

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

PRINTED: 10/12/2012  
FORM APPROVED  
OMB NO. 0938-0391

067 2 2 2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345490	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/04/2012
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NAME OF PROVIDER OR SUPPLIER  AYDEN COURT NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 128 SNOW HILL RD AYDEN, NC 28513
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(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  F 329 SS=D	<p><b>INITIAL COMMENTS</b></p> <p>There were no deficiencies cited as a result of complaint investigation. Event id # QYC911.</p> <p><b>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</b></p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to discontinue a medication for 1 of 11 sampled residents (Resident #27) whose unnecessary medications were reviewed.</p>	F 000  F 329	<p>Ayden Court Nursing &amp; Rehabilitation Center acknowledges receipt of The statement of deficiencies and Proposes this plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of correction is submitted as a written allegation of compliance. Ayden Court Nursing and Rehabilitation Center's response to the Statement of deficiencies does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further Ayden Court Nursing And Rehabilitation Center reserves the Right to refute any of the deficiencies on this statement through informal dispute resolution, formal appeal procedure and or any other administrative legal proceedings.</p>	10/26/12  10/26/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 10/19/12
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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 329	<p>Continued From page 1</p> <p>Findings include:</p> <p>Resident #27 was re-admitted to the facility on 8/8/12 with cumulative diagnoses of hip fracture and cerebrovascular accident (CVA).</p> <p>Resident #27's admission Minimum Data Set (MDS) dated 8/15/12 showed that Resident #27 was cognitively aware.</p> <p>A review of the hospital discharge summary dated 8/8/12 showed an order for lovenox (a medication used to help reduce the risk of developing blood clots) 40 milligram injection give 1 subcutaneously daily. The quantity ordered was 14.</p> <p>A review of the Note to Attending Physician/Prescriber dated 8/9/12 from the pharmacist showed a request for clarification on the duration of the lovenox. The physician responded on 8/15/12, "As on D/C (discharge) summary-14 days". A handwritten note read "completed" and was initialed.</p> <p>A review of the Medication Administration Record (MAR) beginning 8/8/12 showed the first dose of lovenox was given on 8/9/12 and continued through 8/30/12 for a total of 22 doses in August.</p> <p>A review of the Medication Administration Record beginning 9/1/12 showed the lovenox was also given 9/1/12 (a combined total of 23 doses) and then discontinued. The MAR showed a handwritten note of ASD (automatic stop date) next to the lovenox with a vertical line indicating the medication should be stopped after that dose.</p>	F 329	<p>F-329—Drug Regimen Is Free from Unnecessary Drugs</p> <p>The Lovenox for resident #27 was discontinued on 9/2/12 per physician order.</p> <p>A 100 percent audit was completed by the Director of Nursing of all resident medication orders and Medication Administration Records to assure that all medications have been given according to the ordered length of time based on the physician's orders and automatic stop orders. (10/26/12)</p> <p>100 percent of Licensed nurses have been trained by the Staff Facilitator regarding the accurate transcription of physician orders and the second check of the orders are accurate. The 11-7 nurses will use the "pink" copy of the physician orders to verify the written order against the resident Medication Administration Record to assure the order had been transcribed accurately and will then initial each "pink" copy as verified. The "pink" copies of the physician orders will be reviewed in the Administrative Nurse Clinical meetings daily to be reviewed for all new orders and signed off daily by the QI nurse and the Director of Nursing once all verification of accurate transcription is completed. (10/26/12)</p>	<p>9/2/12</p> <p>10/26/12</p>

