STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345358	A. BUILDING _____ B. WING _____	C 07/10/2014

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LOUISBURG NURSING CENTER	202 SMOKETREE WAY LOUISBURG, NC 27549

(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey of 7/10/14. Event ID# VTI711.	F 000		
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews the facility failed to ensure adequate building maintenance was provided to ensure a safe and comfortable environment for 2 of 2 resident common use bath/shower rooms (Men ' s bath/shower room 300 hall; Women ' s bath/shower room 300 hall). The findings included: 1. On 07/07/2014 at 10:20 a.m. a tour of the facility was conducted. During the tour an observation of the women ' s common use bath/shower room located on the 300 hall was conducted. The following items were found to be in need of repair and/or replacement: The grab bars in all 3 shower stalls were observed to be loosely mounted on the walls and could be easily be moved up and down ¼ to ¾ inch. Some tiles at the grab bar mounting points were observed to be cracked where the loose mounting had put pressure on the tiles. The cover plate to the room's light switch was	F 253	F253 Standard Disclaimer: This plan of correction is provided as a necessary requirement of continued participation in the Medicare and Medicaid program(s) and does not, in any manner, constitute an admission to the validity of the alleged deficient practice. The grab bars in the women□s common use bath/shower room stalls have been secured, tiles replaced. The light switch cover plate in women□s common use bath/shower room has been repaired and secured. The grab bars and tiles in the middle stall of men□s common use bath/shower room have been secured/repaired. The Men□s and Women□s common use bath/shower rooms have been evaluated for any outstanding environmental needs/repairs.	7/31/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/30/2014

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F 253	Continued From page 1 observed to have 2 broken off screws and the plate was loose on the wall and could easily be moved. On 07/08/2014 at 10:25 a.m. a second observation was conducted of the women's common use bath/shower room on the 300 hall. The 3 shower stalls were observed to still have the loose grab bars mounted loosely on the walls and could easily be moved up and down ¼ - ¾ of an inch. The cover plate to the room's light switch still had the 2 broken off screws and the plate was still loose on the wall. On 07/09/2014 at 10:55 a.m. a third observation was conducted of the women's common use bath/shower room on the 300 hall. The 3 shower stalls were observed to still have the grab bars mounted loosely on the walls and could easily be moved up and down ¼ - ¾ of an inch. The cover plate to the room's light switch still had the 2 broken off screws and the plate was still loose on the wall. On 07/10/2014 at 7:55 a.m. a fourth observation was conducted of the women's common use bath/shower room on the 300 hall. The 3 shower stalls were observed to still have the grab bars mounted loosely on the walls and could easily be moved up and down ¼ - ¾ of an inch. The cover plate to the room's light switch still had the 2 broken off screws and the plate was still loose on the wall. On 07/10/2014 at 12:25 p.m. an interview was conducted with nurse # 1 in reference to the facility ' s maintenance request/notification procedures. Nurse # 1 indicated - " We have a maintenance log book here at the nurse's station	F 253	The Administrator/designee and/or the Environmental Services Manager/designee will use Weekly Common Bath/Shower Room Audit tool to identify and correct environmental issues. Episodes of non-compliance with Common Use Bath/Shower room repair will be documented via Weekly Common Bath/Shower Room Audit tool and forwarded to Environmental Services Director and Administrator for review / follow up. The plan of correction for this alleged deficient practice shall be included as an addendum to the facility□s most recent Quality Assurance Committee meeting minutes monthly for three months and quarterly thereafter.	

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F 253	Continued From page 2	F 253		

and when we find, or a maintenance problem is reported to us needing repairs or replacement by maintenance we log the problem into the maintenance log book. The maintenance manager reviews the log book (several times a day) and he initiates repairs based on the entries in the log book. When the repair(s) are completed he will sign off the book indicating the work was done or deferred for whatever reason. We also will do a verbal notification to the maintenance manager to notify him of an issue that needs immediate attention and he will fix the problem immediately. "

