

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/20/2015
NAME OF PROVIDER OR SUPPLIER STANLEY TOTAL LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164		
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F 362 SS=D	<p>483.35(b) SUFFICIENT DIETARY SUPPORT PERSONNEL</p> <p>The facility must employ sufficient support personnel competent to carry out the functions of the dietary service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide supervision for 1 of 1 sampled residents during dining room observations in Dining Room 1 (1 out of 5) during meals (Resident #1). Findings included:</p> <p>Resident #1 was admitted to the facility with diagnoses that included gastric esophageal reflux disease (acid indigestion) and obstructive airway disease/emphysema dependent on chronic oxygen use.</p> <p>Resident #1 was determined to be moderately cognitively impaired per the Minimum Data Set (MDS) assessment dated 5/8/15. The MDS assessment also determined that Resident #1 required extensive assist for most Activities of Daily Living, and required supervision with 1 person physical assist for self-performance of the task of eating. The need for supervision while dining dated all the way back to the admission MDS assessment dated 8/30/14.</p> <p>The care plan dated 5/8/15 instructed the staff to monitor oral intake, encourage the resident to eat 100% of meals, encourage fluids, administer medications, provide the diet and supplements as ordered by the physician, encourage snacks, obtain laboratory values as ordered, monitor</p>	F 362	<p>Supervision for Resident #1 in Dining Room 1 was provided by a licensed nurse for continuous monitoring and safety of that particular resident immediately upon notification of the concern on 5/19/15.</p> <p>Supervision for all residents in all dining rooms was provided by licensed nursing staff for continuous monitoring and safety of all residents immediately upon notification of the concern on 5/19/15.</p> <p>The Meal Service policy & procedure was revised to state that nursing staff (licensed nurses and/or nursing assistants) will provide supervision in each dining room throughout the meal to ensure resident safety. Nurses were in-serviced on this expectation by the SDC on 5/28/15.</p> <p>Specifically in the dining room noted(Dining Room 1),an opening will be created between this dining room and the larger dining room attached to allow nursing staff to more easily observe all residents on this particular unit--this will serve then as 1 dining room instead of 2 for optimum monitoring and safety for all residents and will be completed by</p>	6/17/15	

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

TITLE

(X6) DATE

Electronically Signed

06/04/2015

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 362	<p>Continued From page 1</p> <p>weights, monitor for changes that may affect appetite, provide a calm and relaxing environment for all meals, assist the resident to eat if she becomes fatigue or unable to complete a meal, allow enough time for the resident to feed self or be fed, monitor for a decline in the ability to feed self, and notify nurse if a decline is noted.</p> <p>Dining Room #1 observations were made during dinner on 5/17/15, lunch on 5/18/15, and lunch on 5/19/15. On 5/17/15, it was observed that after the trays were distributed, no staff member entered the Dining Room #1 to check on the residents. On 5/18/15, a staff member entered Dining Room #1 twice to check on the residents, and only once on 5/19/15.</p> <p>Resident #1 was observed to aspirate while eating on 5/18/15 at 12:52 PM. No staff member was present to assist the resident during this time. The resident was able to resume control of her cough and breathing and resume eating. The resident finished her meal and then left the dining area at 1:07 PM.</p> <p>Nurse #2 and Nurse #3 were interviewed on 5/19/15 at 10:30 AM. They both stated "All residents in Dining Room #1 are determined to be 'independent' eaters; we call it the 'Independent Dining Room'. We nurses pop our heads in to check on them periodically. It is mainly the nurses who oversee that dining room because the nursing assistants are busy assisting residents who need to be fed." They both denied being aware of the aspiration episode with Resident #1.</p> <p>Resident #1 was interviewed on 1:43 PM on 5/19/15. She stated "Yes I choked the other day</p>	F 362	<p>6/17/15.</p> <p>Beginning on 6/1/15, nursing supervisors on both 1st and 2nd shift began monitoring each dining room throughout each meal to ensure compliance with nursing supervision to ensure resident safety. This will be done daily X 4 weeks, then weekly X 4 weeks, and finally monthly X 4 months for each meal to ensure continued compliance with nursing supervision during dining for resident safety and any concerns will be addressed immediately with the licensed nurse responsible for that specific unit/hall. The ADON and DON will monitor meals at different times routinely to ensure nursing supervisors are in fact following this specific monitoring schedule as well as to ensure nursing staff are in fact providing the required supervision during dining times and will report findings to the QA&A Committee quarterly for continued compliance.</p>		

