

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2014
NAME OF PROVIDER OR SUPPLIER ROANOKE RIVER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 119 GATLING STREET WILLIAMSTON, NC 27892		
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F 000	INITIAL COMMENTS	F 000			
F 329 SS=D	<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 staff interview, pharmacist interview and record review, the facility failed to obtain Thyroid Stimulating Hormone (TSH) blood level</p>	F 329	<p>F 329</p> <p>1. The TSH level was drawn on 3-7-14 for resident #72. Levels were within</p>	3/21/14	

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

TITLE

(X6) DATE

Electronically Signed

03/21/2014

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>as ordered by the physician to monitor the effectiveness of thyroid replacement therapy for a resident with hypothyroidism. This was evident in 1 of 5 residents reviewed for drug regimen. (Resident #72). Findings included:</p> <p>Resident #72 was admitted to the facility on 10/20/12. The resident diagnoses included End Stage Renal Disease, Diabetes Mellitus, and Hypothyroidism.</p> <p>Review of the Quarterly Minimum Data Set of 01/14/14 revealed the resident was alert and oriented.</p> <p>Review of the medical records revealed the last Thyroid Stimulating Hormone (TSH) blood level was checked on 10/23/12. TSH level was 4.094 mIU/ml (milli-international units per liter) (normal values for the lab are 0.350-4.5).</p> <p>Review of the resident's medical records revealed the most recent physician order for Synthroid (medication given to replace a hormone produced by the thyroid gland) was given on 09/23/13. The order read "Synthroid 75 mcg (microgram) tabs (tablet) 1 by mouth daily prior to breakfast. Check pulse weekly."</p> <p>Review of the monthly pharmacy drug regimen review revealed, on 12/22/13, the consultant pharmacist recommended to check TSH blood level.</p> <p>A physician telephone order, dated 01/06/14 ordered to do "TSH January". The telephone order was signed by the nurse on duty on 01/06/14 and by the physician on 01/07/14.</p>	F 329	<p>normal therapeutic range.</p> <p>2. An audit of all labs for all current residents will be completed by the Director of nursing and the Phlebotomist by 3-19-14. Any missing labs found will be drawn by 3-21-14.</p> <p>3. The Director of Nursing will inservice all licensed nursing staff to include any outside nursing contractors on the correct procedure by 3-21-14. When a lab order is receive the nurse will take off the order fax immediately to the pharmacy, complete a lab slip placing it in the phlebotomist's box and placing the pink copy of the order in the Director of Nursing box. The phlebotomist will now join the morning clinical to receive the pink copies from the DON and cross reference the lab slips.</p> <p>4. The Pharmacist Consultant will audit all labs orders obtained during any given month ensuring labs have been done. In addition a member of the pharmacy management team will also audit 25% of the pharmacy consultants charts monthly for three months to ensure all labs are done. Findings will be forward to the QA team which will determine the need for a manner of ongoing audits, staff retraining, etc.</p>		

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F 329	<p>Continued From page 2</p> <p>Review of Resident #72's medical record revealed there was no documentation of TSH blood level result for the 01/06/14 physician order to do TSH blood level.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 03/07/14 at 10:20 AM, she stated that the TSH blood level was not done as ordered on 01/06/14.</p> <p>Review of the medical records revealed the consultant pharmacist did drug regimen reviews on 01/23/14 and 02/23/14. The consultant pharmacist did not address that the TSH blood level was not checked as ordered by the physician on 01/06/14.</p> <p>An interview with the Director of Nursing (DON) and the phlebotomist on 03/07/14 at 11:44 AM revealed that the nurse (Nurse #3) that toured with the physician on 01/06/14 wrote the telephone order for the TSH level on 01/06/14. The nurse on duty for this resident (Nurse # 1) was supposed to fill out a laboratory requisition form for the TSH and put it in either the DON box or the phlebotomist box. The phlebotomist will get the requisition form and draw the blood and send it to the lab. The DON said she did not know why the TSH blood level was not done as ordered by the physician. The DON said she interviewed the nurse on duty (Nurse # 1) and he did not remember what happened. He could not remember if he wrote the requisition form and left it to the phlebotomist or DON or not. The phlebotomist stated that she never received a laboratory requisition form for doing TSH blood level for Resident #72 in January of 2014.</p> <p>Nurse #3 was not available for interview at the</p>	F 329			

