

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

PRINTED: 05/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2011	
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115		
(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 000	INITIAL COMMENTS	F 000	The center provides the following plan of correction (POC) without admitting or denying the validity or existence of the alleged deficiencies. The POC is prepared and executed solely because it is required by provisions of Federal and State law. The facility reserves all right so contest the survey findings through dispute resolution, final appeal proceedings or any administration or legal proceedings.		
F 333 SS=D	No deficiencies were cited as a result of complaint investigation survey event id: J3YD11. 483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and medical record reviews the facility failed to be free from significant medication error for one (1) of twelve (12) sampled residents observed during medication administration. Medications interacting together, decreasing the absorption-distribution of medication (Allegra, Sinemet and Mylanta) were co-administered together resulting in a drug-drug interaction of medications. (Resident #77) Findings are: A review of the literature and the manufacturer product inserts on Sinemet and Allegra revealed that these medications were not be co-administered with Mylanta or other Aluminum and Magnesium based antacids as they interact increasing the absorption of Sinemet active ingredients and also reducing the absorption of Allegra active ingredient. The medication Mylanta had to be spaced at least about two hours prior or after to reduce these interactions. Resident #77 was originally admitted to the facility on 3/31/2007. Resident #77's diagnoses included	F 333		1. Mylanta has been discontinued on 5-11-11 for resident #77 after consulting with the Nurse Practitioner. 2. An audit of all other residents revealed that no other resident had Sinemet and aluminum or magnesium based antacids scheduled together. 3. The pharmacy consultant will ensure that all residents' medications are audited for interactions including over the counter medications. The nursing staff will be in-serviced on medication interactions. The DON/or designee will audit on a daily basis for 1week , then weekly for 2 weeks and quarterly thereafter x 3.	6/9/11 6/9/11 6/9/11

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

Patrick Foley

TITLE

LDRH

(X6) DATE

6/2/2011

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 required for continued program participation.

RECEIVED
JUN 15 2011
If continuation sheet Page 1 of 11
BY: *MH*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2011
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115	
(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 333	<p>Continued From page 1</p> <p>Parkinson's disease, affective Psychoses, Malaise and Fatigue and Allergic rhinitis. Resident #77 was observed during medication administration on 5/11/2011 at 8:18 AM. Licensed nurse #1 (LN #1) was observed administering medications to Resident #77. To a small cup LN #1 removed a total of eleven (11) medications from the medication cart which included tablets and capsules scheduled at 9:00 AM for Resident #77. The medications also included 30ml (milliliter) of Mylanta (Antacid with Simethicone), one tablet of Sinemet (Carbidopa/Levodopa) 25mg/250mg (milligram) and one tablet of Allegra (Fexofenadine HCl) 180mg. The nurse gave Resident #77, 30 ml of Mylanta followed by the above medications with enough water to swallow the medications.</p> <p>A review of the medical record of Resident #77 revealed current physician orders for Sinemet 25mg/250mg five times daily from 3/31/2007 and a current physician order for one tablet of Allegra 180mg from 11/19/2010. Further review revealed that Resident #77 also had physician orders for 30ml of Mylanta liquid (stock) medication (not supplied by the provider pharmacy) three times daily for over 8 months and all were administered together at 9:00 AM. A review of the Medication Administration Records (MAR) from October 2010 to date revealed that Mylanta had been given routinely with Sinemet and Allegra at the 9:00 AM.</p> <p>An interview with LN #1 on 5/11/2011 at 8:30 AM revealed that Resident #77 preferred to take Mylanta prior to medications and the pharmacy had not sent any communication related to the combination or co-administration of these</p>	F 333	4. The pharmacy consultants' audits/ recommendations will be reviewed along with the nursing audits at QI monthly meetings for 3 months and quarterly thereafter x3.	6/9/11

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

PRINTED: 05/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2011
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115		
(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 333	Continued From page 2 medications. The interview revealed that she had been giving these medications with Mylanta from over six months and she was not aware or was not informed of any drug-drug interaction related to Mylanta-Sinemet and Allegra. Further interview with the Director of Nursing (DON) on 5/11/2011 at 9:45 AM revealed that the scheduled Mylanta administration would be discontinued as of 5/12/2011 to Resident #77 after a discussion with the nurse practitioner. The interview revealed that this information of drug-drug interaction was not brought to her attention by the consultant pharmacist during the monthly medication reviews or the DON was aware of this co-administration.	F 333			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility record review, the facility failed to 1) monitor the temperature of a potentially hazardous food (PHF) (chicken) during cooling; 2) monitor the temperature of a PHF (chicken) at the point of service and 3) maintain a PHF (chicken) at least	F 371	1. Corrective Action for Those Affected: The PHF (chicken) was removed from the line at the time it was determined that it was not being held at the correct temperature. The PHF was re-heated to serving temperature before being returned to the serving line. Temperature was monitored for the duration of service, and PHF at point of service was > 135 throughout the remainder of serving the meal. Staff monitored all residents for s/s of foodborne illness, but none was reported.	6-9-11	

