under				ļ	
		king", the resident had acute continually worsening. The					/
		condary to Vancomycin.					ĺ
	The creatinine was 4.6	6.					
	The beautiful biology	nd nhysical of 40/40/40	,				
		nd physical of 12/13/13 had a Vancomycin trough of				;	
	74. The resident was					ļ	
	electrolytes. The resid	dent was returned to the					
ĺ	facility on 12/20/13.					•	
	In an interview with th	e infusion nurse at the					

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Event ID: PXIU11

Facility ID: 20090049

If continuation sheet Page 5 of 14

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STATEMEN OF DEFICIENCIES	CATA DE CATE DE LE DICTA	T 0/0\ 10.0	7101 5	CONCTOURTON	(X3) DATE SURVEY	
AND PLAN GCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILD		CONSTRUCTION	COMPLETED	
		A DOILE				c /
I	345551	B. WING			1	/08/2014 /
NAME OF ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0.	100/2014
			5935 MOUNT SINAI ROAD			
UNIHEAITH POST-ACUTE CARE -	CAROLINA POINT		D	OURHAM, NC 27705		
(X4) ID SUMMARY STA	ATEMENT OF DEFICIENCIES	ID.	١	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX (EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
TAG REGULATORY OR E		100	'	DEFICIENCY)		
, , , , , , , , , , , , , , , , , , , ,						
F 157 Continued From page	5	F	157			
infectious disease phy	sician group, on 12/20/13		1			
	at the doctors at their group					
	wn dosing and that was why					
the discharge docume	nt stated to fax the results		1			
of labs to the group wi	thin 24 hours. She stated		ŀ			
when she did not hear	from the facility on 12/6/13					
	should have been done on		1			
	she called the facility to					
clarify the group's exp	ectations.					
During an interview on	01/08/13 at 12:30 PM, the		ĺ			
	ON) stated the infusion					
_ ,	us disease physician group					/
notified him on 12/12/1				DAORIETTOLANIZ		
results of Vancomycin	trough and creatinine were			PAGE LEFT BLANK		,
	ectious disease physician			INTENTIANALLY		
	ne DON stated he started		ŧ			
an investigation. The						
receptionist denied rec			ĺ			
T .	he DON then called the		İ			
	pany and they stated the					
	ng it with the receptionist reports of 12/09/13. The					
	boratory results should only					
	ff. This has been entered					1
-	stem. He stated he could					ľ
	He was unsure where the					
	peen stored from 12/09/13					
to 12/12/13. But when	the laboratory results of					ł
12/12/13 came in, a nu	rse was notified and she					ľ
did contact the infection	- ·				ĺ	
group. When the infus						·
	us lab values of 12/9/13,					
the facility nurse was a		1				1
	to the infusion nurse. The rse that did not send the					
12/09/13 reports to the						
	infectious disease I longer employed at the					,
	his staff member was not	1				/

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STATEMEN OF DEFICIENCIES (X AND PLAN)F CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
1		345551	B. WING_		C 01/08	8/2014
	ROVIDER OR SUPPLIER TH POST-ACUTE CARE	CAROLINA POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705		,
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	possible. The DON for the physician order of results to the infection As a result, the resided 1500mg of Vancomyo An interview with the 12/20/13 at 10:30 AM call from infectious dissaying that they were and a clarification teled 12/06/13 to shift in residesing to the infectious 483.25(I) DRUG REGUNNECESSARY DRUE Each resident's drug runnecessary drugs. A drug when used in exiduplicate therapy); or without adequate more indications for its use; adverse consequences should be reduced or combinations of the resident, the facility mention who have not used an given these drugs unlet therapy is necessary that as diagnosed and door record; and residents of drugs receive gradual behavioral intervention.	elt the nurse did not follow 12/06/13 to fax all lab a disease physician group. Introduced to receive in a day. attending physician on revealed she received a sease physician group, to dose the Vancomycin phone order was written on sponsibility of Vancomycin is disease physician group. IMEN IS FREE FROM JGS regimen must be free from an unnecessary drug is any cessive dose (including for excessive duration; or altoring; or without adequate or in the presence of is which indicate the dose discontinued; or any easons above. Insive assessment of a just ensure that residents tipsychotic drugs are not eas antipsychotic drug or treat a specific condition umented in the clinical who use antipsychotic dose reductions, and	F 1	SPACE LEFT BLAN INTENTIANALLY	n the with ted by the unit nators enous sure eived ose evated	1/30/14

