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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345446 | A. BUILDING ______ B. WING ______ | 04/19/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COLLEGE PINES HEALTH AND REHAB CENTER | 95 LOCUST STREET CONNELLYS SPRINGS, NC 28612 |

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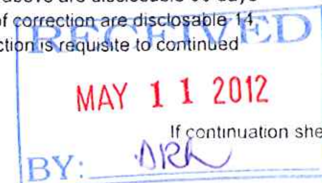
| F 281 SS=D | 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS<br><br>The services provided or arranged by the facility must meet professional standards of quality.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, medical record review and staff interviews the facility failed to accurately transcribe Physician's order for one (1) of fourteen (14) residents observed during medication administration. This resulted in a resident receiving an incorrect dosage of a calcium supplement. (Resident #177)<br><br>The findings are:<br><br>During an observation of medication administration by Licensed Nurse (LN) #3 on 04/18/12 at 8:57 AM Resident #177 received one tablet of Calcitrate with Vitamin D.<br><br>Medical record review revealed Resident #177's hospital "Medication Reconciliation for Discharge" dated 03/31/12 included an order for Calcium with Vitamin D extended release one tablet by mouth daily. Further review of the medical record revealed Resident #177's Physician's admission orders had been reviewed by LN #4 on 03/31/12 and included an order for Calcitrate with Vitamin D two (2) tablet by mouth twice daily.<br><br>Review of an undated facility document titled "Automatic Substitution" stated in part: "Policy: Pharmacy shall automatically substitute certain drugs when other drugs in that drug class are ordered as specified by the automatic substitution | F 281 | "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts set forth in the statement of deficiencies. The Plan of Correction is prepared in/or executed solely because the provisions of the Federal and State Law require it."<br><br>• The following corrective action shall be accomplished for Resident #177 through pharmacy placing an alert for any automatic drug substitution. The alert for drug substitution shall be (a dollar sign ($) and the wording *Dose per Automatic Substitution *) following the name of the drug on any drug that will be substituted. This alert shall be placed following the name of the drug (the drug that shall be substituted) on the medication administration record. BRHC LTC Pharmacy shall in-service all licensed personnel and medication aides on the "Automatic Stop Order Policy" and the new practice of alerts being placed on the Medication Administration Record. The In-service is scheduled May 14th.<br><br>• The following corrective action shall be accomplished for all other residents who have the potential to be affected by the same deficient practice through pharmacy placing an alert for any automatic drug substitution. The alert for drug substitution shall be (a dollar sign ($) and the wording *Dose per Automatic Substitution *) following the name of the drug on any drug that will be substituted. This alert shall be placed following the name of the drug (the drug that shall be substituted) on the medication administration record. BRHC LTC | 5-14-2012 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Beverly Holdford TITLE: NHA (X6) DATE: 5-10-2012

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 281 Continued From page 1

list." The substitution list stated calcium tablets in all strengths, any dose, and with or without Vitamin D would be substituted for Calcium Citrate with Vitamin D two (2) tablets by mouth twice daily.

Review of Resident #177 April 2012 Medication Administration Record (MAR) revealed the order for Calcitrate with Vitamin D two (2) tablet by mouth twice daily had been changed on 03/31/12 to Calcitrate with Vitamin D one (1) tablet by mouth once daily. There were no initials on the MAR to indicate who had made the change to the calcium supplement order. Further review of the MARs revealed Resident #177 received Calcitrate with Vitamin D one (1) tablet by mouth once daily at 9:00 AM from 04/01/12 through 04/18/12.

During an interview on 04/18/12 at 11:30 AM LN #4, the nursing supervisor for Resident #177's hall, reviewed Resident #177's admission orders and MARs and could not explain why or who had changed the calcium supplement order on the March and April of 2012 MARs.

An interview with the Pharmacist was conducted on 04/19/12 at 8:25 AM. During the interview the Pharmacist stated any order for Calcium Carbonate is automatically substituted by the pharmacy for Calcium Citrate with Vitamin D two (2) tablet by mouth twice daily. The Pharmacist further explained a copy of the pharmacy's automatic substitution policy and list were located at the front of the MAR notebook on each medication cart.

During an interview on 04/19/12 at 9:20 AM LN

F 281

Pharmacy shall in-service all licensed personnel and medication aides on the "Automatic Stop Order Policy" and the new practice of alerts being placed on the Medication Administration Record. The In-service is scheduled May 14th

- The systemic change made to ensure that this deficient practice does not occur in the future is that Blue Ridge Health Care LTC Pharmacy is placing an alert (a dollar sign($) and the wording *Dose per Automatic Substitution *) following the name of the drug on any drug that will be substituted.

- The facility plans to monitor this practice through the auditing of all physician renewal orders. Each nurse, as the renewal is checked, shall also retain a copy of the automatic substitution policy and procedure. The consultant pharmacist, as part of the monthly pharmacy review, will check that the proper dosage is being administered per the automatic substitution policy. Any noted discrepancy will be clarified per policy and if necessary clarified with the attending physician immediately. Any med errors noted or area of concerns shall also be brought to the monthly QA Meetings. Any potential area of concerns shall be addressed in an Action Plan.