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F 362	<p>Continued From page 2</p> <p>but it was not as bad as when I choked on cornbread a few weeks ago. I cough often because I have a mucus problem. I have always had this problem." (While this conversation was taking place, Resident #1 began coughing violently and turned red in the face for a few seconds until she was able to expel the mucus). "I do cough sometimes while I eat. The staff don't stay in (Dining room #1); they come in and out."</p> <p>Nurse #2 was interviewed at 1:55 PM on 5/19/15. She stated "Supervision to me means that a nurse or staff member should be in the dining room for the entire meal. Resident #1 often coughs, even during her meals but she feeds herself and is in her 'right mind'."</p> <p>The Administrator was interviewed at 2:00 PM on 5/19/15. Based on the evidence provided, she nodded in agreement that the supervision was not done as often as was expected. She indicated that she understood the severity of what could happen to a resident whose cognition is moderately impaired but chooses to sit in Dining Room #1 without continuous supervision. She stated that "My expectation is that staff monitor residents more routine; they should go in and out of the dining room often enough so that the supervision is not sporadic but often enough so that the monitoring is truly 'continuous supervision'." She indicated that the plan for next month was to begin restaurant style catering so that a staff will be in the dining rooms throughout the meal, serving food and drinks."</p> <p>The MDS Coordinator was interviewed on 5/19/15 at 4:37 PM. She stated that the definition of supervision for self-performance means that</p>	F 362			

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F 362	Continued From page 3 "oversight, encouragement, or queuing needed...staff should be in the dining room to oversee the process and encourage that meal intake is adequate."	F 362			
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 package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 431		6/5/15	

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F 431	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, facility record review and staff interviews the facility failed to maintain the proper temperature according to manufacturer specifications for medications in 1 of 3 medication refrigerators observed.</p> <p>The findings include:</p> <p>During an observation of the medication room refrigerator on the 500 hallway on 5/20/15 at 10:15 a.m., the refrigerator temperature read 30 degrees Fahrenheit (F.) The refrigerator was noted to have one vial of Procrit used to treat Anemia, one vial of Tuberculin Purified Protein Derivative used for tuberculin testing, four vials of Pneumovax 23 vaccine to prevent pneumonia, four prefilled syringes of Fluzone vaccine to prevent flu, and four vials of insulin in the refrigerator. The medications were unopened and labeled to be stored at 35-46 degrees F. A package insert for Fluzone stated that it should be stored refrigerated at 35-46 degrees F and discard if vaccine has been frozen.</p> <p>A review of the 2015 medication refrigerator temperature log for the refrigerator on 500 hallway revealed the temperature was below 35 degrees twenty six times the month of January, 20 days in February, 21 days in March, 19 days in April, and 13 days in May. The log did not reveal any temperatures above 46 degrees F.</p> <p>A review of the facility ' s Pharmacy Manual under " Medication Storage " revealed that the</p>	F 431	<p>All medications were removed from the refrigerator on the 500 hallway on 5/20/15 immediately upon notification of the concern and were returned to the pharmacy to be properly discarded. An electronic maintenance request was also generated to address the temperature on the 500 hallway refrigerator at that same time.</p> <p>All medication storage refrigerators on all nursing units were checked by the DON on 5/20/15 to ensure appropriate temperature ranges were between 36 - 46 degrees per policy and pharmacy recommendation without any obvious concerns noted; however, electronic maintenance requests were generated for each just as a second look.</p> <p>All maintenance requests were addressed on 5/21/15. The refrigerators on the 100 and 400 hallways were noted to have maintained the appropriate temperature ranges with no concerns; however, the one on the 500 hallway was still fluctuating up and down. The decision was made at that time to remove that refrigerator from use and a new one was ordered. During the time there was no available refrigerator for the 500 hallway--500 unit medications were properly stored in the 100 hallway medication refrigerator.</p>		