On 07/10/2014 at 12:35 p.m. an interview was conducted with the facility ' s maintenance manager. The maintenance manager indicated - " We have a maintenance log book at the nurse's station and when the staff or a family member finds a problem that needs a repair or replacement the staff will document the problem in the log. I will review the log book up to ten times a day and initiate any requested repairs. When the repair(s) are completed I will sign off the book indicating the work was done or if deferred, indicate the reason (usually waiting on parts). We also will do a verbal notification where the staff will tell me when something needs repair or replacement immediately and I will fix the issue right then and there if I can but it usually will not be entered into the log book. The staff also will conduct a room audits from time to time and I will get information from the maintenance log where the room audits found items needing repair. The DON usually puts the room audit repair requests in the log book. "

On 07/10/2014 at 1:35 p.m. a review of the facility's maintenance log book (maintenance

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F 253	Continued From page 3 requests) was conducted with the facility's maintenance manager. There were no outstanding log entries indicating the maintenance staff was notified of or aware of the items observed in need or repair or replacement in the women ' s common use bath/shower room. The maintenance manager indicated the facility's administrator would sometimes have items in the facility ' s QA minutes indicating something needed repair or replacement. On 07/10/2014 at 1:40 p.m. an interview with the facility's administrator was conducted. The administrator indicated there were no items currently noted in the QA information or any other place other than the maintenance log book indicating items that were in need of repair or replacement. The administrator indicated she had transferred all items she knew about that were previously in the QA information to the maintenance log book for repair and they had all been repaired. On 07/10/2014 at 2:00 p.m. a fifth observation of the women ' s common use bath/shower rooms was conducted with the facility's maintenance manager and facility's administrator. The following items were still observed to be in need of repair and/or replacement: The grab bars in all 3 shower stalls were observed to still be loose on the walls and the cover plate to the room's light switch was observed to still have the 2 broken off screws and the plate was still loose on the wall. 2. On 07/07/2014 at 10:20 a.m. a tour of the facility was conducted. During tour an observation of the men ' s common use	F 253		

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F 253	Continued From page 4 bath/shower room located on the 300 hall was conducted. The following item was found to be in need of repair: The grab bar in the middle shower stall was observed to be loose on the wall. The bar could be easily moved up and down ¾ of an inch and the tile at the left side mounting point was cracked indicating the bar had been moved up and down enough to crack the tile through which it was mounted. 07/08/2014 at 10:25 a.m. a second observation was conducted of the men's common use bath/shower room on the 300 hall. The grab bar in the middle shower stall was observed to still be loose on the wall, could be easily moved up and down ¾ of an inch and the tile at the left side mounting point was still cracked. 07/09/2014 at 10:55 a.m. a third observation was conducted of the men's common use bath/shower room on the 300 hall. The grab bar in the middle shower stall was observed to still be loose on the wall, could be easily moved up and down ¾ of an inch and the tile at the left side mounting point was still cracked. 07/10/2014 at 7:55 a.m. a fourth observation was conducted of the men's common use bath/shower room on the 300 hall. The grab bar in the middle shower stall was observed to still be loose on the wall, could be easily moved up and down ¾ of an inch and the tile at the left side mounting point was still cracked. On 07/10/2014 at 12:25 p.m. an interview was conducted with nurse # 1 in reference to the facility ' s maintenance request/notification procedures. Nurse # 1 indicated - " We have a	F 253		

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maintenance log book here at the nurse's station and when we find a problem that needs a repair or replacement by maintenance we log the problem in the maintenance log book and the maintenance manager will review the log book (several times a day) and initiate the repairs. When the repair(s) are completed he will sign off the book indicating the work was done or deferred for whatever reason. We also will do a verbal notification to the maintenance manager to notify him of an issue that needs immediate attention and he fixes it immediately. "

On 07/10/2014 at 12:35 p.m. an interview was conducted with the facility ' s maintenance manager. The maintenance manager indicated - " We have a maintenance log book at the nurse's station and when the staff or a family member finds a problem that needs a repair or replacement the staff will document the problem in the log. I will review the log book up to ten times a day and initiate any requested repairs. When the repair(s) are completed I will sign off the book indicating the work was done or if deferred, indicate the reason (usually waiting on parts). We also will do a verbal notification where the staff will tell me when something needs repair or replacement immediately and I will fix the issue right then and there but it usually will not be entered into the log book. The staff also will conduct a room audits from time to time and I will get information from the maintenance log where the room audits found items needing repair. The DON usually puts the room audit repair requests in the log book. "

On 07/10/2014 at 1:35 p.m. a review of the facility's maintenance log book (maintenance requests) was conducted with the facility's