**Correction Date: 5-14-2012**

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| F 281 | Continued From page 2<br>#3 stated she was aware of the automatic substitution list but did not question the accuracy of Resident #177's calcium supplement order during medication administration on 04/18/12 because new orders are to be verified for accuracy by two nurses before the MAR is placed in the notebook on the medication cart.<br><br>A follow up interview with LN #4 on 04/19/12 at 9:25 AM revealed LNs were expected to refer to the automatic substitution list and/or consult with the Physician before making any changes to a resident's medications on the MAR.<br><br>An interview with the Director of Nursing (DON) on 04/19/12 at 11:30 AM revealed LNs were expected to follow the automatic substitution list and/or contact the Physician before making any changes to a resident's MAR. The DON further stated ideally LNs should initial any changes made to a MAR. | F 281 | | |
| F 309 SS=D | 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br><br>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review and staff interviews the facility failed to implement Physician's standing orders for constipation for | F309 | • The following corrective action shall be accomplished for resident #122 through the assigned second shift nurse reviewing the recorded BM's for resident #122 daily. The physician standard order sheet shall be followed. The assigned second shift nurse, reviewing the recorded BM's for resident #122, shall administer the MOM on the 3rd day without recorded BM's. | 5-14-2012 |

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F 309

Continued From page 3
one (1) of six (6) residents reviewed for bowel elimination. (Resident #122)

The findings are:

Resident #122 was admitted on 11/16/11 with diagnoses including Alzheimer's Disease and Constipation. An admission Minimum Data Set (MDS) dated 11/28/11 revealed Resident #122 had severely impaired cognition and was frequently incontinent of urine and bowel movements. The admission MDS further revealed Resident #122 required extensive assistance with toilet use and constipation was present.

A care plan initiated on 12/01/11 noted Resident #122 had a history of Constipation and the intervention was to report no bowel movement (BM) in three (3) days.

Review of Resident #122's medical record revealed standing orders, signed by the Physician, which included orders for constipation as follows: "On third day if no BM, check for abdominal distention an fecal impaction before administering Milk of Magnesia (MOM) thirty (30) cc (cubic centimeters) or Ducolax (2) tablets. If no results the next day may give (1) Ducolax suppository. If no results from suppository may give SS (soap suds) or Fleets enema." Additional directions included: "Notify physician of chronic constipation or if no results from standing order."

Review of Medication Administration Records (MARs) for February and March of 2012 revealed Resident #122 received a daily dose of Miralax 17 (seventeen) grams in eight (8) ounces of water at

F 309

- The following corrective action shall be accomplished for those residents having the potential to be affected by the same deficient practice: The assigned second shift nurse shall review the recorded BM's for all residents daily. The physician standarding order sheet shall be followed. The assigned second shift nurse, reviewing the recorded BM's for residents, shall administer the MOM on the 3rd day without recorded BM's.
- The systemic change made to ensure that this deficient practice has been made *see attached memo to second shift nurses. The new practice will be for the second shift assigned nurses to review the recorded BM's on all resident in the facility daily. The reviewing second shift nurses will also be the nurse who administers the MOM to the residents. The Staff Development Coordinator has in-serviced all second shift nurses on the new practice.

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F 309 Continued From page 4
bedtime for constipation.

Review of Resident #122's February 2012 and March 2012 bowel and bladder elimination record revealed five (5) episodes of no documented BM for three (3) or more days.
-from 02/03/12 through 02/06/12- four (4) days
-from 02/12/12 through 02/15/12- four (4) days
-from 02/27/12 through 03/01/12- four (4) days
-from 03/05/12 through 03/08/12- four (4) days
-from 03/21/12 through 03/28/12- eight (8) days

An interview with Licensed Nurse (LN) #1 on 04/18/12 at 3:30 PM revealed night shift (11:00 PM to 7:00 AM) nurses reviewed the BM records for residents on their assigned halls and administered laxatives per the standing orders for residents with no documented BM for three (3) days. LN #1 further stated the nursing assistants frequently let the LNs know when a resident had not had a BM for three (3) days.

An interview was conducted with LN #2, the nursing supervisor on Resident #122's hall, on 04/19/12 2:30 PM. LN #2 reviewed Resident #122's BM records and MARs for February and March of 2012 and confirmed Resident #122 had five (5) episodes of no BM for three or more days from 02/01/12 through 03/31/12. In addition, LN #2 confirmed Resident #122 was not administered laxatives per the Physician's standing orders for constipation on the third day without a BM for any of the five (5) episodes. The interview further revealed night nurses reviewed the BM records for the residents on their hall and administered laxatives per Physician's standing orders after the third day with no documented BM.

F 309

- The facility plans to monitor this practice through an audit process called "Third shift chart check". The assigned third shift nurse shall review the recorded BM's on all residents daily. If the resident has not had a recorded BM in three days and MOM has not been administered per the Physician's Standing Order Sheet then the third shift nurse will give the MOM and send a report to the nurse manager of failed compliance with the protocol. Any areas of concern will be discussed in the monthly QA Meeting and an addressed in the form of an action plan.

Correction Date: 5-14-2012

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| F 309 | Continued From page 5<br><br>During an interview on 04/19/12 at 3:00 PM the Director of Nursing stated she expected standing orders for laxatives to be implemented by LNs after a resident has not had a BM for three (3) days. | F 309 | | |

To all $2^{nd}$ shift nurses: 5/10/12

Beginning today, check your residents for last bowel movement and give laxative according to protocol. This is to be a $2^{nd}$ shift nurse's function every day.

Thank you for your cooperation in this matter.

Judy Warner, RN
DON