STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs

NAME OF PROVIDER OR SUPPLIER
BETHANY WOODS NURSING AND REHABILITATION

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ID
PREFIX TAG

F 280

SUMMARY STATEMENT OF DEFICIENCIES

F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP

The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and staff interviews, the facility failed to revise the care plan to include new interventions for the use of Abilify, Cymbalta, Ativan and Haldol for one of five residents assessed for unnecessary medications (Resident #45). The findings included:

Resident #45 was admitted to the facility 7/18/14. Cumulative diagnoses included cerebrovascular disease, depression and vascular dementia.

A Quarterly Minimum Data Set (MDS) dated 12/15/14 indicated Resident #45 had short term and long term memory impairment and was moderately impaired in decision-making. Moods noted during the observation period were noted as follows: little interest, feeling down/ depressed, feeling tired, feeling bad about self nearly every day. Behavioral symptoms not directed towards others were documented as having occurred 1--3 days. Meds: 7 days of injections, insulin, antianxiety and antidepressants.

Physician orders for February 2015 were reviewed and revealed the following medications:

Ativan (antidepressant) 0.5 mg (milligrams) po (by mouth) BID (twice daily) (original order was dated 12/23/14)
Ativan 0.5 mg by mouth twice daily at 9AM and 2PM (original order was dated 12/23/14)
Ativan 1 mg po every night (original order was dated 8/11/14)
Abilify (antipsychotic) 4 mg po qam (every morning) and 10 mg po qhs (every bedtime) (original order was dated 1/21/15 for Abilify 2 mg po qam and 5 mg po qhs)
Cymbalta (antidepressant) 30 mg po qod 9every other day) x 3 doses then q3days x 2 doses, then DC. (original order was dated 7/18/14 for Cymbalta 60 mg. daily)
Haldol (antipsychotic) 5 mg IM (intramuscularly) q4hr (every four hours) prn (as needed) for agitation (original order was dated 1/21/15 and discontinued n 1/27/15)

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 or evidence of correction is required.

The above isolated deficiencies pose no actual harm to the residents.

Event ID: VW5011
The care plan for Resident #45 was reviewed and revealed there was no care plan for psychotropic medications.

On 2/5/15 at 12:06PM, Administrative staff #1 reviewed the care plan for Resident #45 and stated there was not a care plan for psychotropic medications. She stated she did not know how that was missed and there should have been a care plan for the use of those medications.

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