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F 253	Continued From page 6 maintenance manager. There were no outstanding log entries indicating the maintenance staff was notified of or aware of the items observed in need or repair or replacement in the men ' s common use bath/shower room. The maintenance manager indicated the facility's administrator would sometimes have items in the facility ' s QA minutes indicating something needed repair or replacement. On 07/10/2014 at 1:40 p.m. an interview with the facility's administrator was conducted. The administrator indicated there were no items currently noted in the QA information or any other place other than the maintenance log book indicating items that were in need of repair or replacement. The administrator indicated she had transferred all items she knew about that were previously in the QA information to the maintenance log book for repair and they had all been repaired. On 07/10/2014 at 2:00 p.m. a fifth observation of the men ' s common use bath/shower room was conducted with the facility's maintenance manager and facility's administrator. The following item wase still observed to be in need of repair and/or replacement: The middle shower stall was observed to still have the loose grab bar and the cracked tiles at the grab bar ' s left mounting point.	F 253		
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	F 329		7/31/14

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F 329	Continued From page 7 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, facility staff, and consultant pharmacist interviews the facility failed to ensure residents were free from unnecessary drugs, including duplicate therapy for 1 of 6 residents (Resident #43) reviewed for unnecessary drugs. The findings included: Resident #43 was admitted to the facility on 08/30/2010 after a hospitalization and treatment for a stroke and paralysis. The resident's diagnoses included depression. A review of the resident ' s current physician ' s medication orders included - Celexa 20 milligrams 1 by mouth every day (02/18/2014) and Welbutrin 100 milligrams 1 by mouth every day (01/07/2014) for	F 329	F329 Standard Disclaimer: This plan of correction is provided as a necessary requirement of continued participation in the Medicare and Medicaid program(s) and does not, in any manner, constitute an admission to the validity of the alleged deficient practice. Resident #43 has had medication review by physician as well as the On-Site clinician with the following documentation noted: A GDR of Wellbutrin 100 mg po q AM and Celexa 20 mg po q AM is medically contraindicated at this time as it	

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F 329	Continued From page 8 depression. The resident's annual Minimum Data Set (MDS) dated 04/14/2014 indicated the resident to be severely cognitively impaired and having a Basic Interview for Mental Status (BIMS) of 3 out of 15. The MDS also indicated the resident had an active diagnosis of depression and was receiving medications for depression. The resident's Care Plan dated 08/30/2010 with latest update on 02/04/2014 indicated the resident had a diagnosis of depression and was receiving the antidepressant medications Celexa and Welbutrin. The facility ' s goal was that the resident would have no acute signs of depression as evidenced by no social withdrawal through the next review (90 days). The facility ' s interventions included - administer medications as ordered, observe for signs/symptoms of side effects of medications and to notify the physician of changes, observe for adverse reactions such a seizures, tachycardia, agitation, confusion and report to also report these to the physician, encourage resident to attend activities, provide opportunities for resident to verbalize feelings and concerns, refer to psychiatric services as needed, and administer Celexa and Welbutrin as ordered. A review of the consultant pharmacist's documented monthly Medication Regimen Reviews (MRRs) since April 2013 indicated the consultant pharmacist made recommendations to the physician which included a recommendation dated 04/23/2014 to conduct a gradual dose reduction (GDR) of the resident's antidepressant Welbutrin. The physician reviewed the recommendation on 05/06/2014 and requested a psychiatric consult be conducted prior to	F 329	will result in impairment of function and increased distressed behavior. All pharmacy recommendations for past three months have been reviewed for appropriate follow up with no further variances identified. Monthly Pharmacy recommendations are given to DON and/or designee for follow up. The DON will review all pharmacy recommendations weekly with Pharmacy Recommendation Audit tool to ensure follow up until all monthly recommendations and responses are accounted for. Pharmacy Consultant will ensure all recommendations are addressed during monthly Medication review. Variances will be reported to Administrator for follow up. The plan of correction for this alleged deficient practice shall be included as an addendum to the facility□s most recent Quality Assurance Committee meeting minutes. Additionally, the Administrator, DON and/or Clinical Coordinator shall report any episodes of non-compliance with Monthly Pharmacy Recommendations to Quality Assurance Committee monthly for three months and then quarterly thereafter.	

