### UNIHEALTH POST - ACUTE CARE OF DURHAM

#### SUMMARY STATEMENT OF DEFICIENCIES

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<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
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<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
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A complaint survey was conducted on 8/4-8/5/14 (NC 99414 & NC 99318).

**483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE**

The facility must ensure that it is free of medication error rates of five percent or greater.

This **REQUIREMENT** is not met as evidenced by:

- Based on record review, observation and staff interview, the facility failed to ensure that the medication error rate was 5% or below by not following the doctor's orders. There were 2 errors of 27 opportunities for error resulting in a 7.4% error rate. The findings included:

1. Resident #7 had a doctor's order dated 1/4/14 for Humalog insulin 25 units subcutaneous (SQ) three times a day with meals (9:00 AM-1:00 PM and 6:00 PM) for diabetes mellitus. He had also an order for Humalog insulin according to the sliding scale.

   On 8/4/14 at 5:05 PM, Nurse #1 was observed during the medication pass. Nurse #1 was observed to prepare 25 units of Humalog and then checked the blood sugar of Resident #7.
   The blood sugar was 250, an additional 2 units of Humalog was added to the syringe (25 units). Nurse #1 was observed to administer the Humalog 27 units via SQ to the right upper quadrant.

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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>SS=D</td>
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**F332 Free of Medication Error Rate of 5% or greater.**

This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies.

The plan of correction is prepared and submitted solely because of requirements under state and federal law.

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**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

Electronically Signed

**DATE**

08/12/2014

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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.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: 345061

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____________________________
B. WING _____________________________

(X3) DATE SURVEY COMPLETED
C 08/05/2014

NAME OF PROVIDER OR SUPPLIER

UNIHEALTH POST - ACUTE CARE OF DURHAM

STREET ADDRESS, CITY, STATE, ZIP CODE
3100 ERWIN ROAD
DURHAM, NC  27705

(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

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On 8/5/14 at 1:35 PM, nurse supervisor #1 was interviewed. She stated that the expectation was to administer the medication with meals if the order was to be given with meals. The dinner trays were served on the hall between 5:30 and 6:00 PM. She added that Resident #7 was served closed to 6:00 PM because he ate in his room.

On 8/5/14 at 3:30 PM, Nurse #1 was interviewed. She acknowledged that she administered the insulin before dinner time and should have been given with meals.

F 332
Corrective action for those residents to have been affected.

Resident #7 was provided insulin with meals and/or snacks. Resident #8 Pepcid was removed from medication packets.

Corrective action will be accomplished for those residents to be affected by same deficient practice.

On 8/12/14 six medication administration observations were initiated by the Director of Health Services, Unit Coordinators, Nurse Managers and Senior Nurse Consultant for insulin dependent residents who receive insulin with their meals. In addition to the above medication observations, an additional ten complete medication pass observations, including insulin administration with meals were completed.

On 8/12/14 Medication cart audits
### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 345061

**Date Survey Completed:** 08/05/2014

**Name of Provider or Supplier:** UniHealth Post - Acute Care of Durham

**Street Address, City, State, Zip Code:** 3100 Erwin Road, Durham, NC 27705

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**Summary Statement of Deficiencies**

(Each deficiency must be preceded by full regulatory or LSC identifying information)

**Provider's Plan of Correction**

(Each corrective action should be cross-referenced to the appropriate deficiency)

- Measures put into place or systemic changes made to ensure that the deficient practice will not occur.

- On 8/12/14 the Director of Health Services and the RN Managers began education for all licensed nurses including weekend and PRN staff on administration of insulin with meals and identification of discontinued medications from the medication packets. This education was provided with face to face demonstration on the facilities protocol on how to write measures put into place or systemic changes made to ensure that the deficient practice will not occur.
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<td>a discontinuation order for a medication and how to identify such orders on the individual medication packets. Of the forty licensed nurses on staff, thirty four have completed the education. The remaining six PRN (as needed) nurses will complete their education prior to working the medication cart. Education on administering insulin with meals and discontinuing medication per order for new hire nurses has been added to orientation. At least 10 licensed nurses monthly (four day shift, four evening shift, and two midnight shift to include weekend staff). Will have medication pass observation including...</td>
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## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier

**UNIHEALTH POST - ACUTE CARE OF DURHAM**

**Street Address, City, State, Zip Code**

3100 ERWIN ROAD

DURHAM, NC  27705

### Provider's Plan of Correction

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<td>insulin administration with meals.</td>
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<td>Completed by the Director of Health Services, Senior Nurse Consultant, Nurse Managers, and/or Pharmacy Consultant monthly for three months.</td>
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<td>Physician orders will be correlated with the medication packets daily times seven days, weekly times four weeks and monthly times three months by the Director of Health Services, Nurse Managers, Unit Coordinators, and MDS Nurse to ensure discontinued medications are documented accordingly.</td>
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<td>Facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained.</td>
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<td>The Director of Health Services will present the findings of the medication pass observations, including insulin administration with meals and the physician orders audit related to discontinued medications to the Quality Assurance and Performance Improvement Committee monthly for three months or until a pattern of compliance is obtained.</td>
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