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F 431	<p>Continued From page 5</p> <p>temperature of all refrigerators containing medications shall be maintained at between 36 degree F. and 46 degree F.</p> <p>An interview was conducted 5/20/15 at 10:15 a.m. with the floor nurse who worked on hall 500 (Nurse #1) and she verified that the temperature in the medication refrigerator registered 30 degrees F. and stated that she was not aware that the refrigerator temperature was that low. Nurse #1 pointed out that the temperature log posted on the front of the refrigerator has instructions that maintenance must be notified if the temperature goes below 38 degrees F. or above 42 degrees F. Nurse #1 noted that the temperature log for the 500 Hall medication refrigerator had several entries in the last 5 months where the temperature had been below 38 degrees and does not know if maintenance had been notified. Nurse #1 revealed that the night shift nurse is responsible for checking the medication refrigerator temperature and recording it on the log and taking appropriate action if warranted. Nurse #1 said that the medication in the refrigerator would have been used on residents.</p> <p>During an interview with the Maintenance Director on 05/20/15 11:03 a.m., it was revealed that the facility has a computerized system that was accessible at any hour by the staff for requesting maintenance work orders. He stated that the routine hours that maintenance works is 8 a.m. to 4:30 p.m. on Monday through Friday, but they are available on call 24 hours a day as needed. The Maintenance Director stated that maintenance checks the computerized request system for new work orders several times a day and no request had been submitted for the medication</p>	F 431	<p>The new refrigerator arrived on 6/2/15 and was immediately installed. Once it reached the appropriate temperature range of 41 degrees F, the medications for 500 hallway were moved back from 100 unit for use. The new refrigerator is such that indicates the temperature digitally for a more accurate and easier to see reading (the other 2 units also received this same type of refrigerator for easier reading as well).</p> <p>The policy and procedure for Storage of Medications was revised to include the appropriate temperature range expected to for medication storage (36-46 degrees F)which will be checked and recorded on a Temperature Log daily by the assigned 1st shift licensed nurse on each unit (400 unit nurse, 100 unit rest home nurse, and 500 unit short hall nurse). Any temperature reading below 36 or above 46 degrees F will be immediately readjusted and reported via electronic request to maintenance for further review. Nurses were in-serviced on this policy revision on 5/28/15 by the SDC.</p> <p>Beginning on 6/1/15, the 1st shift Nursing Supervisor will routinely audit the temperature log for each unit's medication refrigerator daily X 4 weeks and will note this directly on the log itself--she will address any concerns with compliance immediately with the nurse(s). After completion of the initial 4 weeks, each medication room will be monitored by the 1st shift nursing supervisor weekly X 4</p>		

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F 431	<p>Continued From page 6</p> <p>refrigerator for hall 500 from January 2015 to present. He further stated that if a request had come, maintenance would have adjusted the temperature of the refrigerator and monitored the temperature change to make sure the refrigerator was within the appropriate range. If the temperature could not be maintained within that range the facility would have replaced the refrigerator with a new one.</p> <p>During an interview with the Director of Nursing on 05/20/15 at 11:34 a.m. he stated that it was expected that the temperatures of the medication refrigerators be maintained between 36-46 degrees F. If a nurse records a temperature below 36, that nurse would report it to maintenance and adjustments would be made. He stated that the medication refrigerator log was kept to watch the refrigerator so that the meds are stored safely. Each medication might be affected or not affected by the temperatures being low and the pharmacist would be the one to decide that. The medications that were in the refrigerator at the time of the observation were discarded by the facility after they discussed the medication with their pharmacy.</p>	F 431	<p>weeks and then monthly X 4 months with any concerns being addressed immediately. The ADON and DON will monitor each medication room refrigerator randomly as well to ensure proper procedures are being followed and will report findings to the QA&A Committee quarterly for further compliance.</p>		