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conducting a trial GDR. A review of the consultant pharmacist ' s recommendation sheet revealed a hand written note indicating the facility ' s social worker was aware of the psychiatric consult request on 05/07/2014 and would let the " On Site " Psych services know. Further review of Resident # 43 ' s Medication Administration Record (MAR) revealed the resident continued to receive both Celexa and Welbutrin for depression, a duplication of medications for the same diagnosis.

A review of the consultant pharmacist ' s monthly Medication Regimen Review (MRR) for May 2014 revealed there was no mention or information of the April 2014 ' s recommended Welbutrin GDR. There was no June 2014 MRR or other documentation on the consultant pharmacist ' s MRR chart review sheets to indicate the Welbutrin GDR information was still being looked at or being followed up on from April 2014 by the physician or the facility ' s DON.

A review of a Consultant Pharmacist Communication to the Physician sheet dated 06/23/2014 was conducted which indicated - Request psych to address - RE: CMS F-329 Antidepressant GDR attempt - Welbutrin 100 milligram every morning (QAM).
(It was noted this communication sheet was dated 2 months after the initial recommendation which received no action.) Also on the communication sheet the Nurse Practitioner dated her review as 07/01/2014 and signed the form. On the side of the form hand written in was the signature of the " On Site " psychiatric services worker which was dated 07/11/2014. The psychiatric services worker indicated on the form via a check in front of a pre printed line - An

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attempted GDR is likely to result in impairment of function or increased distressed behavior.

A review of the consultant pharmacist ' s recommendation to the physician for Resident # 43 dated 04/23/2014 and the Consultant Pharmacist Communication to the Physician sheet dated 06/23/2014 was conducted with the facility ' s DON on 07/09/2014 at 9:05 a.m. The DON could not state why no action was taken for the 2 months between 04/23/14 and 06/23/14. Further review of Resident #43 ' s chart with the DON indicated there was no documentation by the physician or the DON/consultant pharmacist to indicate the physician reviewed the evaluation made by the on site psychiatric services worker, started a trial GDR of the Welbutrin, or documented the Welbutrin GDR was medically contraindicated. During the review the DON also could not find any documentation by the consultant pharmacists to indicate why Resident #43 was receiving 2 medications for the same diagnosis (depression) and/or a recommendation by the consultant pharmacists to the physician for a need to review the resident's duplication of medications and document the physician ' s intentions.

A review of the physician ' s progress notes, the physician ' s verbal/telephonic orders, and monthly Physician ' s Order Sheets (POS) for April, May, June, and July 2014 was also conducted with the facility ' s DON. There was no documentation in the physician ' s progress notes, verbal orders, or monthly POS ' s for those months to indicate the physician was aware of Resident #43 ' s status per the consultant pharmacist ' s recommendation for the Welbutrin GDR or that the physician was notified the

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F 329	Continued From page 11 psychiatric services worker ' s consult was completed and the findings were reviewed. Also there was no documentation by the physician to indicate further action would or would not be taken for the GDR recommendation and/or duplication of medications Celexa and Welbutrin. On 07/09/2014 at 5:15 p.m. an interview was conducted with the facility's DON concerning her expectation on ensuring the consultant pharmacists - #1 would conduct a Medication Regimen Review monthly and #2 ensuring the physician acted on all consultant pharmacist recommendations to include reviewing requested consults and indicating further action. The DON indicated it was her expectation that the contracted consultant pharmacists would conduct a MRR every month for every resident in the facility and the physician would complete and follow up on all consultant pharmacist recommendations and review for duplication or medications for a single diagnosis.	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	F 428		7/31/14