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F 329	Continued From page 3 time of the survey. The nurse on duty (Nurse #1) was interviewed on 03/07/14 at 12:22 PM. He stated "I filled out the requisition form and put it in the DON's box as we are instructed." Then he said it has been a long time and he can not remember. The consultant pharmacist was interviewed on 03/07/14 at 4:57 PM. She said she routinely checked the physician orders and the laboratory results and the nurses notes to see if the ordered labs were drawn. She said she did not check to see if TSH was drawn as ordered by the physician on 01/06/14 when she did her drug regimen review in January and February, 2014. She just missed it.	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 staff interview, pharmacist interview and record review, the consultant pharmacist failed to alert the facility that a Thyroid Stimulating Hormone (TSH) blood level was not done, as	F 428	1. The TSH level was drawn on 3-7-14 for resident #72. Levels were within normal therapeutic range.	3/21/14	

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F 428	<p>Continued From page 4</p> <p>ordered by the physician, to monitor the effectiveness of thyroid replacement therapy for a resident with hypothyroidism. This was evident in 1 of 5 residents reviewed for drug regimen. (Resident #72). Findings included:</p> <p>Resident #72 was admitted to the facility on 10/20/12. The resident diagnoses included End Stage Renal Disease, Diabetes Mellitus, and Hypothyroidism.</p> <p>Review of the medical records revealed the last Thyroid Stimulating Hormone (TSH) blood level was checked on 10/23/12. TSH level was 4.094 mlu/ml (milli-international units per liter) (normal values for the lab are 0.350-4.5).</p> <p>Review of the resident's medical records revealed the most recent physician order for Synthroid (medication given to replace a hormone produced by the thyroid gland) was given on 09/23/13. The order read "Synthroid 75 mcg (microgram) tabs (tablet) 1 by mouth daily prior to breakfast. Check pulse weekly."</p> <p>Review of the monthly pharmacy drug regimen review revealed, on 12/22/13, the consultant pharmacist recommended to check TSH blood level.</p> <p>A physician telephone order, dated 01/06/14 ordered to do "TSH January". The telephone order was signed by the nurse on duty on 01/06/14 and by the physician on 01/07/14.</p> <p>Review of Resident #72's medical record revealed there was no documentation of TSH blood level result for the 01/06/14 physician order to do TSH blood level.</p>	F 428	<p>2. An audit of all labs for all current residents will be completed by the Director of nursing and the Phlebotomist by 3-19-14. Any missing labs found will be drawn by 3-21-14.</p> <p>3. The Director of Nursing will inservice all licensed nursing staff to include any outside nursing contractors on the correct procedure by 3-21-14. The Pharmacist will be inserviced by a member of the Pharmacy Management Team by 3-19-14 on reviewing records and reporting missing labs. When a lab order is receive the nurse will take off the order fax immediately to the pharmacy, complete a lab slip placing it in the phlebotomist's box and placing the pink copy of the order in the Director of Nursing box. The phlebotomist will now join the morning clinical to receive the pink copies from the DON and cross reference the lab slips.</p> <p>4. The Pharmacist Consultant will audit all labs orders obtained during any given month ensuring labs have been done. In addition a member of the pharmacy management team will also audit 25% of the pharmacy consultants charts monthly for three months to ensure all labs are done. Findings will be forward to the QA team which will determine the need for a manner of ongoing audits, staff retraining, etc.</p>		

