STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345143	A. BUILDING _____ B. WING _____	C 02/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILER CITY CARE AND REHABILITATION CENTER	900 W DOLPHIN ST SILER CITY, NC 27344

(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 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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. 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. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, consultant pharmacist interview and record review the facility failed to attempt a gradual dose reduction of an antipsychotic medication, failed to document an indication for use of 2 different antipsychotics and a sedative for one of seven residents reviewed for antipsychotic medications (Resident #2)	F 329	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement of the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of federal and state law. F 329 1. a. The physician for residents # 2 was notified on 02/15/2013 regarding the use of Haldol. The physician discontinued the Haldol on 02/15/2013 and 02/20/2013. b. Resident #2 receiving Risperdal has had a drug reduction as of 03/08/2013. 2. a. Current residents receiving antipsychotic drugs will be reviewed by the facility's pharmacy consultant to recommend gradual drug reductions on 03/14/2013 and 03/15/2013, as appropriate. b. Current residents receiving antipsychotic drugs will be reviewed by the facility's pharmacy consultant for appropriate indications for drug usage on 03/14/2013 and 03/15/2013. 3. Licensed staff were re-educated on behavioral management and antipsychotic drug usage on 02/20/2013 and 02/21/2013 by Vivian Jones, RN, DON and Diane Tilley, RN, Staff Development Coordinator. Random audits of residents on antipsychotic drugs, to monitor gradual drug reductions and indication for usage, will be completed by nursing supervisors weekly for the next three months to monitor compliance.	03/15/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jeffrey Carpenter — TITLE: Administrator — (X6) DATE: 03/12/2013

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.

S.F.

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F 329	Continued From page 1 Findings include: Resident #2 was admitted to the facility on 11/17/10 with diagnosis of dementia. Behaviors included striking out at staff during care with hands and feet. Review of the signed physician orders for December 2012 revealed that the resident had an order for Risperdal (risperidone) 1.5 mg (milligram) at bedtime everyday for dementia with behavioral symptoms, dated 07/18/12. Lexicomp's Geriatric Dosage Handbook 17th edition stated that Risperdal is an antipsychotic medication used to treat schizophrenia or bipolar disease. Under Warnings/Precautions: "Elderly patients with dementia-related psychosis treated with antipsychotics are at an increased risk of death compared to placebo. Haldol is not approved for the treatment of dementia-related psychosis. " In the treatment of agitated, elderly patients the response to the traditional antipsychotics (Haldol) in controlling agitation the use of neuroleptics (antipsychotics) results in a response rate of 18%. Review of the medication administration record for December 2012 revealed that the resident also had an order for Haldol 5 mg every 2 hours as needed for [undefined] agitation written 01/28/11; a second antipsychotic agent. Lexicomp's Geriatric Dosage Handbook 17 edition also states that Haldol is an antipsychotic which again carries the warning above. The prn (as needed) dose which was given December 5th, 11th, twice on the 12th, the 13th, 15th, 16th, 20th, 25th, 26th, and 27th of 2012 (eleven times).	F 329	4. The results of the audits will be reported to the facility's monthly QI committee to track progress towards improvement and make recommendations as appropriate.	03/15/13

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F 329	Continued From page 2 Review of the Medication Administration for January 2013, revealed the Risperdal order from 07/18/12, An order for Ativan 0.5 mg every 4 hours as needed was added on March 9, 2012 and was being used and The Cogentin order was added to counter act the effects of the two antipsychotic orders for restlessness which had been given on January 2nd,3rd,4th and 7th (Ativan is a sedating benzodiazepine used for anxiety), the as needed Haldol which was given on the 4th,5th,6,th 7th, 8th,10th, 15th, 19th,, 23rd, 26th, 27th and 30th (twelve times). Additionally, there was an order for Cogentin 1 mg twice a day every day for tremors started on January 29th, 2013. Cogentin is an antiparkinson agent given to suppress the side effects of Haldol such as tremor, difficulty swallowing and drug-induced Parkinsonian symptoms. Interview with the nurse on the hall on 02/14/13 at 11 AM revealed that when the resident first came to the facility he was on another unit but was noted to strike out at staff during care. She stated he was much better now and quieter. Interview with the nursing assistant on the unit revealed that he used to kick at the aides during care and would draw back his fist as if to strike but he did not do that anymore. They floor nurse could not explain why he received so much of the as needed order. Observation of the resident on 02/14/13 at 9 AM revealed a resident lying flat on his back with his knees drawn up and contractures of both hands. The resident did not respond to questions and did not open his eyes. The resident was again	F 329		

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F 329	Continued From page 3 observed at 2:30 PM and 4:30 PM with the same presentation, no speech, did not open eyes, lying prone on his back with visible contractures of his hands and his knees drawn up and bent. No behaviors were observed. Review of the consulting psychiatry notes from 03/06/12 revealed a recommendation to: "suggest routine twice a day Haldol for agitation and decrease Risperdal in an attempt to covert to one RX (prescription entity) only. Consider decrease in Risperdal as pt (resident) appears to no longer have agitation. Psychiatry will discontinue services and hospice care can manage patients appears to be comfort matters and no longer behavioral matters that need to be followed at this time. " Although the hospice referral was written no further action was take on the medication issues, the record did not list any non-drug behavioral interventions. Record review of the physician progress notes from 08/01/12 "Resident confused with contractures of upper extremities, still eats with feeding, Alzheimer ' s disease with progressive decline, he still eats well." From 09/16/12 "Resting in bed eyes open, no speech, requires assistance with 6 of 6 ADLs (activity of daily living), continues to eat well when fed." From 10/05/12:" in bed, no speech still drinks health shakes (dietary supplement) with assistance-requires total care." From 11/02/12:"End stage Alzheimer with profound weight loss, death near, his lifeline is the health shakes." However no gradual	F 329		

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F 329	Continued From page 4 reduction in two antipsychotics, one anxiety agent and one antiparkinsonian agent was attempted. Interview with the Director of Nursing and Administrator on 02/14/13 at 3 PM failed to resolve why the resident needed the amount of medication he was getting with no exhibited activity of any behaviors. At no time during this period (July 18, 2012 through February 14 2013) were the antipsychotics scheduled for gradual dose reduction as the resident's health, weight and activity level declined. Interview with the consultant pharmacist on 01/15/13 at 10 AM revealed that she had written two reviews to nursing in November of 2012 and January of 2013 about the number of prn (as needed) medications that were being given but did not request a gradual dose reduction of the Risperdal order, and did not request that the as needed Haldol order be discontinued; the second antipsychotic (Haldol) continued to be given frequently.	F 329		