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: PXIU11

Facility ID: 20090049

If continuation sheet Page 7 of 14

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ı		345651	B. WING			1	C 08/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705			00/2014
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE .	(X5) COMPLETION DATE
F 329	Continued From page	97	F	329	Continue from previous p Systemic Changes/Meas	ures	/
	by: Based on interviews nurse, the physician, and record review, the kidney function and a resident was on intrav resulting in the facility while the resident exh nephrotoxicity (damag renal failure and resul 3 residents that neede (Resident #1). Findin Lexi-Comp Geriatric E edition revealed that V designated this medic Medication: The Instit Practices (ISMP) inclu its list of drug classes of causing significant error." Monitoring of Vancom "initial intravenous do: actual body weight; su based on serum troug dose) of Vancomycin. Lexi-Comp monograp that it may cause nep creatinine concentrati of 50% from baseline	ge to the kidney) and acute sting in hospitalization of 1 of ed medication monitoring gs included: Dosage Handbook, 17th Vancomycin's monograph sation as a "High Alert ute for Safe Medication udes this medication among which have heightened risk patient harm when used in yoin was described as sing should be based on ubsequent dosing adjusted the (lowest level before next " The for Vancomycin revealed throtoxicity, if serum ons demonstrate increase in 2 or more sequential lab ould be identified as having			Moving forward residents we physician orders for intraver Vancomycin will be tracked "Intravenous Vancomycin lose ensure that resident's Vancomycin dose is administered appropriately a not unnecessarily. Director of Health Services unit managers will educate licensed nurses on the necessities of ensuring Intravenous Vancomycin is administered before identify resident's blood level (specifically trough level) All licensed nurses will be educated by 01/30/2014. A licensed nurse not educate 01/30/2014, will not be allot to work until educated on the process to be followed for resident with Intravenous Vancomycin orders. Intravenous Vancomycin log utilization education will be added on orientation proces for our new clinical staff metorward	nous on a og" to and and not ing wed by wed he	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/16/2014 FORM APPROVED OMB NO. 0938-039/1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A BUILDING		
1		345561	B. WNG		C 01/08/2014	
	ROVIDER OR SUPPLIER TH POST-ACUTE CARE		S 6	STREET ADDRESS, CITY, STATE, ZIP CODE 6935 MOUNT SINAI ROAD DURHAM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE COMPLETIO	
F 329	Resident #1 had a hountil 12/3/13. Review "Interim Summary" of resident received IV treat methicillin resist (MRSA) infection. The Vancomycin Trough (within 30 minutes of the 16.9 (target level of 1 and creatinine (a laboration level creatinine test would 12/2/13. Review of the Summary signed by the revealed the resident associated with Vancomesident did improve a she would need to have the reatinine with well associated with Vancomesident did improve as the would need to have the resident with well associated with Vancomesident did improve as the would need to have the resident #1 was admitted facility on 12/3/13 at 6 diagnoses from the hocompression fractures stenosis and a completion of the possible paraspinal all positive for MRSA. The resident arrived a discharge orders of 13 dilly for 4 weeks. Chellevels, complete bloometabolic chemistry (Increatinine) level of 1 A BMP is necessary to creatinine.	ospital stay from 11/22/13 of the hospital record titled if 12/03/13 revealed the Vancomycin at the hospital to ant staphylococcus aureus he resident had a blood Vancomycin levels he next scheduled dose) of 0-20 ug (micrograms/ ml)) bratory test used to check of 1.27 (Normal Range for a be 0.5-1.0 mg/deciliter) on he Discharge/Transfer he physician on 12/3/13 did have acute renal failure brater IV hydration and that ve continued followup for bekly labs. witted from the hospital to the cospital included multiple so, chronic pain, spinal bex fluid collection from a becess whose culture was at the facility with hospital 2/3/13 for "Vancomycin to be infused intravenously beck Vancomycin trough d count (CBC), basic BMP) once a week- goal is 0-20 ug (micrograms/ ml)]."	F 329	Likewise Director of health Services and Unit manage educate both Licensed nursing assist on identification of early sign toxicity All licensed nurses Certified nursing assistants be educated by 01/30/20 Any licensed nurse or Cenursing assistants not educated by 01/30/2014, will not be allowed to work until education on the identification of early signs of toxicity Education on identification early signs of toxicity will added on orientation proof for our new nursing staff moving forward Monitoring Process Unit managers will monitor Intravenous Vancomycin Icdaily M-F, week end super and/or week end clinical manager on duty will monit Saturdays and Sunday.	ors will rses stants gns of es and s will 14. rtified ucated rly n of be ess	