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F 428	Continued From page 12 by: Based on record reviews, facility staff and consultant pharmacist interviews the facility failed to ensure monthly Medication Regimen Reviews (MRR) were conducted for each month since the last recertification survey for 4 of 6 resident records reviewed for unnecessary drugs (# ' s 7, 43, 60, and 24). The findings included: 1. Resident #7 was admitted to the facility on 11/02/2005 and re-admitted on 04/06/2012. The resident's diagnoses included a history of Hypertension, Coronary Artery Disease, Reflux, Dementia, Coronary Artery Bi-pass, Macular Degeneration disorder, and a history of a dislocated shoulder. Resident # 7 ' s records indicated the resident was receiving medications for the listed diagnoses. A review of the consultant pharmacist's documented monthly Medication Regimen Reviews (MRRs) indicated the consultant pharmacist conducted multiple reviews (2, 3, or 4) during several months in the recertification period and none in other months of the recertification period. The months noted to not have MRRs conducted by the consultant pharmacist for resident # 7 were April 2013 (after last recertification), June 2013, October 2013, and December 2013. On 07/09/2014 at 9:05 a.m. an interview was conducted with the facility's DON concerning the missing MRRs. The DON conducted a review of the chart and also indicated there were no MRR entries or other documentation by either of the facility ' s consultant pharmacists for the months of April 2013, June 2013, October 2013, and December 2013. The DON indicated she was in	F 428	F428 Standard Disclaimer: This plan of correction is provided as a necessary requirement of continued participation in the Medicare and Medicaid program(s) and does not, in any manner, constitute an admission to the validity of the alleged deficient practice. Residents # 7, 43, 60, 24 have had MMR by Pharmacist Consultant for July 2014. All residents have had July 2014 MMR by Pharmacist Consultant. Pharmacist Consultant will assess each resident□s drug regimen on a monthly basis per Pharmacy Policy and Procedure. The Director of Nursing/Clinical Coordinator and/or designee shall ensure compliance with MMR during end of month Physician Order Review. Any identified discrepancies shall be remediated. The plan of correction for this alleged deficient practice shall be included as an addendum to the facility□s most recent Quality Assurance Committee meeting minutes. Additionally, the Administrator, DON and/or Clinical Coordinator shall report any non-compliance with MMR policy and procedure identified to Quality Assurance Committee monthly for three months and then quarterly thereafter.	

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contact with the facility's consultant pharmacists and they would be possibly be sending supporting information to indicate monthly MRRs were conducted during the months indicated. No additional supporting documentation was provided by the DON/facility to indicate the MRRs for April 2013, June 2013, October 2013, and December 2013 were conducted.

On 07/09/2014 at 1:15 p.m. an interview was conducted with the facility's consultant pharmacist. The pharmacist could not indicate why monthly Medication Regimen Reviews for resident # 7 were not conducted for April, June, October, and December 2013. The pharmacist indicated she understood they were to do a MRR every 30 days (which could possibly skip February as it only had 28 days) and were not required to complete the MRR on a calendar monthly basis, but also thought they could do one at the beginning of the month and one at the end of the same month or close to the end of the month to cover the following month's required MRR. The pharmacist indicated she was unaware she had a requirement to complete a MRR monthly per the calendar.

On 07/09/2014 at 5:15 p.m. an interview was conducted with the facility's DON concerning her expectation on ensuring the consultant pharmacists conduct a monthly Medication Regimen Review. The DON indicated it was her expectation that the contracted consultant pharmacist would conduct a monthly MRR for every month for every resident in the facility.

2. Resident # 43 was admitted to the facility on 08/30/2010. The resident's diagnoses included -

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Late effects of right sided Hemiplegia, Peripheral Vascular Disease (PVD), Congestive Heart Failure (CHF), Atrial Fibrillation (A-Fib), Hypertension (HTN), Diabetes type 2 (DM II), Glaucoma, Legal blindness, Senile cataracts, Multi-focal Dementia, Coagulation deficit, Diabetic Muscular edema, Hypercholesterolemia, a history of Myocardial Infarct (MI), Urinary and bowel incontinence, Anxiety, Depression, Agitation, and Poor circulation. Resident # 43 ' s records indicated the resident was receiving medications for the listed diagnoses.

A review of the consultant pharmacist's documented monthly Medication Regimen Reviews (MRRs) indicated the consultant pharmacist conducted multiple reviews (2, 3, or 4) during several months in the recertification period and none in other months of the recertification period. The months noted to not have MRRs conducted by the consultant pharmacist for resident # 43 were June 2013, October 2013, and December 2013.