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F 428	<p>Continued From page 5</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 03/07/14 at 10:20 AM, she stated that the TSH blood level was not done as ordered on 01/06/14.</p> <p>Review of the medical records revealed the consultant pharmacist did drug regimen reviews on 01/23/14 and 02/23/14. The consultant pharmacist did not address that the TSH blood level was not checked as ordered by the physician on 01/06/14.</p> <p>An interview with the Director of Nursing (DON) and the phlebotomist on 03/07/14 at 11:44 AM revealed that the nurse (Nurse #3) that toured with the physician on 01/06/14 wrote the telephone order for the TSH level on 01/06/14. The nurse on duty for this resident (Nurse # 1) was supposed to fill out a laboratory requisition form for the TSH and put it in either the DON box or the phlebotomist box. The phlebotomist will get the requisition form and draw the blood and send it to the lab. The DON said she did not know why the TSH blood level was not done as ordered by the physician. The phlebotomist stated that she never received a laboratory requisition form for doing TSH blood level for Resident #72 in January of 2014.</p> <p>The consultant pharmacist was interviewed on 03/07/14 at 4:57 PM. She said she routinely checked the physician orders and the laboratory results and the nurses notes to see if the ordered labs were drawn. She said she did not check to see if TSH was drawn as ordered by the physician on 01/06/14 when she did her drug regimen review in January and February, 2014. She just missed it.</p>	F 428			

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F 431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>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 records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview,</p>	F 431	<p>1. The Xalatan eye drops and the</p>	3/21/14	

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F 431	<p>Continued From page 7</p> <p>manufacturer specifications and facility policy review, the facility failed to date, when opened, medications that expire within a certain time period after opening on 2 of 5 medication carts (Peele Hall medication cart and Martin Hall medication cart). The findings included:</p> <p>A facility policy, revised 1/1/14, entitled "Medication Discard Dates" listed Xalatan to be discarded 6 weeks after opened.</p> <p>The package insert for Xalatan eye drops read in part, "Once a bottle is opened for use, it may be stored at room temperature up to 25°C (77° F) for 6 weeks."</p> <p>The manufacturer specifications for storage of Prostat, as printed on the label of the container, read in part, "Discard 3 months after opening. Record date opened on bottom of container."</p> <p>1. On 3/7/14 at 11:45 AM, an opened, undated container of Prostat was observed on the Martin Hall medication cart.</p> <p>During an interview on 3/7/14 at 11:45 AM, Nurse #1 indicated he thought the opened Prostat was good until the manufacturer expiration date.</p> <p>During an interview on 3/8/14 at 8:54 AM, the Director of Nursing (DON) indicated Prostat should be dated when opened. The DON added Prostat was a new product for the facility as of 2/14/14.</p> <p>2. On 3/7/14 at 12:00 PM, 2 opened, undated bottles of Xalatan eye drops were observed on the Peele Hall medication cart. Labels were affixed to the eye drops with a space to enter</p>	F 431	<p>Pro-Stat were discarded on 3-7-14.</p> <p>2. An audit of all medication carts and storage room will be completed by 3-19-14 to ensure all medication needing a date has been dated and to ensure all medication needing to be discarded has been discarded.</p> <p>3. The Director of Nursing will inservice all licensed nursing staff to include any outside nursing contractors on dating and discarding medications within the correct time limits by 3-21-14.</p> <p>4. The Director of Nursing or designee will audit the medication carts and the medication storage room weekly for four weeks then monthly on an ongoing basis to ensure all medications have been dated and discarded appropriately. Any trends or concerns will result on one on one education/ discipline. Findings will be forward to the QA team which will determine the need for a manner of ongoing audits, staff retraining, etc.</p>		

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F 431	Continued From page 8 "date opened" and a notice to discard 6 weeks after opening. During an interview on 3/7/14 at 12:00 PM, Nurse #2 indicated she had been told eye drops did not need to be dated when opened. During an interview on 3/8/14 at 8:54 AM, the Director of Nursing (DON) indicated Xalatan eye drops were good for 6 weeks after opening and should be dated when opened.	F 431			