

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff and resident interviews the facility failed to obtain medications ordered by a physician in a timely manner for 1 of 3 sampled residents whose medications were reviewed (Resident #1). The findings included: Resident #1 was admitted to the facility on 10/10/15 for rehabilitation services after having an amputation of the right great toe. The Minimum Data Set and Care Area Assessments had not been completed. The facility identified Resident #1 as being alert and oriented.</p>	F 425	<p>The statement made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>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 all alleged deficiencies cited have been or will be corrected by the dates indicated.</p>	10/26/15	

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

TITLE

(X6) DATE

Electronically Signed

10/25/2015

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 425	<p>Continued From page 1</p> <p>Review of the hospital discharge orders revealed an order for Restoril 15mg (milligrams) 1 by mouth as needed nightly for sleep. Restoril is a medication given for sleep to a person who has trouble falling or staying asleep.</p> <p>Nurse #1 was observed to administer medications to Resident #1 on 10/12/15 at 8:30 PM. The Resident asked the nurse for his sleeping pill. The resident ' s Medication Administration Record (MAR) revealed an order for Restoril 15mg 1 by mouth PRN (as needed) for sleep. The nurse was observed to check the medication cart and stated there was no Restoril on the cart for the resident. The Nurse was observed to check the medications delivered by the pharmacy at 8:00 PM and stated there was no Restoril for the resident.</p> <p>Nurse #2 stated in an interview on 10/12/15 at 9:00 PM the pharmacy would not fill the prescription for Restoril without a hard script (original prescription signed by the physician). The Nurse stated if the hospital did not send a hard script with the resident on admission the nurse should have written the information in the physician ' s communication book and the physician staff was in the building Monday through Friday. The Nurse was observed to check the physician ' s communication book and stated there was not a note in the book that Resident #1 needed a prescription for Restoril and was observed to write the information in the communication book.</p> <p>Nurse #1 stated in an interview on 10/12/15 at 9:10 PM she called the pharmacy and they did not have a hard script for the Restoril.</p> <p>Resident #1 stated in an interview on 10/13/15 at 12:52PM he never did get his sleeping pill last night and had been taking Restoril prior to going in the hospital. The Resident stated he felt rested</p>	F 425	<p>F 425</p> <p>Corrective Action for Resident Affected : For resident #1. The MD was contacted on 10-13-15 and informed for the need of a written prescription for obtaining Restoril 15mg for use as needed for sleep. The medication was received from the pharmacy 10-13-15, and was available for the resident if needed for the evening of 10-13-15 (Attachment #1)</p> <p>Corrective action for Resident's potentially Affected: All current residents and all new admissions have the potential to be affected by the alleged deficient practice. On 10-13-15 education was initiated for admission staff , RN's and LPN's on Medication prescriptions needed prior to admission to the facility, (Attachment #2) The Medication ordering policy used by the facility to obtain medications (Attachment #3)as well as a medication cart audit to reconcile any needed medications that could be unavailable. (Attachment 4). The education on Medication ordering policy was completed on 10-23-15 for all RNs and LPNs by the DON/designee. No nurse will be allowed to work after 10-24-15 who has not completed the education Audits of medication availability will be completed 3x a week for 2 weeks then weekly x4 weeks by the DON/designee beginning 10-26-15 in the daily QA</p>		

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F 425	Continued From page 2 but seemed like he woke up about every 30 minutes during the night. The Director of Nursing (DON) stated in an interview on 10/13/15 at 3:00 PM they had a quality of life meeting for Resident #1 today and she questioned Nurse #1 about the resident 's Restoril. The DON stated the nurse told her that she offered the resident Ambien (medication for sleep) last night but the resident did not want a substitute.	F 425	meeting using the patient Admission checklist/ Daily Clinincal QA tool. Systemic Change: Admissions Staff will assure written prescriptions are present at the time residents are admitted into the facility. (Attachment #5) Monitoring: To insure compliance the DON Monday through Friday during the daily clinical meeting will review the EMAR Progress the notes for the past 24 hours and on Monday for the previous 72 hours. Instances will be identified of medications not given because unavailable. The daily clinical meeting includes the DON, support nurse, MDS, medical records, and other staff as needed. Results of the audit will be documented on the medication availability audit daily Monday through Friday for 4 weeks then monthly x2 months. Compliance will be monitored and ongoing auditing program reviewed at the weekly QA meeting. The weekly QA meeting is attended by the DON support nurse , MDS nurse, medical records and other staff as needed. (Attachment #6)		