On 07/09/2014 at 9:05 a.m. an interview was conducted with the facility's DON concerning the missing MRRs. The DON conducted a review of the chart and also indicated there were no MRR entries or other documentation by either of the facility ' s consultant pharmacists for the months of June 2013, October 2013, and December 2013. The DON indicated she was in contact with the facility's consultant pharmacists and they would be possibly be sending supporting information to indicate monthly MRRs were conducted during the months indicated. No additional supporting documentation was provided by the DON/facility to indicate the MRRs for June 2013, October 2013, and December

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F 428	Continued From page 15 2013 were conducted. On 07/09/2014 at 1:15 p.m. an interview was conducted with the facility's consultant pharmacist. The pharmacist could not indicate why monthly Medication Regimen Reviews for resident # 43 were not conducted for June, October, and December 2013. The pharmacist indicated she understood they were to do a MRR every 30 days (which could possibly skip February as it only had 28 days) and were not required to complete the MRR on a calendar monthly basis, but also thought they could do one at the beginning of the month and one at the end of the same month or close to the end of the month to cover the following month's required MRR. The pharmacist indicated she was unaware she had a requirement to complete a MRR monthly per the calendar. On 07/09/2014 at 5:15 p.m. an interview was conducted with the facility's DON concerning her expectation on ensuring the consultant pharmacists conduct a monthly Medication Regimen Review. The DON indicated it was her expectation that the contracted consultant pharmacist would conduct a monthly MRR for every month for every resident in the facility. 3. Resident # 60 was admitted to the facility on 02/05/2013. The resident's diagnoses included - Chronic kidney disease, End Stage Renal Disease (ESRD) Stage 5, Hypothyroidism, Osteoarthritis, Anemia, Anxiety, Cellulitis, Hypertension, Coronary Artery Disease (CAD), Dementia, Dizziness, a history of Leukocytosis, Gout, Reflux, Nocturia, Allergic Rhinitis, Depression, Hypercholesteremia, Psychosis, and	F 428		

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a history of Purpura of the skin. Resident # 60 ' s records indicated the resident was receiving medications for the listed diagnoses.

A review of the consultant pharmacist's documented monthly Medication Regimen Reviews (MRRs) indicated the consultant pharmacist conducted multiple reviews (2, 3, or 4) during several months in the recertification period and none in other months of the recertification period. The months noted to not have MRRs conducted by the consultant pharmacist for resident # 60 were April 2013 (after last recertification), June 2013, October 2013, and December 2013.

On 07/09/2014 at 9:05 a.m. an interview was conducted with the facility's DON concerning the missing MRRs. The DON conducted a review of the chart and also indicated there were no MRR entries or other documentation by either of the facility ' s consultant pharmacists for the months of April 2013, June 2013, October 2013, and December 2013. The DON indicated she was in contact with the facility's consultant pharmacists and they would be possibly be sending supporting information to indicate monthly MRRs were conducted during the months indicated. No additional supporting documentation was provided by the DON/facility to indicate the MRRs for April 2013, June 2013, October 2013, and December 2013 were conducted.

On 07/09/2014 at 1:15 p.m. an interview was conducted with the facility's consultant pharmacist. The pharmacist could not indicate why monthly Medication Regimen Reviews for resident # 60 were not conducted for April, June, October, and December 2013. The pharmacist

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F 428	Continued From page 17 indicated she understood they were to do a MRR every 30 days (which could possibly skip February as it only had 28 days) and were not required to complete the MRR on a calendar monthly basis, but also thought they could do one at the beginning of the month and one at the end of the same month or close to the end of the month to cover the following month's required MRR. The pharmacist indicated she was unaware she had a requirement to complete a MRR monthly per the calendar. On 07/09/2014 at 5:15 p.m. an interview was conducted with the facility's DON concerning her expectation on ensuring the consultant pharmacists conduct a monthly Medication Regimen Review. The DON indicated it was her expectation that the contracted consultant pharmacist would conduct a monthly MRR for every month for every resident in the facility. 4. Resident # 24 was admitted to the facility on 11/25/2013. The resident's diagnoses included - Altered mental status, Hypertension (HTN), Leukocytosis, Cardiac Dysrhythmia (bradycardia), Chronic Hypotension, and Dementia. Resident # 24 ' s records indicated the resident was receiving medications for the listed diagnoses. A review of the consultant pharmacist's documented monthly Medication Regimen Reviews (MRRs) indicated the consultant pharmacist conducted multiple reviews (2, 3, or 4) during several months in the recertification period and none in other months of the recertification period. The months noted to not have MRRs conducted by the consultant pharmacist for resident # 24 were April 2013	F 428		

