

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2014
NAME OF PROVIDER OR SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to administer pain medication as ordered by the physician for one of one residents reviewed for pain management (resident # 2).</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 7/15/14 with multiple diagnoses including a closed fracture of the femur, end stage dementia, pacemaker, atrial fibrillation and chronic fatigue syndrome.</p> <p>A review of the facility policy regarding starting of new medication orders dated 4/15/11 was conducted. The policy stated " All efforts should be made to start routine pain medications at the next scheduled dose. "</p> <p>A review of the Minimum Data Set (MDS) dated 8/29/14 was conducted. Resident #2 was assessed as receiving scheduled and as needed pain medication. The resident was assessed as being severely cognitively impaired.</p> <p>A review of the Physician ' s Orders was</p>	F 309	<p>DISCLAIMER: Pine Ridge Health & Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of the 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.</p> <p>Pine Ridge Health & Rehabilitation <input type="checkbox"/>s response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Pine Ridge Health & Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through informal Dispute Resolution formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F309</p>	12/12/14	

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

TITLE

(X6) DATE

Electronically Signed

12/12/2014

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 309	<p>Continued From page 1</p> <p>conducted. An order dated 10/25/14 at 1:15 AM read " New Order Morphine 5 milligrams/0.25 milliliters by mouth/sublingual three times a day scheduled. "</p> <p>A review of the Medication Administration Record (MAR) dated October 2014 was conducted. The review revealed Morphine 5 milligrams per 0.25 milliliters by mouth or sublingual scheduled to be given three times a day at 8:00 AM, 2:00PM and 8:00 PM was not administered to the resident on 10/25/14.</p> <p>An interview with Administrative Staff #1 on 11/25/14 at 9:16 AM was conducted. She stated resident #2 was under hospice care. The medications for hospice residents came from the pharmacy. She stated the reason the morphine was not administered on 10/25/14 was because the facility did not receive the morphine from the pharmacy. She stated the nursing staff was expected to contact the backup pharmacy if they were unable to obtain a medication from the primary pharmacy. She also stated the nursing staff was expected to contact hospice regarding their inability to obtain an ordered medication.</p> <p>An interview with Nurse #1 on 11/25/14 at 10:07 AM was conducted. Nurse #1 stated she was assigned to care for resident #2 on 10/25/14 from 7:00 AM until 11:00 PM. She stated she did not know if she administered Morphine 5 milligrams per 0.25 milliliters by mouth or sublingual at 8:00 AM, 2:00 PM and 8:00 PM. She stated she was not aware there was a back up pharmacy and that the nurses were expected to contact them if unable to obtain a medication. She further stated she did not inform hospice the facility was unable to obtain the morphine as prescribed for the</p>	F 309	<p>SS-D</p> <p>Resident #2 expired on 10/26/2014. Retraining on Ordering of Medications from the Pharmacy and Starting New Medication Orders was done with individual nurses that cared for resident #2 from 10/25/2014 until resident expired. This was completed 11/26/14 by the ADON.</p> <p>The identified nurses received appropriate progressive disciplinary action for not administering medications as ordered and 1:1 training on pain management by the ADON 11/26/14.</p> <p>An audit of the PCC System for timely pain assessments was completed by the administrative nurses (MDS, QI, SDC, and ADON) on 11/28/2014.</p> <p>Hall nurses will check the UDA board each shift and complete any due pain assessments. Administrative nurses (MDS, QI, SDC, and ADON) will review UDA board weekly for completion and accuracy of pain assessments.</p> <p>The facility has put a system in place in which a QI tool (Medication QI Audit) will be completed on each shift to verify that new physician orders have been transcribed and implemented timely. The ADON and/or DON will review each Medication QI Audit each morning, Monday-Friday for the preceding day or days to verify completion and accuracy of the shift audits for physician orders and medication administration, to include pain medication.</p> <p>Third shift nurses will check physician</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 309	Continued From page 2 named resident on 10/25/14.	F 309	<p>orders on designated halls for completed transcription of orders for the previous 24 hours. Administrative nurses (MDS, QI, SDC, and ADON) will receive physician orders each weekday morning from the ADON and/or DON for the preceding day or days. The administrative nurses (MDS, QI, SDC, and ADON) will compare the physician order to the MAR for completion of order and availability of medications. The facility will implement a Pain Management QI Action Committee (DON, ADON, QI, and MDS) that will meet weekly x 4, twice monthly x 2 months and monthly based on recommendations of the Committee.</p> <p>100% in service of licensed staff on the following policies, Starting new medication orders and Ordering Medications from the pharmacy as well as carrying out physician orders was completed 12/4/2014 by the ADON and DON</p> <p>100% in service of licensed staff on pain management including negative outcomes and failure to provide care to maintain wellbeing was completed 12/4/14 by the ADON and DON.</p> <p>100% in service of administrative nurses (MDS, QI, SDC, and ADON) on implementation of the QI Audit Tool was completed on 12/4/14 by the ADON and DON.</p> <p>The results of the audits will be forwarded to the Executive QI Committee by the ADON and/or DON monthly x 3 and quarterly thereafter for the identification</p>		

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