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F 329	Continued From page 2  In an interview on 10/3/12 at 3:30 PM Nurse #1 indicated that admission orders were received via the hospital discharge summary and confirmed with the physician. The person receiving the orders should transcribe the orders to the MAR. If a medication was time limited it should be blocked off and an ASD should be noted. She stated that giving lovenox more often than ordered could have caused bleeding issues.  In an interview on 10/3/12 at 4:00 PM the Day Shift Supervisor stated that when a resident was admitted the orders were included in the hospital discharge paperwork. She indicated that the lovenox order was for 14 days. She stated a communication was sent to the physician asking for clarification on the lovenox order and the physician confirmed the medication should be given for 14 days. The physician signed the order on 8/15/12. She stated that she had received the communication back from the physician and had written completed and initialed the sheet. The date was prior to 8/23/12. She indicated that the lovenox should have been stopped after 14 doses and that someone should have caught the error.  In an interview on 10/4/12 at 11:30 AM the Director of Nurses (DON) indicated that Resident #27 receiving more doses of lovenox than was ordered was a problem. She stated that she expected her nurses to discontinue a medication as ordered by the physician. She indicated that receiving more of the medication could have caused bruising or bleeding.	F 329	The dayshift Resident Care Coordinator will e trained by the Director of Nursing and Staff Facilitator to assure that all Pharmacy Consultant recommendations are acted upon and followed up completely before being signed off as complete. Once completed, the copies of the Pharmacy recommendations will be forwarded to the Director of Nursing to verify the recommendations have been acted upon and orders followed through appropriately. The Director of Nursing will then sign off each recommendation as verified and return the copies to the Pharmacy report book. (10/26/12)  The Director of Nursing will audit all orders for Lovenox with the Coumadin audits to assure orders and labs are followed appropriately. The Director of Nursing will continue the audits of the "pink" copies of the physician orders five days a week x 4 weeks, weekly x 2 weeks, monthly x2 months. The results of these audits will be reported to the Quarterly QA committee and adjustments made to the audits as deemed necessary. The pink copy orders and changes will be reported five days a week in the daily clinical meeting. (10/26/12)	10/26/12  10/26/12	
F 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS  The facility must ensure that residents are free of	F 333	F 333--Residents Free of Significant Medication Errors		

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F 333	<p>Continued From page 3 any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to discontinue a medication for 1 of 11 sampled residents (Resident #27) resulting in a significant medication error. Findings include:</p> <p>Resident #27 was re-admitted to the facility on 8/8/12 with cumulative diagnoses of hip fracture and cerebrovascular accident (CVA).</p> <p>Resident #27's admission Minimum Data Set (MDS) dated 8/15/12 showed that Resident #27 was cognitively aware.</p> <p>A review of the hospital discharge summary dated 8/8/12 showed an order for lovenox (a medication used for anticoagulant therapy to help reduce the risk of developing blood clots) 40 milligram injection give 1 subcutaneously daily. The quantity ordered was 14.</p> <p>A review of the Note to Attending Physician/Prescriber dated 8/9/12 from the pharmacist showed a request for clarification on the duration of the lovenox. The physician responded on 8/15/12, "As on D/C (discharge) summary-14 days". A handwritten note read "completed" and was initiated.</p> <p>A review of the Medication Administration Record (MAR) beginning 8/8/12 showed the first dose of lovenox was given on 8/9/12 and continued through 8/30/12 for a total of 22 doses in August.</p>	F 333	<p>The Lovenox for resident #27 was discontinued on 9/2/12 per physician order.</p> <p>A 100 percent audit was completed by the Director of Nursing of all resident medication orders and Medication Administration Records to assure that all medications have been given according to the ordered length of time based on the physician's orders and automatic stop orders. (10/26/12)</p> <p>100 percent of Licensed nurses have been trained by the Staff Facilitator regarding the accurate transcription of physician orders and the second check of the orders are accurate. The 11-7 nurses will use the "pink" copy of the physician orders to verify the written order against the resident Medication Administration Record to assure the order had been transcribed accurately and will then initial each "pink" copy as verified. The "pink" copies of the physician orders will be reviewed in the Administrative Nurse Clinical meetings daily to be reviewed for all new orders and signed off daily by the QI nurse and the Director of Nursing once all verification of accurate transcription is completed. (10/26/12)</p>	<p>9/2/12</p> <p>10/26/12</p> <p>10/26/12</p>	

