

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

PRINTED: 11/15/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2016
NAME OF PROVIDER OR SUPPLIER MADISON HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 345 MANOR ROAD MARS HILL, NC 28754	
(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 412 SS=D	<p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS</p> <p>The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, medical record review, resident interviews, and staff interviews the facility failed to provide dental services for 1 of 5 residents (Resident #60) reviewed for dental care. Findings included: Resident #60 was admitted to the facility 08/22/16 with diagnoses which included anxiety, high blood pressure, dementia and high cholesterol. The 5 day admission Minimum Data Set (MDS) dated 08/28/16 indicated Resident #60 required extensive assistance with bed mobility, transfers, personal hygiene, and supervision with eating. The MDS also revealed Resident #60 had mild cognitive impairment. The MDS further revealed Resident # 60 had "obvious or likely cavity or broken natural teeth". The MDS reviewed since her admission indicated the payer source for Resident #60 was Medicaid unless she had a qualifying hospitalization and had been Medicare for a brief time. During an observation of Resident #60 on 10/24/16 at 11:20 AM, she pointed to her mouth</p>	F 412	F412 Routine/Emergency Dental services Resident #60 and all other Residents whose Admission Assessments or change in condition show the need for additional dental services per the State Plan are scheduled for a dental examination by an onsite dental group on 11/15/16. 100% of current residents have been reassessed to ensure that any dental needs will be addressed during the upcoming onsite dental group. The Admission Assessment form has been revised to decrease the potential of errors in reporting that further dental needs are required. An Admission Assessment Communication form was developed to provide written communication between the Admitting Nurse making the oral examinations and the Social Worker who is responsible for scheduling dental appointments. The 24 hour Nursing Report will continue to be used to notify Nurse Managers and the Director of Nursing of dental issues	11/14/16

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

TITLE

(X6) DATE

Electronically Signed

11/10/2016

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 412	<p>Continued From page 1</p> <p>and stated she had "bad teeth" and was "missing some." Resident # 60 was observed putting her finger in her mouth and pulling her left lower lip down where it was visible she had missing teeth and dark spots on other teeth in her lower jaw. Resident #60 stated she wanted to see a dentist. A review of the Admission Nursing Evaluation completed by the admitting nurse on 08/22/16 indicated Resident #60 had her "own teeth" and had "broken teeth".</p> <p>A review of the dental care plan dated 09/08/16 for Resident #60 indicated the following approaches to address her carious, broken teeth: "dental consult as needed/ordered" and "assist with appointment and repair of teeth concerned". The approaches were assigned to be completed by the Social Services Director (SSD).</p> <p>A review of the medical record for Resident #60 revealed no documentation of dental consults, referrals, or a routine periodic dental examination since her admission.</p> <p>On 10/24/16 at 5:21 PM the Quality Assurance Coordinator (QAC) was interviewed. The QAC stated if there was not a consult on the chart then a resident had not been seen by a dentist.</p> <p>On 10/24/16 at 5:38 PM the SSD was interviewed. The SSD stated if there was a need she was aware of for dental services, she would call to set up an appointment for a resident to be seen locally for an emergency situation. For routine dental services, she verified they have a contract with Proactive Health Care and she calls them to come to the facility on an as needed basis. The SSD also stated if the resident, resident's family, or a staff member did not</p>	F 412	<p>observed or reported for inhouse residents. The Director of Nursing has developed and will be responsible for completion of a Monday through Friday monitoring log which will indicate a review of dental needs of new admissions per the Admission Assessment Communication form and for inhouse residents through information noted in MDS Assessments and on the 24 hour Nursing Report. Licensed Nurses have been inserviced by the Director of Nursing on the utilization of the Admission Assessment Communication form and the need to document dental needs of other residents on the 24 hour report on November 10 and 11 2016. The Quality Assurance Program was revised to include a review of the monitoring logs ,with appointments noted on the Social Worker dental appointment board. The Director of Nursing will maintain the monitoring log for the next six months with results being presented to the quarterly Quality Assurance Committee meeting. The corrective action of dental exams being scheduled in house by the onsite dental group as of November 15 2016 will correct the deficient practice for the resident found to be affected and those who have the potential to be affected. The systemic change put into place to ensure the deficient practice does not recur was created in the development of the Admission Assessment Communication form. The plans to monitor performance and ensure that the solutions are sustained is noted in the development of and review of monitoring</p>		