PRINTED: 01/16/2014 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
ı		346551	B. WNG_		01	C /08/2014	
	ROVIDER OR SUPPLIER TH POST-ACUTE CARE -	CAROLINA POINT	1	STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NG 27705	· · · · · ·	/	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	of the infectious diseadose. (Vancomycin) to Wednesdays. Send to infectious disease physician groups and to the aprogress note dated 1 revealed, under assest bacteremia [blood infections of the aprogress note dated 1 revealed, under assest bacteremia [blood infections of the aprogress note of the disease physician group of the disease physician group of the disease physician group of the disease physician group of the disease physician group of the disease physician group of the disease physician group. Near the disease physician's assistant physician's group. Near the disease physician's group. Near the disease physician's group. Near the disease physician's group. Near the disease physician's assistant physician's group. Near the disease physician's assistant physician's assistant physician's assistant physician's assistant physician's assistant physician's assistant physician's assistant physician's assistant physician's group. Near the disease physician's assistant physician's assistant physician's assistant physician's assistant physician's assistant physician's assistant physician's assistant physician's assistant physician's assistant physician's assistant physician's assistant physician's group. Near the disease physician's assistant physician's as	arder for "Vancomycin (name use physician group) to be results to (name of the visician group)." attending physician's 2/4/13 at 10:27 AM use and plan: "MRSA use action] Patient currently on each; (facility) pharmacy to ow- up) with (the infectious up) in 4 weeks." It was faxed to the facility on a creatinine of 1.23 and a 24.7. If 3 on the lab results be spoke with PA from the attending worders were issued to netabolic panel) on 12/09/13 are facility pharmacy. Intation in the resident's the lab results of 12/5/13 ious disease physician "Physician Interim Orders" ders to do Vancomycin or to dose administration ay and Thursday, to fax all tious disease physician	F3	Continue from previous DHS and/or Nurse super will monitor compliance 3 moths then monthly afterwards, unless recommended otherwist Quality assurance performs improvement committee Additional action planni implemented by the QA committee as necessary. SPACE LEFT BL INTENTIANALL	e by ormance e. ng will be PI		
	group within 24 hours Vancomycin dose with group.	and not to change the out consulting with the					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONS		(X3) DATE SURVEY COMPLETED	
:		245574	B. WING				C
	-	345551	B. WING			01	/08/2014
	ROVIDER OR SUPPLIER TH POST-ACUTE CARE -	CAROLINA POINT		5935 M	FADDRESS, CITY, STATE, ZIP CODE OUNT SINAI ROAD AM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDEO BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETION DATE
F 329	A lab report of 12/09/on 12/09/13 and inclu (high) and a Vancomy There was a statement that read "results repreceptionist on 12/9/1 (Vancomycin trough) the resident's Medicat	13 was faxed to the facility ded a creatinine of 4.20 voin trough of 67.3 (high). nt at the top of the lab report orted to (name), (facility) 3 at 3:49 PM, Vanct =67.3 H (high)." Review of tion Record revealed the 0 mg of Vancomycin on	F	329			
	An interview with a recompany on 12/23/13 the report should not I receptionist. This was procedure; it should have was no documentes or on the lab representation.	presentative from the lab at 12:30 PM, revealed that have been given to the s not a standard operating ave been given to a nurse, entation either in the nurse's port that the results were bus disease physician group			PAGE LEFT BLANK INTENTIANALLY	(
	5:30 AM. A nurse's not 12/12/13 at 4:26 PM to call from the lab for cri 79.6 and creatinine of the infusion nurse at to	the facility received a phone itical Vancomycin trough of 4.5. Results were called to the infectious disease infusion nurse requested					
And the second s	the facility received a cat the infectious disease stated that she spoke ordered the resident to emergency room. A n	be sent to the hospital urse's note dated 12/12/13 ne resident left the facility					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
I		345551	B. WNG			C 01/08/2014		
	ROVIDER OR SUPPLIER TH POST-ACUTE CARE	. , , , , , , , , , , , , , , , , , , ,		59	FREET ADDRESS, CITY, STATE, ZIP CODE 935 MOUNT SINAI ROAD URHAM, NC 27705	1	170072014	
(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 E CROSS-REFERENCEO TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 329	Review of the hospital aboratory results from department on 12/12/resident's creatinine with the resident's creatinine with the resident returned 5:30 AM. Review of the facility at 5:30 AM revealed the facility with no new or vancomycin IV. Review of the nurse's PM indicated that a Vadone. The laboratory that it was more than a company will call back. Review of the nurse's PM revealed the resident critical Vancomycin A physician order was the resident to the hospital partment for critical vancomycin.	I records revealed the in the emergency 13 at 11 PM indicated the vas 4.55 and Vancomycin 3.7. The hospital records dent received IV fluids. It to the facility on 12/13/13 at incresion treturned to the ders and to continue on increase and to continue on increase and the laboratory is and confirm. Increase a sent to the hospital increase and to the hospital increase and pital emergency		329			DATE	
	"Medical decision Mak renal failure that was o	ing", the resident had acute continually worsening. The condary to Vancomycin.					/	
		id physical of 12/13/13 nad a Vancomycin trough of given IV fluids and						

