12/5/13

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

PRINTED: 11/27/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345216	A. BUILDING _____ B. WING _____	C 11/13/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTFIELD REHABILITATION AND HEALTH CENTER	3100 TRAMWAY ROAD SANFORD, NC 27332

(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 record reviews and staff interviews, the facility failed to continue a medication dose reduction in accordance with the physician's orders for 1 of 3 residents (Resident #1). The findings included: Resident #1 was re-admitted to the facility from a hospital on 10/1/13 with a discharge diagnosis of	F 329	F000 **Disclaimer** The statements made on this plan of correction are not an admission of nor constitute an agreement with the alleged deficiency. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that the alleged deficiency has been or will be corrected by the date or dates indicated. F329 **For the residents involved, corrective action has been accomplished by:** Only Resident #1 was affected. MAR was corrected to reflect MD order of Hydralazine 50mg bid on 11/13/13. **Exhibit 1** **Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by:** An audit of all MAR's using the most current physician orders was completed by DON and ADON on 11/18/13 revealing 0 (zero) discrepancies when comparing physician orders and MAR for all 56 patients. **Exhibit 2**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Linda Andrews — TITLE: Administrator — (X6) DATE: Dec. 5, 13

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.

J.D.

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F 329	Continued From page 1 chronic left frontal subdural hematoma (a term which refers to an accumulation of blood on the brain's surface beneath the skull). Cumulative diagnoses included hypertension (high blood pressure), diabetes, coronary artery disease, chronic kidney disease and a history of falls. A review of the resident ' s medical record revealed his admission medications ordered on 10/1/13 included hydralazine 50 milligrams (mg) given three times daily. Hydralazine is a medication used for treating hypertension. Resident #1 ' s most recent Minimum Data Set (MDS) information dated 10/15/13 indicated he had intact cognitive skills for daily decision making. On 10/16/13, a physician ' s order was received to reduce the dose of hydralazine given from 50 mg three times daily to 50 mg twice daily for Resident #1. A review of the resident ' s Medication Administration Record (MAR) for October 2013 revealed the new order for hydralazine 50 mg given twice daily had been transcribed onto the MAR on 10/17/13. The previous order for hydralazine 50 mg given three times daily was discontinued. The October 2013 MAR indicated Resident #1 received hydralazine 50 mg twice daily in accordance with the physician ' s order from 10/17/13 through 10/31/13. However, a review of Resident #1 ' s Medication Administration Record for November 2013 revealed the resident had resumed receiving hydralazine 50 mg three times daily from 11/1/13 through 11/13/13.	F 329	**Measures put into place or systemic changes made to ensure that the deficient practice does not occur** Administrative Nurses and Staff Nurses were in-serviced 11/26/13 by Assistant Director of Nursing on new process of checking orders Any in-house staff who did not receive in-service training will not be allowed to work until training is completed. The white copy of the telephone order sheet will be stamped "FAXED" when the order is successfully faxed to the pharmacy. Also, at the end of the month, the RN check of all orders will occur 2-3 days prior to the end of the month. The DON will assign charts to nurses on all shifts prior to the end of month so that all orders are checked a second time comparing to the new month's MAR with the most updated physicians order summary as well as any new telephone orders written since the physician order summary was reviewed.. The information is integrated into the standard orientation training and required in-service refresher course for all nursing employees and will be reviewed by our Quality Assurance Process to verify that the changes have been sustained. **Exhibit 3**	

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F 329	Continued From page 2 A review of the Weights and Vitals Summary for Resident #1 revealed his vital signs including blood pressure (BP) were monitored routinely each shift. BP results from 10/17/13-10/31/13 (when the resident received hydralazine 50 mg twice daily) were compared to BP results from 11/1/13-11/13/13 (when the resident received hydralazine 50 mg three times daily) with no significant differences noted. A review of the Resident ' s fall/incident reports revealed the resident did not experience any falls from 11/1/13 through 11/13/13. An interview was conducted with the Director of Nursing (DON) on 11/13/13 at 5:06 PM. The DON reviewed the physician ' s orders, the October 2013 MAR and the November 2013 MAR. Upon review, she stated the order for the hydralazine dose reduction " fell through " two safeguards at the facility. The DON reported that at the end of October, all physicians ' orders were printed out and a Registered Nurse (RN) reviewed them. The RN was expected to ensure accuracy of the MARs by reviewing and comparing the November orders against the October orders. She noted that any new orders received during the month of October should also have been reviewed. The DON stated the RN reviewing the orders should have noticed the hydralazine dose reduction at that time. The DON referred to this part of the process as the facility ' s first safeguard to ensure medication accuracy. The DON then reported that the nurse on duty during the last 24 hours of October was responsible for comparing the medication orders on the October MAR to those of the November MAR. She indicated the nurse should have noticed the dose was different and caught the discrepancy then. This was the facility ' s second	F 329	**The facility has implemented a quality assurance monitor:** The Assistant Director of Nursing/SDC or designee will monitor this process using the QA Survey Tool, reviewing compliance with checking MAR's. Any issues identified will be reported immediately to the Adm/ DON for appropriate action. This audit will be completed for 3 months to ensure sustained compliance. Reports will be given to the monthly QOL committee and corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality of Life Meeting. Exhibit 4 Date of Compliance: 11/18/13	

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F 329	Continued From page 3 safeguard in the process. The DON indicated the reason why the pharmacy didn ' t process the order for the hydralazine dose reduction was unclear, " but we should have caught it. " The DON indicated she would need to talk with the prescriber to reconcile what needed to be done for the resident and the medication order at this point in time.	F 329		