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F 333	<p>Continued From page 4</p> <p>A review of the Medication Administration Record beginning 9/1/12 showed the lovenox was also given 9/1/12 (a combined total of 23 doses) and then discontinued. The MAR showed a handwritten note of ASD (automatic stop date) next to the lovenox with a vertical line indicating the medication should be stopped after that dose.</p> <p>In an interview on 10/3/12 at 3:30 PM Nurse #1 indicated that admission orders were received via the hospital discharge summary and confirmed with the physician. The person receiving the orders should transcribe the orders to the MAR. If a medication was time limited it should be blocked off and an ASD should be noted. She stated that giving lovenox more often than ordered could have caused bleeding issues.</p> <p>In an interview on 10/3/12 at 4:00 PM the Day Shift Supervisor stated that when a resident was admitted the orders were included in the hospital discharge paperwork. She indicated that the lovenox order was for 14 days. She stated a communication was sent to the physician asking for clarification on the lovenox order and the physician confirmed the medication should be given for 14 days. The physician signed the order on 8/15/12. She stated that she had received the communication back from the physician and had written completed and initialed the sheet. The date was prior to 8/23/12. She indicated that the lovenox should have been stopped after 14 doses and that someone should have caught the error.</p> <p>In an interview on 10/4/12 at 11:30 AM the Director of Nurses (DON) indicated that Resident #27 receiving more doses of lovenox than was ordered was a problem. She stated that she</p>	F 333	<p>The dayshift Resident Care Coordinator will e trained by the Director of Nursing and Staff Facilitator to assure that all Pharmacy Consultant recommendations are acted upon and followed up completely before being signed off as complete. Once completed, the copies of the Pharmacy recommendations will be forwarded to the Director of Nursing to verify the recommendations have been acted upon and orders followed through appropriately. The Director of Nursing will then sign off each recommendation as verified and return the copies to the Pharmacy report book. (10/26/12)</p> <p>The Director of Nursing will audit all orders for Lovenox with the Coumadin audits to assure orders and labs are followed appropriately. The Director of Nursing will continue the audits of the "pink" copies of the physician orders five days a week x 4 weeks, weekly x 2 weeks, monthly x2 months. The results of these audits will be reported to the Quarterly QA committee and adjustments made to the audits as deemed necessary. The pink copy orders and changes will be reported five days a week in the daily clinical meeting. (10/26/12)</p>	10/26/12  10/26/12	

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F 333	Continued From page 5 expected her nurses to discontinue a medication as ordered by the physician. She indicated that receiving more of the medication could have caused bruising or bleeding.	F 333			

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NAME OF PROVIDER OR SUPPLIER  AYDEN COURT NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 128 SNOW HILL RD. AYDEN, NC 28513	
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K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1  This STANDARD is not met as evidenced by: A. Based on observation on 11/08/2012 there was an unprotected PVC duct penetrating the ceiling of the Med. Room at nurses station #2 . 42 CFR 483.70 (a)	K 012	Fire dampers ordered to be installed,  Other ceiling penetrations reviewed.  Determined to be isolated occurrence.  No systematic changes necessary.  No continued monitoring or QA Required.	12/23/12
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: A. Based on observation on 11/08/2012 it requires more than one (1) motion of the hand to reenter the building from the court yard. B. Based on observation on 11/08/2012 the staff interviewed did not know about the master door release switch at the nurses station.. 42 CFR 483.70 (a)	K 038	Locksmith contacted, new 1 motion  Hardware to be installed, isolated  Occurrence no system change  Monitoring or QA Involved.  Staff is educated as to master  Switch and part of every fire drill.  Will conduct inservice education by  The Staff Development Coordinator	
K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1	K 061	On this specific item, systematic,  Monitoring, and QA measures  Not necessary. Will document	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Brynn Shelman* TITLE *Administrator* (X6) DATE *11/26/12*

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K 061	Continued From page 1	K 061	<u>K38 (CONT)</u> Monthly inservice as part of the Fire drill on each fire drill report.	12/23/12
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: A. Based on observation on 11/08/2012 there were full and empty O2 cylinders mixed in the O2 storage room on the 400 hall. 42 CFR 483.70 (a)	K 076	<u>K 61</u> Sprinkler contractor contacted and Will install necessary valves and Temper alarms. Will monitor as part Of their scheduled system Maintenance, systematic, staff Education, and QA not necessary.	12/23/12
			<u>K 74</u> Physical barrier between Full Side and Empty side being Installed 12/12. Staff made Aware of this during orientation.	



K76 (CONT.)

Will cover this in all staff inservice

For the master switch, systematic

And QA changes not necessary. O2

Storage will be monitored weekly for

Proper storage by administrative

Staff.

12/23/12