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F 428	Continued From page 18 (after last recertification), June 2013, October 2013, and December 2013. On 07/09/2014 at 9:05 a.m. an interview was conducted with the facility's DON concerning the missing MRRs. The DON conducted a review of the chart and also indicated there were no MRR entries or other documentation by either of the facility ' s consultant pharmacists for the months of April 2013, June 2013, October 2013, and December 2013. The DON indicated she was in contact with the facility's consultant pharmacists and they would be possibly be sending supporting information to indicate monthly MRRs were conducted during the months indicated. No additional supporting documentation was provided by the DON/facility to indicate the MRRs for April 2013, June 2013, October 2013, and December 2013 were conducted. On 07/09/2014 at 1:15 p.m. an interview was conducted with the facility's consultant pharmacist. The pharmacist could not indicate why monthly Medication Regimen Reviews for resident # 24 were not conducted for April, June, October, and December 2013. The pharmacist indicated she understood they were to do a MRR every 30 days (which could possibly skip February as it only had 28 days) and were not required to complete the MRR on a calendar monthly basis, but also thought they could do one at the beginning of the month and one at the end of the same month or close to the end of the month to cover the following month's required MRR. The pharmacist indicated she was unaware she had a requirement to complete a MRR monthly per the calendar. On 07/09/2014 at 5:15 p.m. an interview was	F 428		

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F 428	Continued From page 19 conducted with the facility's DON concerning her expectation on ensuring the consultant pharmacists conduct a monthly Medication Regimen Review. The DON indicated it was her expectation that the contracted consultant pharmacist would conduct a monthly MRR for every month for every resident in the facility.	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 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	F 431		7/31/14

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F 431	Continued From page 20 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 observations, record reviews, and staff interviews the facility failed to ensure prescription and other medications and lubricants in the facility ' s medication, wound care treatment, and crash cart were properly stored and/or secured for 3 of 5 carts. The findings included: 1. On 07/07/2014 a tour of the facility was conducted. During the tour at 10:55 a.m. an observation of the facility ' s unlocked oxygen storage closet across from the nurse's station was conducted. In the closet the facility's emergency crash cart was observed. The crash cart was observed to have 2 locking mechanisms in the out position and the red dots on each locking mechanism (indicating the locks were in the unlocked position) were visible. The crash cart revealed medications and lubricants and sterile kits with medications and lubricants were being stored in the cart. On 07/08/2014 at 8:10 a.m. a second observation was made of the facility ' s unlocked oxygen storage closet and the unlocked emergency crash cart. The cart was observed to still be unlocked and the locking mechanisms were still in the out positions with the red dots showing indicating the locks were unlocked. The cart was observed to still have the medications/lubricants and sterile kit medications/lubricants in the drawers.	F 431	F431 Standard Disclaimer: This plan of correction is provided as a necessary requirement of continued participation in the Medicare and Medicaid program(s) and does not, in any manner, constitute an admission to the validity of the alleged deficient practice. All Medication/Treatment Carts are locked per Medication Storage policy and procedure. The Emergency crash cart no longer contains medications, lubricants, sterile kits. All Licensed Nursing Staff / Medication Aides have been in-serviced on the Medication Storage policy and procedure. All new Licensed Nursing Staff and Medication Aides are oriented to Medication Storage policy and procedure. Pharmacy Consultant will complete Medication Storage audits quarterly for submission to QA committee. The Director of Nursing, Clinical Coordinator and/or Administrator shall ensure compliance by completing the	

