STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345305	A. BUILDING _____ B. WING _____	C 05/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMOKY RIDGE HEALTH & REHABILITATION	310 PENSACOLA ROAD BURNSVILLE, NC 28714

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F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to administer medication as ordered for 1 of 2 sampled residents on Depakote (a medication used for mood stabilization). (Resident #3) The findings included: Resident #3 was admitted to the facility 03/23/16 with diagnoses which included Alzheimers dementia with behavioral disturbance, schizophrenia spectrum disorder, depression and episodic mood disorder. The care plan dated 04/19/17 for Resident #3 included the following problem areas: -Psychotropic medication. Resident #3 has a diagnosis of Alzheimers dementia with behavioral disturbances, depression, anxiety, psychosis and schizophrenia. She requires the use of scheduled Depakote, Trazodone (an anti-depressant), Lexapro (an anti-depressant), Risperdal (an anti-psychotic) and as needed Ativan (an anti-anxiety). Due to her medication usage she is at risk for side effects. Approaches to this problem area included to discuss potential side effects of Lexapro, Depakote, Risperdal, Ativan and Trazodone with Resident #3 and	F 281	1)Resident #3 received the appropriate does of Depakote, per new order, during the next appropriate medication pass on 5/4/17. Resident #3 medication administration record and MD orders were reviewed and the FNP was notified of the occurrence with new orders received, specifying the desired dosage of Depakote on 5/4/17. 2)All residents receiving medications have the potential to be affected by the alleged deficient practice. A random audit of MD orders was completed by DON/ADON on 5/4/2017 and by the consultant pharmacist on 5/11/2017, with corrections made as appropriate. 3)DON & ADON began immediate in-servicing on 5/4/17 and education was completed on 5/9/17 for licensed nursing staff related to the procedure and expectations regarding end of month change over for medication and treatments. 4)The Nursing Supervisor or DON'□s designee will audit physician orders	5/11/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/19/2017

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F 281	Continued From page 1 family and administer Resident #3's medication as ordered by physician. -Cognitive loss/dementia-Resident #3 has a diagnosis of Alzheimer's, dementia with behavioral disturbances, cognitive impairment, depression, mood disorder, schizophrenia, anxiety and psychosis. She is unable to make her own decisions for care. Due to her diagnosis and history she is at risk for further decline in her cognition. Review of physician orders noted Resident #3 had been prescribed 125 milligrams of Depakote, twice a day from 07/05/16-12/29/16. On 12/29/16 there was a physician's order to decrease the Depakote to 125 milligrams once a day. Review of the psychiatrist progress notes in the medical record of Resident #3 noted the following: 12/26/16-Resident #3 was seen for stabilization of depressed mood. Nursing staff indicate patient has been unchanged with no new concerns psychiatrically or behaviorally identified. Patient today is lethargic and drowsy sitting in a chair. There have been no reported changes in sleep or appetite. Pharmacy has requested review of psychotropic medication for possible reduction if appropriate. Resident #3 has been on 125 milligrams of Depakote twice a day for mood disorder since 07/05/16. Based on reports and examination, patient remains relatively stable at this time. Gradual dose reduction and initiation for Depakote would be appropriate as trial. Decrease Depakote to 125 milligrams daily for mood disorder. 01/16/17-When last seen 3 weeks ago, Depakote was reduced to the present dose of 125 milligrams a day. Other psychotropic medications	F 281	weekly X 4 weeks, then monthly X 3 months. Results of these audits will be taken to the monthly QAPI committee X 3 months, then Quarterly, if needed to ensure ongoing substantial compliance.	

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F 281	Continued From page 2	F 281		

continue as ordered. Nursing staff report no new concerns for the patient psychiatrically or behaviorally; she has been stable. The reduction of Depakote had been made due to lethargy and drowsiness. She is alert today, indicating that her mood is okay. She also endorsees that sleep and appetite are good. She is without complaint. Patient has tolerated reduction in Depakote with no exacerbation of behavioral or psychiatric concerns. Continue psychotropic medications as presently prescribed. Patient is stable at current doses. Dose reduction attempt at this time would risk decompensation of patient. Monitor for changes in mood or behaviors. Depending upon clinical progress, further reduction towards discontinuation of Depakote may be appropriate depending upon clinical indication at future review.
02/06/17-When last seen recommendations were to continue psychotropic medications as previously ordered. No behavioral concerns have been identified recently. Patient is disorganized in thoughts, but does indicate that her mood is okay. She also endorses that sleep and appetite are all right. Currently on 125 milligrams of Depakote a day for mood disorder which was last reduced 12/26/16. Continue medications as prescribed, the patient is stable at current dose and/or needs more time to see beneficial effects. Dose reduction attempted and/or reduction will cause decompensation of patient. Monitor for changes in mood or behaviors.
03/06/17-When last seen by this physician one month ago, recommendations were to continue psychotropic medications as previously ordered. Note is made the patient now receives Depakote 125 milligrams twice a day instead of daily. Nursing staff today report no new concerns for the patient psychiatrically or behaviorally. For her

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part today, she is pleasant and without complaint. She indicates her mood is okay. She has been sleeping all right. Her appetite is good by her report.

Review of the Medication Administration Records (MARS) for Resident #3 noted the following:
December 2016-The printed MAR included the original order for 125 milligrams of Depakote twice a day. This order was crossed off on 12/29 and the physician's order for 125 milligrams of Depakote once a day was handwritten on the MAR. The Depakote was signed as administered once a day, as ordered by the physician.
January 2017-The printed MAR included the original order for 125 milligrams of Depakote twice a day. This was crossed off and handwritten on the MAR was a separate entry for 125 milligrams of Depakote every day. The Depakote was signed as administered once a day, as ordered by the physician.
February 2017-The printed MAR included the original order for 125 milligrams of Depakote twice a day. The Depakote was signed as administered twice a day to Resident #3.
March 2017-The printed MAR included the original order for 125 milligrams of Depakote twice a day. The Depakote was signed as administered twice a day to Resident #3.
April 2017-The printed MAR included the original order for 125 milligrams of Depakote twice a day. The Depakote was signed as administered twice a day to Resident #3.
May 2017-The printed MAR included the original order for 125 milligrams of Depakote twice a day. The Depakote was signed as administered twice a day to Resident #3.

On 05/04/17 at 3:00 PM the Director of Nursing

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(DON) reviewed the physician orders and December 2016-May 2017 MARs for Resident #3 and agreed an extra 125 milligrams of Depakote had been given from February-the time of the review. The DON stated the facility changed pharmacy services in January 2017 and the new pharmacy printed MARs starting February 2017. The DON stated MARs (for the next month) were always reviewed by a nurse at the end of the month before they were put into service. The DON stated the practice was to compare the prior month MAR, recent physician orders and the new MAR to ensure it was accurate. The DON noted the nurse that reviewed the February 2017 MAR for Resident #3 did not identify the Depakote was a once a day order, not twice a day. The DON stated the nurse should have picked up on this and that it was a medication error. The DON noted the February MAR had been reviewed by a nurse that no longer worked full time at the facility.

Attempts to contact the nurse that reviewed the February 2017 MAR for Resident #3 were unsuccessful.

On 05/04/17 at 4:30 PM the physician of Resident #3 stated the extra 125 milligrams of Depakote should not have been given to Resident #3 and was inconsistent with the physician order 12/29/16. The physician noted the 125 milligrams of Depakote was a low dose and was not harmful to Resident #3 and was better than being on an anti-psychotic.