

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

PRINTED: 10/28/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2014
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HLTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 204 DAIRY ROAD CLAYTON, NC 27520		
(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 425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff and pharmacist interviews, the facility failed to have available Lyrica (a medication prescribed for pain) to be administered as ordered for 1 of 3 residents reviewed for medication availability (Resident #1). Findings included: Resident #1 was admitted into the facility on 9/3/14. Diagnoses included Anxiety, Chronic Pain and Deconditioning. The Minimum Data Set was in progress of being completed. The FL2 (level of screening tool) dated 8/26/14 indicated abdominal pain with a history of chronic</p>	F 425	<p>Resident # 1 was discharged from the facility on 9/9/14</p> <p>Facility residents have the potential to be effected by the same alleged deficient practice. Current resident's medication administration record was audited to ensure all medications were available as prescribed on 9/25/14. No negative findings were noted during the audit. All medications for current residents were available to be administered as ordered.</p>	10/20/14	

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

TITLE

(X6) DATE

Electronically Signed

10/16/2014

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 425	<p>Continued From page 1</p> <p>abdominal pain. The resident ' s mental orientation was constant to person, place and time. The initial care plan dated 9/3/14 listed pain as an identified problem.</p> <p>A review of the admission physician order dated 9/3/14 revealed Lyrica 25 milligrams (mg) was ordered to be administered daily for chronic pain. The order was indicated as verified with the physician by Nurse #2.</p> <p>A review of the medication administration record (MAR) for 9/6, 9/7 and 9/8/14 reflected Lyrica 25 mg by mouth daily for chronic pain was not available to be administered at 8:00 pm as ordered, per circled on the MAR. The medication was documented as "unavailable" on 9/6, "circled " on 9/7 and "on order" on 9/8/14 per the MAR.</p> <p>In an interview on 9/24/14 at 10:45 am, the Director of Nursing (DON), in the presence of the administrator stated she expected residents' meds to be available to be administered as ordered. The DON elaborated she expected pharmacy to be notified of any medications not available and the pharmacy provide any needed meds, including from the back up pharmacy.</p> <p>In an interview on 9/24/14 at 11:00 am, Nurse #1 stated "On 9/8/14 I called the pharmacy due to Lyrica 25 mg was not available to be administered - I don't recall specifically who I talked to, however I was told by the person it would be looked into and the med (Lyrica) would be send out. I did not follow back up with the pharmacy, nor did the pharmacy call back to the facility regarding."</p> <p>In an interview on 9/24/14 at 11:20 am, the</p>	F 425	<p>Systematic changes implemented to ensure the alleged deficient practice does not recur include: a list of medications requiring a hard script was obtained from the pharmacy. This list was placed in the front of each medication administration book on 10/14/14. Licensed nurses will be re-educated on the list of medications requiring a hard script from pharmacy by the Director of Nursing, Assistant Director of Nursing or designee. The licensed nurse will notify the pharmacy via telephone of medications needed if not available for administration and/or in need of a hard script. If pharmacy is unable to provide the medication the licensed nurse is to notify physician and the Director of Nursing/designee to ensure follow-up. This notification is to be documented in the resident's medical record.</p> <p>The Director of Nursing, Assistant Director of Nursing or designee will review newly admitted residents and/or readmission medications the following day post admission to ensure all medications were received from pharmacy and available for administration as ordered. An audit of 2 current resident's medications will also be validated weekly times 4 weeks. Negative findings will be addressed when noted. The results of the newly admitted residents, readmissions and current resident's medication validation will be reviewed weekly during the Interdisciplinary Team meeting times 4 weeks and monthly times 3 months. Additional interventions will be implemented as determined necessary by</p>		

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F 425	<p>Continued From page 2</p> <p>pharmacist indicated the pharmacy received admission orders on 9/3/14 for Lyrica 25 mg by mouth daily via fax. He stated the medication was never dispensed to the facility from the pharmacy during Resident #1's stay due the facility did not send the hard script for the medication. He stated he did not see any notes in the system in which the pharmacy staff followed up with the facility and the hard script was never received. The pharmacist added the pharmacy staff could have alerted or followed up with the facility the hard script had not been received, however ideally the facility was responsible for ensuring hard scripts for medications were obtained and faxed to the pharmacy.</p> <p>In an interview on 9/24/14 at 12:31 pm Nurse #2 acknowledged on 9/6 and 9/7/14, she did not administer Lyrica 25 mg by mouth because the medication was not available. Nurse #2 stated she called the pharmacy both nights to convey the medication was not available, however did not know the time she called or who she talked to. Nurse #2 indicated she did not recall calling the doctor to notify the medication was not available, or the need of a hard script to be faxed to pharmacy.</p>	F 425	<p>the Interdisciplinary Team.</p> <p>The results of the new admission/readmission and current resident's medication validation will be reviewed by the Quality Assessment Performance Improvement Committee monthly times 3 months. The Quality Assessment and Improvement Committee will evaluate the effectiveness of the plan based on trends identified. Additional interventions will be implemented by the Quality Assessment Performance Improvement Committee as determined necessary to ensure continued compliance.</p>		