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F 412	Continued From page 2 request a dental consult, the resident would not be scheduled to be seen. The SSD acknowledged she was not aware of dental problems and had not set up an appointment for Resident #60 to be seen for dental services. On 10/27/16 at 5:16 PM the Director of Nursing (DON) was interviewed. The DON stated her expectation was if the admitting nurse examined and identified a resident with dental concerns, the nurse would notify the SSD so she could go forward with the process of making dental appointments as needed for that resident.	F 412	logs maintained by the Director of Nursing of dental appointments for all residents found to have dental needs in the quarterly Quality Assurance meeting for a six month period.		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 431		11/14/16	

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F 431	<p>Continued From page 3</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, medical record review, and staff interviews the facility failed to ensure the expiration dates were listed on the medication label for 2 of 2 liquid medications prepared by the pharmacy and reviewed for medication storage. The findings included: During a review of medications on the South Wing Medication Cart #2 on 10/27/16 at 12:21PM, a plastic 240 milliliter (ml) container with liquid Potassium Chloride (used to treat low potassium levels in the body) was discovered. According to the medication label affixed to the plastic container, the medication dosage was 7.5 mls, administered daily by mouth, in four to six ounces of juice. There was no expiration date listed on the label, bottle or bottle cap for the Potassium Chloride. A phone call was made to the pharmacy by Nurse #1 (N #1) regarding the Potassium Chloride when it was discovered to be without an expiration date. The Pharmacy Technician #1 (PT #1) verified the expiration date of the medication was June 2018. The PT #1 also stated the pharmacy should have listed the expiration date of the medication on the label before sending it to the facility.</p>	F 431	<p>F431 DRUG RECORDS, LABEL/STORE DRUGS AND BIOLOGICALS The facility will ensure that the expiration dates will be noted on liquid medications prepared by the pharmacy. The Director of Nursing notified the pharmacy of the regulation so that changes in the pharmacy internal procedures could be initiated. On Nov 2 2016 the Pharmacist and Nurse Manager reviewed all current bottles of liquid medications to ensure that expiration labels were available on all. The Licensed Nurses at Madison Health were inserviced by the Director of Nursing on Nov 10 and 11 2016 on the need to check all liquid medication bottles/vials to ensure there is an expiration date. The Director of Nursing also revised the Nurse Job Specific Orientation program to include this inservice. The Director of Nursing developed and is responsible for completion of a Monday through Friday monitoring log in order to monitor liquid medications coming into the facility from pharmacy in order to ensure that all</p>		

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F 431	<p>Continued From page 4</p> <p>During an interview with Nurse #1 (N #1) on 10/27/16 at 12:21 PM, during the review of medications on Cart 2 on South Wing, she indicated the nurses were ultimately responsible for making sure a medication they administer was not out of date.</p> <p>During a review of medications in the medication refrigerator storage on 10/27/16 at 12:33 PM, a plastic 240 ml container with liquid Gabapentin (an anti-seizure medication - being administered for hot flashes) was discovered. According to the medication label affixed to the plastic container, the medication dosage was 8 mls, administered every night by Percutaneous Endoscopic Gastrostomy (PEG) tube. There was no expiration date listed on the label, bottle or bottle cap for the Gabapentin.</p> <p>A phone call was made to the pharmacy by Nurse #2 (N #2) regarding the Gabapentin when it was discovered to be without an expiration date. The Pharmacy Technician #2 (PT #2) verified the expiration date of the medication was January 2018.</p> <p>During an interview with the Director of Nursing (DON) on 10/27/16 at 5:16PM, she acknowledged her expectation was for the pharmacy to provide appropriate labeling as required in the regulations.</p>	F 431	<p>bottles have the appropriate expiration date labeling. The facility Quality Assurance program was revised to include reviewing the daily pharmacy intake medication inventory list and then observing all liquid medication bottle/vials to ensure that all have appropriate labeling of the expiration date. These Monitoring Logs will be completed each week for the next six months with results presented in the quarterly Quality Assurance Committee meeting.</p> <p>The internal review of all bottles/vials of liquid medications to ensure that all have appropriate labeling of expiration dates by the Pharmacist and Nurse Manager will resolve the deficient practice for the residents affected and the residents having the potential to be affected. The systemic change made to ensure the deficient practice does not recur is found in the Director of Nursing inservicing all Nurses on the need to monitor liquid medication bottles/vials for expiration dates and the DON development of a monitoring log which will document the monitoring of all incoming liquid medications. The Monitoring Log which will be put into place for the next six months with results being presented to the quarterly Quality Assurance Committee will create an ongoing monitoring system to ensure that the solutions are sustained.</p>		