

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

PRINTED: 08/31/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2017
NAME OF PROVIDER OR SUPPLIER PERSON MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 615 RIDGE ROAD ROXBORO, NC 27573		
(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 329 SS=D	<p>483.45(d)(e)(1)-(2) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used--</p> <p>(1) In excessive dose (including duplicate drug therapy); or</p> <p>(2) For excessive duration; or</p> <p>(3) Without adequate monitoring; or</p> <p>(4) Without adequate indications for its use; or</p> <p>(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--</p> <p>(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p>	F 329		8/17/17	

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

TITLE

(X6) DATE

Electronically Signed

08/14/2017

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 329	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff and physician interviews, the facility failed to discontinue a medication as ordered for 1 of 3 sampled residents reviewed for unnecessary medications. (Resident # 1).</p> <p>The findings included:</p> <p>Resident # 1 was admitted to the facility on 6/1/17 with diagnoses including stroke and malignant neoplasm. Admission orders dated 6/1/17 included Aspirin (ASA) 81 mg daily via feeding tube.</p> <p>Following admission to the facility, Resident # 1 was readmitted to the hospital 6/12/17 - 6/14/17 for fever. During the hospitalization, Resident # 1 was started on an anticoagulant medication in addition to the aspirin.</p> <p>On 6/14/17, Resident # 1 was readmitted to the facility with a physician's order for ASA 81 mg daily via feeding tube.</p> <p>On 6/27/17, Resident # 1 was seen by the hospital Neurology Clinic and returned to the facility with a consultation report which documented "DC (discontinue) aspirin. F/U (follow up) in 3 months." The consultation report had been noted and initialed by Resident # 1's attending physician in the facility.</p> <p>Review of Resident # 1's Medication Administration Records for June 2017 and July 2017 revealed the resident continued to receive ASA 81 mg daily from June 14, 2017 until July 19, 2017.</p>	F 329	<p>Action to Correct the Deficiency</p> <p>The cited resident #1 was transferred to the hospital and discharged on 7/17/17.</p> <p>All residents who have had consultations have the potential to be affected by the deficient practice. All residents with consults for the period 8/4 - 8/14 will be reviewed by the DON/Medical Director/designee to insure appropriate action was taken. Any necessary corrections will be addressed. Completion: 8/17/17</p> <p>The procedure for addressing consultants was reviewed by the Medical Director, the DON, the Administrator. The procedure was clarified that the medical provider will review the consultant report and sign and date the report to acknowledge. The Medical provider will either agree with the recommendation and write an appropriate order, change and order or discontinue an order as appropriate. If the medical provider disagrees with the recommendation, she/he will document the reason in the clinical record. Completion: 8/11/17</p> <p>An audit of 100% of consultant reports will be conducted by the DON/Medical Director/designee each month for three months and quarterly thereafter. The results will be presented to the QAPI committee monthly for review and correction action as necessary.</p>		

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F 329	Continued From page 2 During an interview on 7/20/17 at 11:37 am, the Director of Nursing (DON) stated the attending physician's initial on the consultation report indicated he was aware of the consult and as he did not write a specific order to discontinue the aspirin, the aspirin was not discontinued. The DON confirmed Resident #1 received the medication from June 28, 2017 to July 19, 2017 without an order in place. During an interview on 7/20/17 at 11:43 am, Resident # 1's attending physician stated, "If another doctor writes an order on a consultation sheet or progress notes, and I sign it or initial it, I would think it would be enough to indicate I concur instead of me having to write a duplicate order. It was baby aspirin and so it did not send up any flags that it would have a negative effect in discontinuing it. The process needs to be clarified. Ordinarily I agree with the consult recommendations and just initial them. If I did not agree with the recommendation or the order, I would provide additional documentation as to why I did not agree with the recommendation or order." During another interview on 7/20/17 at 5:00 PM, the DON stated regarding the clarification process in transcribing orders from consultation reports, "I would expect a medication order on a consultation report to be clarified by the transcribing nurse if there was no additional documentation from the attending physician as to whether or not he agreed with the consultation order."	F 329	completion: 8/17/17 The Medical Director is responsible for implementing the plan of correction		