

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345532	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2013
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG AND REHAB CTR OF LEE COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 310 COMMERCE DRIVE SANFORD, NC 27330	
(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 356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to post daily nurse staffing in the facility in an area visible to visitors and residents.</p>	F 356	The daily nurse staffing sheet has been relocated to a bulletin board visible to visitors and residents in the corridor outside the Rehab. Dept. All residents and	12/13/13

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

TITLE

(X6) DATE

Electronically Signed

12/17/2013

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.

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F 356	Continued From page 1 Findings included: On 12/09/2013 at 11:00 AM, the daily nurse staffing was not observed in an area visible to visitors and residents. On 12/10/2013 at 9:15 AM, the daily nurse staffing form was observed hanging inside the enclosed nursing station. The writing on the document was not easily readable in any area outside the nursing station. In an interview with the facility Director of Nursing (DON) on 12/10/2013 at 9:15 AM, the DON reported the expectation was nurse staffing should be posted every day in an area visible to visitors and residents.	F 356	families could be affected by the alleged deficient practice. For those residents and family member who may have the potential to be affected by the same deficient practice, the Nurse Secretary/Scheduling Coordinator will post the nurses staffing daily on the bulletin board noted above. On weekends and holidays, the Weekend Nurse Supervisor will post the staffing sheet. To ensure that the alleged deficient practice does not recur, the DON, Administrator, or their designee will monitor the bulletin board for continued daily compliance.		
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. This REQUIREMENT is not met as evidenced by: Based on observation, staff and family interviews and record review, the facility failed to ensure adequate monitoring of a newly ordered antipsychotic medication for 1 of 5 (resident #84)	F 428	For the resident found to have been affected by the alleged deficient practice, an AIMS form was completed on Dec. 10, 2013.	12/31/13	

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F 428	<p>Continued From page 2</p> <p>residents reviewed for unnecessary medication use.</p> <p>Findings included:</p> <p>Resident #84 was admitted on 11/6/13 with cumulative diagnoses of Alzheimer disease and delirium with behaviors. The admission Minimum Data Set (MDS) dated 11/13/13 indicated resident #84 had severe cognitive impairment and was coded for behaviors to include easily annoyed. The care planned included problems with behaviors to include aggression toward staff and refusing medications along with the use of the use of Risperdal, an antipsychotic medication. The care plan interventions included a gradual dose reduction as clinically appropriate, pharmacy consultation monthly, monitoring for adverse side effects such as tardive dyskinesa and extrapyramidal effects. The adverse side effects included in part facial grimacing, involuntary tongue and lip movements, and involuntary jerking movements.</p> <p>A review of the hospital discharge summary indicated the Risperdal was discontinued upon discharge to the facility on 11/6/13. A review of the facility nurses notes indicated resident #84 began refusing medications on 11/7/13 and by 11/9/13, she was refusing assistance with her activities of daily living and medications. On 11/14/13, resident #84 was noted to be yelling out that someone outside was looking into the window. The physician was notified and orders were given for Risperdal 0.25 milligrams (mg) every night at bedtime and a psychiatric evaluation.</p>	F 428	<p>For those residents having the potential to be affected by the same alleged deficient practice, an audit of all residents with a prescribed antipsychotic medication will be completed by the DON or her designee.</p> <p>To ensure that the deficient practice does not recur, an inservice will be presented to all licensed nurses regarding the requirement of completing an AIMS monitoring tool when the medication is ordered and every 6 months thereafter. To ensure that the deficient practice does not recur, in-services will be held on Dec. 21,23, and 30th and will be presented to all licensed nurses regarding the requirement of completing an AIMS monitoring tool when the antipsychotic medication is ordered and every 6 months thereafter.</p> <p>In order to monitor our performance and to ensure that these solutions are sustained, we will incorporate this PoC into our weekly Quality of Life/QA process. We will develop a tool that will monitor compliance weekly for two weeks, then bi-weekly for 30 days. We will then monitor compliance on a continuous monthly basis. The Director of Nursing or the Assistant Director of Nursing will be responsible for the monitoring process. Additionally, the Pharmacy Consultant will continue to perform monthly reviews on all medications including antipsychotic medications.</p>		

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F 428	<p>Continued From page 3</p> <p>The psychiatric evaluation on 11/19/13 stated that resident #84's psychosis restarted after Risperdal was discontinued at the hospital and noted improvement since the Risperdal was restarted on 11/14/13. This evaluation recommended continuation of the Risperdal as prescribed and monitoring for adverse side effects.</p> <p>A review of the pharmacy consult dated 11/26/13 noted Risperdal ordered for delirium on 11/14/13. There was no documented recommendation for the nursing staff to initiate the Abnormal Involuntary Movement Scale (AIMS) monitoring tool for the adverse side effects.</p> <p>In an observation on 12/9/13 at 1:00 PM, resident #84 was sitting upright in bed eating lunch. She indicated the lunch tasted good and affects was pleasant.</p> <p>In a telephone interview with resident #84 responsible party on 12/9/13 at 420 PM, he stated the resident #84 could be "mean" and not cooperate with staff at times.</p> <p>In an interview on 12/10/13 at 2:40 PM, the MDS nurse stated that when a antipsychotic medication is started, either the director of nursing (DON) or the consult pharmacist lets the floor nurses know that the AIMS tool should be completed at the time the medication is started then quarterly.</p> <p>In an interview on 12/10/13 at 2:50 PM, the DON stated the pharmacist reviewed resident medications monthly and recommended any needed gradual dose reductions, lab work and AIMS monitoring needed. The DON confirmed no</p>	F 428			

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

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F 428	Continued From page 4 AIMS assessment was recommended for resident #84 on the monthly pharmacy report dated 11/26/13. The DON stated resident #84 did not have a completed AIMS assessment since beginning Risperdal on 11/14/13. The DON stated her expectation would be that anytime a resident is started on an antipsychotic medication with potential adverse side effects, adequate monitoring be initiated and ongoing. In a telephone interview on 12/10/13 at 3:00 PM, the consult pharmacist stated a baseline AIMS should have been on the recommendation list done for the facility on 11/26/13 to ensure adequate drug monitoring.	F 428			