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

PRINTED: 05/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2011
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115		
(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 371	<p>Continued From page 3</p> <p>135 degrees Fahrenheit on the lunch tray line.</p> <p>The findings are:</p> <p>1. The facility's policy "Food Handling", revised 5/1/11, recorded in part "Hazard Analysis Critical Points (HACCP) Flow Charts from the Production Book are used when handling, preparing, cooling, storing, reheating, and reserving foods. "HACCP Guidelines: Cooked potentially hazardous foods that are subject to time and temperature control for safety are best cooled rapidly within 2 hours, from 135 to 70 degrees Fahrenheit (F), and within 4 more hours to the temperature of approximately 41 degrees F. The total time for cooling from 135 to 41 degrees F should not exceed 6 hours.</p> <p>An observation of the lunch meal service was conducted on 5/11/11 at 11:30 AM. Barbecue chicken was observed on the steam table and served for lunch to residents in the main dining room.</p> <p>During an interview with dietary staff #1 on 5/11/11 at 3:00 PM, she revealed that she thawed approximately 300 pieces of chicken at around 6:00 PM or 6:30 PM in order to cook it on 5/10/11. The interview further revealed that around 7:30 PM or 8:00 PM on 5/10/11, dietary staff #1 seasoned the chicken and cooked it in a convection oven at a temperature of 350 or 375 degrees (°) F for almost an hour. The chicken reached an internal temperature of 180° F. Then she stored the chicken on sheet pans, placed the pans of chicken on a utility cart and allowed the chicken to cool for about 1 hour. The chicken was not placed under refrigeration and temperature monitoring was not conducted during this hour</p>	F 371	<p>2. Corrective Action for Those Potentially Affected: All of the remaining PHF (chicken) was discarded. Dietary staff was in-serviced on proper cooling, reheating and service of PHFs. A reminder note-card that shows the correct procedure and temperatures for PHFs during cooking, at point of service, and storage has been provided to all dietary staff. Cooks were re-in-serviced on the proper way to measure food temperatures and when to record them. Temperatures will be taken and recorded when preparation/cooking is complete and just prior to service. Temperatures are to be recorded for all foods on the production sheets.</p> <p>3. Systemic Changes: (We normally do not serve meals from an unheated steam table. This was an event that happens once a year when we invite community workers and family members to attend a picnic with the residents in celebration of National Nursing Home Week.)</p> <p>1. A new 220v outlet is being placed in the dining room so that the hot food table will be functional throughout meal service in the future.</p>	<p>6-9-11</p> <p>6-9-11</p> <p>6-9-11</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2011
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115	
(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 371	<p>Continued From page 4</p> <p>while the chicken cooled. Dietary staff #1 also stated that she did not monitor the temperature of the chicken for the hour while the chicken cooled on the utility carts or after the chicken was placed under refrigeration. She placed ten sheet pans of chicken in the walk-in refrigerator without temperature monitoring during cooling. The chicken continued to cool under refrigeration until it was taken out of the walk-in refrigerator the next morning around 8:00 AM. Dietary staff #1 stated she had not received training regarding cooling potentially hazardous foods to 41° F or below within six hours or less.</p> <p>Interview with the assistant dietary manager (ADM) and the consulting dietitian on 5/11/11 at 3:10 PM revealed that the chicken should cool under refrigeration and temperature monitoring should be conducted to ensure the chicken cools to 41° F or less within six hours. The ADM confirmed that chicken was prepared for a census of 121 residents for lunch on 5/11/11. Documentation of in-services dated 11/6/08 included instruction to cool "roasts and other foods that are prepared the day ahead" to 70° F within two hours and 41° F within four hours. Dietary staff #1 attended this in-service.</p> <p>2. The facility's policy "Food Handling", revised 5/1/11, recorded in part, "All potentially hazardous foods are kept at internal temperatures of 41° or lower, and 135° or higher while being held and served. Tray line food temperatures are taken and recorded on the production sheets at the beginning of each meal service. If remote meal assembly is utilized, temperatures are taken and recorded for each of these locations."</p>	F 371	<p>2. Foods will be heated/re-heated to the appropriate temperature and temperatures will be recorded on the daily production sheet by the head cook for all three meals.</p> <p>3. AFSD or FSD will complete an audit of the production sheets to ensure temps are being taken and recorded correctly on a weekly basis X 2 months.</p> <p>4. Labels have been prepared for any PHF that is prepared prior to the day of service; staff will place cooked food in the cooler and record the temperature at 2 hours and then at 6 hours to ensure that it has been handled correctly. Labels will be kept on file in AFSD office.</p> <p>4. Monitoring and QA: Audits of food temperature records on the production sheets will be completed by the AFSD/FSD weekly x 4 weeks and monthly thereafter. Findings will be reported at the monthly QI Meeting each month</p>	6-9-11