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STATEMEN OF DEFICIENCIES AND PLAN F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		LY BOILD			С	
f	345551	B. WNG		l c	01/08/2014	
NAME OF PROVIDER OR SUPPLIER	<u> </u>	1	STREET ADDRESS, CITY, STATE, ZIP CODE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			6935 MOUNT SINAI ROAD			
UNIHEA.TH POST-ACUTE CAR	E - CAROLINA POINT		DURHAM, NC 27705		/	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
In an interview with infectious disease pat 3 PM, she stated preferred to do their the discharge docur of labs to the group when she did not he about the lab test th 12/05/13 (Thursday clarify the group's expected by the group's expected by the group's expected by the group's expected by the group on 12/09/13. In investigation. The receptionist denied results on 12/09/13. In investigation about less was printed on the lab be given to nursing so into the lab's record not prove either stort laboratory results had to 12/12/13. But when 12/12/13 came in, a did contact the infect group. When the prevented was printed on the lab's record not prove group. When the infect group. When the infect group. When the prevented was printed by the prevented and the prevented group. When the prevented group was prevented to the prevented group was prevented to the prevented group. When the prevented group was prevented to the prevented grou	the infusion nurse at the obsident was returned to the obsident was returned to the obsidence of the infusion nurse at the obsidence of the infusion of the in	F	PAGE LEFT BL INTENTIANAL			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	(X3) DATE SURVEY COMPLETED	
ì		346551	B. WNG_			C 1/08/2014	
NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE - CAROLINA POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 6935 MOUNT SINAI ROAD DURHAM, NC 27705		/100/2014		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 329	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 DON stated that the nurse that did not send the 12/09/13 reports to the infectious disease physician group was no longer employed at the facility. Interview with this staff member was not possible. The DON felt the nurse did not follow the physician order of 12/06/13 to fax all lab results to the infection disease physician group. As a result, the resident continued to receive 1500mg of Vancomycin a day. An interview with the attending physician on 12/20/13 at 10:30 AM revealed she received a call from infectious disease physician group, saying that they were to dose the Vancomycin and a clarification telephone order was written on 12/06/13 to shift in responsibility of Vancomycin dosing to the infectious disease physician group.		F 32	PAGE LEFT BLAI			

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