STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345468	A. BUILDING _____ B. WING _____	C 02/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS REHABILITATION CENTER	**121 RACINE DRIVE WILMINGTON, NC 28403**

(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	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey of 2/12/15. Event ID# 2Y0I11.	F 000		
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to ensure that the medication error rate was less than 5% as evidenced by 2 errors (Resident #90, Resident #126) out of 33 opportunities for error, resulting in a medication error rate of 6.06%. The findings included: 1. Resident #90 was admitted to the facility on 5/28/14 with diagnoses including Cerebrovascular Accident, Dysphagia, Gastrostomy status and Hypertension. A review of an undated facility policy, read in part, 13. Enteral Tube Medication Administration Procedures: Purpose: To safely and accurately administer oral medications through an enteral tube. Procedures: 3. Verify tube placement. A) Unclamp tube and use either of the following procedures: 1) insert a small amount of air into the tube with the syringe and listen to stomach with stethoscope or gurgling sounds; or 2) aspirate stomach contents with syringe. 7. Administer each medication separately, flushing	F 332	The statements made in this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. 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 has been or will be corrected by the dates indicated. F-332 Corrective action for affected resident # 90: Resident was assessed by the hall nurse on 2/10/15 with no side effects noted, the resident□s MD was notified of the medication error on 2/10/15 by the DON and a medication error form was completed for the incident by the DON on 2/10/15. The resident was monitored by nursing staff without harm to the resident indicated. The nurse was verbally	2/23/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/20/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345468	A. BUILDING _____ B. WING _____	C 02/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS REHABILITATION CENTER	121 RACINE DRIVE WILMINGTON, NC 28403

(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 332	Continued From page 1 tube with 5 milliliters (ml) of water after each dose. Review of the Physician ' s Orders dated 11/18/14 read, in part, Enteral feed order every shift. First flush with 30 ml of water then administer each medication separately. Check placement by auscultation prior to flushes and meds. During an observation of a medication pass on 2/10/15 at 9:50AM Nurse #1 was observed to prepare and administer Hydrocodone 10 milligrams (used for pain) and Hydralazine 10milligram (used for Hypertension) by crushing both medications together and mixing with 30 milliliters of water. Nurse #1 then entered Resident #90 ' s room and administered the medications together via G-(gastrostomy) tube (GT). Nurse #1 was not observed to check the placement of the GT. During an interview with Nurse #1 on 2/10/15 at 10AM she stated she gives medications all together and had not been told to do otherwise. She stated she should have checked the placement of the GT. In a follow up interview on 2/10/15 at 1:30PM, Nurse #1 stated that she had checked the placement of the GT during an earlier morning medication pass. During an interview with the Director of Nursing on 2/11/15 at 9:25AM she stated it was her expectation that GT meds be given separately and that placement would be checked prior to each medication pass. 2. Resident #126 was admitted to the facility on 3/29/13 with diagnoses of Glaucoma.	F 332	in-serviced on 2-10-15 by Unit director and Director of Nursing regarding the policy for appropriate medication administration via g-tube and placement verification. Corrective action for affected resident #126 : The resident was assessed by the hall nurse on 02/11/15 with no side effects noted, the resident□s PA was notified of the error on 02/11/15 with instructions given to administer the eye drops to the left eye, a medication error form was completed for the error by the DON on 2/11/15. The resident was monitored by nursing staff without harm to the resident indicated. The nurse was verbally in-serviced by the Unit Director and DON regarding the policy for appropriate medication administration via G-tube on 2 -12-15 Systemic Changes On 02/10/15 in-service training began for all full-time, part-time and PRN RN□s and LPN□s via Relias Training under the direction of the Director of Nursing and Staff Development Coordinator on the following: Medication Administration and Medication Administration to Avoid Common Errors. This training will be completed 02-20-15. Any in-house Nurse who did not receive in-service training will not be allowed to work after 02/20/15 until training has been completed. The Staff Development Coordinator will ensure this information has been integrated into the standard orientation training and in the required in-service refresher courses for all nurses and will be reviewed by the Quality Assurance Process to verify that	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345468	A. BUILDING _____ B. WING _____	C 02/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS REHABILITATION CENTER	121 RACINE DRIVE WILMINGTON, NC 28403

(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 332	Continued From page 2 A review of the physician's orders dated 11/12/14 read in part, "Simbrinza Suspension 1-0.2 % (Brinzolamide-Brimonidine)(used for Glaucoma) instill 1 drop in left eye three times a day." During an observation on 2/11/15 at 8:10 AM Medication Nurse #2 instilled one drop of Simbrinza Suspension 1-0.2 % in Resident #126's right eye. During an interview on 02/11/2015 8:13:24 AM the Medication Nurse #2 stated she had instilled 1 drop of Simbrinza Suspension 1-0.2% in the wrong eye (right eye) During an interview on 02/11/2015 8:40:56 AM Medication Nurse #2 stated she had talked to the PA and was instructed to put 1 drop in the left eye and no other orders needed to be initiated. During an interview on 2/12/15 at 12:13 PM the Director of Nursing (DON) stated Nurse #2 should have checked the physician ' s order to make sure she placed drops in the correct eye and been more careful.	F 332	the change has been sustained. Attachment #1: Certificates of Completion of Training Quality Assurance The Director of Nursing and Staff Development Coordinator will monitor this issue using the "Medication Pass Observation Form (Attachment #2) for monitoring medication passes. . The monitoring will begin on 02/21/15 and will include but not limited to: verifying that g-tube medications are administered per facility policy and ophthalmic medications are administered per MD orders by watching 3 nurses a week times 4 weeks then 3 nurses monthly for 3 months or until resolved by Quality Of Life/Quality Assurance Committee. Reports will be given to the monthly Quality of Life- QA committee and corrective action initiated as appropriate. The Quality of Life Committee consists of the Administrator, Director of Nursing, Assistant DON, Staff Development Coordinator, Unit Support Nurse, MDS Coordinator, Business Office Manager, Health Information Manager, Dietary Manager and Social Worker.	