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

PRINTED: 05/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2011
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115	
(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 371	<p>Continued From page 5</p> <p>Observation of the lunch meal tray line in the main dining room occurred on 5/11/11 at 11:30 AM. During the observation, two pans of barbecue chicken were observed with the following concerns regarding temperature monitoring.</p> <p>On 5/11/11 at 11:30 AM, two long aluminum pans which contained approximately ten pieces of chicken in the first pan and thirty pieces of chicken in the second pan were observed stored on a steam table, in the main dining room. The steam table was not plugged into an electrical outlet. The steam table was observed turned off. Chicken served from the steam table was observed served to residents in the main dining room from the first pan of chicken. At 12:00 PM, dietary staff #2 replaced an empty pan of chicken on the steam table in the main dining room with a pan of chicken she brought from the kitchen; temperature monitoring was requested. The tray line continued. Dietary staff #2 returned to the kitchen to obtain a thermometer and at 12:05 PM she obtained a temperature of 125 degrees (°) Fahrenheit (F) for the chicken which was placed on the steam table at 12:00 PM. Dietary staff #2 confirmed that she did not check the temperature of the chicken prior to putting the chicken on the steam table for service. The assistant dietary manager (ADM) instructed dietary staff #2 to remove the pan of chicken with a temperature of 125° F and to replace it with more chicken from the kitchen. The lunch meal tray line continued. Chicken in the second aluminum pan on the steam table was observed at 12:08 PM with an internal temperature of 91° F. The ADM stopped the tray line and reheated the chicken. At 12:12 PM the ADM stated he reheated chicken to 155°</p>	F 371		

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

PRINTED: 05/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2011
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115	
(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 371	<p>Continued From page 6 F and resumed the lunch meal tray line.</p> <p>The ADM confirmed in interview on 5/11/11 at 12:15 PM that the chicken should have been maintained on the tray line at a temperature of at least 135° F and that he should have reheated the chicken to 165° F prior to serving. He further stated that the chicken was cooked the night before (5/10/11) and then barbecued and reheated on the grill that morning by maintenance staff. He also stated that he just realized that the chicken was held in an oven that was turned off. He was not aware if the temperature of the chicken was monitored when it was reheated on the grill and he was not aware that the oven was off with the chicken still remaining in the oven. He also stated that the steam table was removed from the kitchen and put in the main dining room for lunch on 5/11/11, but there was no outlet in the main dining room to plug the steam table into.</p> <p>An interview with dietary staff #3 on 5/11/11 at 5:25 PM revealed that she received chicken in batches on 5/11/11 at 9:45 AM, 10:00 AM and 10:30 AM or 10:45 AM from maintenance staff after the chicken was reheated on the grill. Dietary staff #3 stated she conducted temperature monitoring of the chicken received from the grill and obtained temperatures of 162° F (two batches) and 163° F (third batch). She placed the chicken in an oven at 300° F to hold until the lunch tray line. The interview further revealed that she turned the oven off at 11:50 AM on 5/11/11 with cooked chicken for the lunch service still remaining in the oven. No further temperature monitoring was conducted of the chicken while it was stored in the oven or while the oven was off. She confirmed that chicken</p>	F 371		