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F 431	Continued From page 21 On 07/09/2014 at 1:35 p.m. a third observation was made of the facility ' s unlocked oxygen storage closet and the unlocked emergency crash cart. The cart was observed to still be unlocked and the locking mechanisms were still in the out positions with the red dots showing indicating the locks were unlocked. The cart was observed to still have the medications/lubricants and sterile kit medications/lubricants in the drawers. On 07/10/2014 at 10:15 a.m. a fourth observation was made of the oxygen storage closet and the unlocked emergency crash cart with the DON and the facility's administrator. The cart was observed to still be unlocked and the locking mechanisms were still in the out positions with the red dots showing indicating the locks were unlocked. The cart was observed to still have the medications/lubricants and sterile kit medications/lubricants in the drawers. The DON and the Administrator both indicated the emergency crash cart was supposed to be locked per the facility's policy and procedures. A review of the facility's undated policy and procedure entitled Medication Storage was made. The policy and procedure read in part in paragraph D on page S-8: The medication carts will be locked at all times when not in use. On 07/10/2014 at 9:35 a.m. an interview was conducted with the facility's DON concerning her expectation for ensuring medications stored in medication, treatment and crash carts were secured while not in view or the carts were not being used. The DON indicated that all staff were aware of the facility's policies and procedures and	F 431	Random Audit of Medication/Treatment Carts form on various shifts 3x weekly and prn for 30 days and weekly thereafter to ensure compliance with Medication Storage policy and procedure. Any identified discrepancies shall be remediated. The plan of correction for this alleged deficient practice shall be included as an addendum to the facility□s most recent Quality Assurance Committee meeting minutes. Additionally, the Administrator, DON and/or Clinical Coordinator shall report any episodes of non-compliance with Medication Storage policy and procedure identified to Quality Assurance Committee monthly for three months and then quarterly thereafter.	

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F 431	Continued From page 22 that the medication, treatment, and crash carts were to be locked when not in use or the staff member assigned to the cart was out of sight of the cart. 2. On 07/09/2014 at 9:25 a.m. to 9:35 a.m. a continuous observation was made of the facility's wound care treatment cart parked on the 300 hall by room 301. The wound care treatment cart was observed to be unlocked as the locking mechanism was in the out position and the red dot on the locking mechanism was visible. Also observed was one of the middle drawer ' s was pulled out displaying the prescription medications in the drawer (several resident's prescription wound care ointments and other medications). There was no wound care staff member at the cart. Facility residents, family members, and staff were observed to walk, and/or wheelchair past the unlocked/unattended wound care cart. At 9:35 a.m. the wound care staff member in charge of the cart was observed to open the door and come out of room 301. On 07/09/2014 at 9:35 a.m. an interview was conducted with the facility ' s wound care staff member. The facility ' s wound care staff member indicated she was not in sight of her wound care treatment cart as she was in room 301 with the door closed providing wound care to a resident and forgot to close and lock her cart prior to going into the resident ' s room. The facility ' s wound care staff member indicated she knew she was supposed to close and lock the cart anytime she was not physically at the cart or was out of sight of the cart. A review of the facility's undated policy and	F 431		

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F 431	Continued From page 23 procedure entitled Medication Storage was made. The policy and procedure read in part in paragraph D on page S-8: The medication carts will be locked at all times when not in use. On 07/10/2014 at 9:35 a.m. an interview was conducted with the facility's DON concerning her expectation for ensuring medications stored in medication, treatment and crash carts were secured while not in view or the carts were not being used. The DON indicated that all staff were aware of the facility's policies and procedures and that the medication, treatment, and crash carts were to be locked when not in use or the staff member assigned to the cart was out of sight of the cart. 3. On 07/10/2014 at 7:35 a.m. to 7:40 a.m. continuous observation was made of the 200 hall's medication administration cart located on the 200 hall across from the women's bathroom. There was no staff member attending the cart and the cart was observed to be unlocked as the locking mechanism was observed to be in the out position and the red dot on the locking mechanism was visible indicating the cart was unlocked. Residents were observed to ambulate and /or wheel themselves past the unattended cart. At 7:40 a.m. the 200 hall nurse was observed at the far end of the hall coming out of a resident's room and return to the medication cart. On 07/10/2014 at 7:42 a.m. an interview was conducted with the 200 hall nurse. The 200 hall nurse indicated she had left her cart unlocked and she should not have left it unlocked per the facility's policies and procedures. The nurse indicated she had been out of sight of the cart	F 431		

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F 431	Continued From page 24 while at the end of the hall in a resident ' s room with the door closed. A review of the facility's undated policy and procedure entitled Medication Storage was made. The policy and procedure read in part in paragraph D on page S-8: The medication carts will be locked at all times when not in use. On 07/10/2014 at 9:35 a.m. an interview was conducted with the facility's DON concerning her expectation for ensuring medications stored in medication, treatment, and crash carts were secured while not in view or the carts were not being used. The DON indicated that all staff were aware of the facility's policies and procedures and that the medication, treatment, and crash carts were to be locked when not in use or the staff member assigned to the cart was out of sight of the cart.	F 431		