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

PRINTED: 05/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2011
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115	
(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 371	Continued From page 7 should be reheated to at least 165° F. An interview on 5/12/11 at 10:10 AM with the maintenance director revealed that on the morning of 5/11/11, he and his assistant barbecued and reheated chicken that was served for lunch to residents on 5/11/11. He stated that the grill temperature was set at 325° F, he grilled the chicken about 15 minutes on each side, but he did not monitor the temperature of the chicken during reheating/grilling. He further stated that the chicken was coated with barbecue sauce and reheated just long enough to give it a grilled/smoked flavor. An interview with the dietary manager on 5/12/11 at 11:15 AM revealed that she supported the use of the steam table in the main dining room to hold the chicken even though it was not plugged in because the chicken was served within two hours after the chicken was reheated. She confirmed that temperature monitoring should be conducted on all foods at the point of service.	F 371		
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.	F 428	<ol style="list-style-type: none"> The drug regime for Resident #77 was reviewed by the nurse practitioner on 5/12/11. All residents will have their drug regime reviewed monthly by the consultant pharmacist. Consultant pharmacist will report any irregularities and interactions to the Director of Nursing and the physician or designee, who will review the recommendations. The pharmacy consultants' recommendations will be reviewed monthly for three months then quarterly thereafter at QI. 	 6/9/11 6/9/11 6/9/11 6/9/11

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

PRINTED: 05/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2011
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115
--	--

(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 428	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record reviews and staff interviews the consultant pharmacist failed to bring a discrepancy related to a drug-drug interaction to the attention of Director of Nursing or the Physician. The co-administration affecting the absorption of medications (Sinemet and Allegra) given with a scheduled dose of Mylanta liquid (Aluminium and Magnesium based antacid) for one (1) of ten (10) sampled residents reviewed for unnecessary medication resulted in drug-drug interaction. (Resident #77)</p> <p>Findings are:</p> <p>A review of the literature and the manufacturer product inserts on Sinemet and Allegra revealed that these medications were not be co-administered with Mylanta or other Aluminum and Magnesium based antacids as they interact increasing the absorption of Sinemet active ingredients and also reducing the absorption of Allegra active ingredient. The medication Mylanta had to be spaced at least about two hours prior or after to reduce these interactions.</p> <p>Resident #77 was originally admitted to the facility on 3/31/2007. Resident #77's diagnoses included Parkinson's disease, affective Psychoses, Malaise and Fatigue and Allergic rhinitis. Resident #77 was observed during medication administration on 5/11/2011 at 8:18 AM. Licensed nurse #1 (LN #1) was observed administering medications to Resident #77. To a small cup LN #1 removed a total of eleven (11) medications from the medication cart which included tablets and capsules scheduled at 9:00</p>	F 428		
-------	--	-------	--	--

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

PRINTED: 05/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2011
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115		
(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 428	<p>Continued From page 9</p> <p>AM for Resident #77. The medications also included 30ml (milliliter) of Mylanta (Antacid with Simethicone), one tablet of Sinemet (Carbidopa/Levodopa) 25mg/250mg (milligram) and one tablet of Allegra (Fexofenadine HCl) 180mg. The nurse gave Resident #77, 30 ml of Mylanta followed by the above medications with enough water to swallow the medications.</p> <p>A review of the medical record of Resident #77 revealed current physician orders for Sinemet 25mg/250mg five times daily from 3/31/2007 and a current physician order for one tablet of Allegra 180mg from 11/19/2010. Further review revealed that Resident #77 also had orders for 30ml of Mylanta liquid (stock) medication (not supplied by the provider pharmacy) three times daily from over 8 months and they were all administered together at 9:00 AM. A review of the Medication Administration Records (MAR) from October 2010 to date revealed that Mylanta had been given routinely with Sinemet and Allegra at the 9:00 AM.</p> <p>An interview with LN #1 on 5/11/2011 at 8:30 AM revealed that related to Resident #77, the pharmacy or the consultant pharmacist had not commented on the combined or co-administration of these medications. The interview revealed that she had been administering these medications with Mylanta from over six months and she was not aware or was not informed about the drug-drug interaction related to Mylanta-Sinemet and Allegra.</p> <p>An interview with the Director of Nursing (DON) on 5/11/2011 at 9:45 AM revealed that this drug-drug interaction was not brought to her</p>	F 428			

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

PRINTED: 05/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2011
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115		
(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 428	<p>Continued From page 10 attention by the consultant pharmacist during the monthly medication reviews.</p> <p>A telephone interview with the consultant pharmacist on 5/12/2011 at 2:14 PM revealed that he routinely reviewed all previous Medication Administration Records (MAR's) during the monthly reviews. In respect to Resident #77 he was under the impression that Mylanta was used only as needed and never realized that it was routinely administered from over 6 months with Sinemet and Allegra. The interview revealed that the provider pharmacy was also not aware of the scheduled use of Mylanta routinely as it was a stocked medication in the facility and the drug-drug interaction was not flagged by the dispensing pharmacist.</p>	F 428		