STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345213	A. BUILDING _____ B. WING _____	C 12/08/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE LILLINGTON	1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

(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 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to maintain a medication error rate of less than 5%, when medications that were not to be crushed were included with medications that were to be crushed for 2 of 26 medications administered during medication pass, which could have resulted in side effects for one of four residents (Resident #6) reviewed for medication administration. The medication error rate was 7.6%. Findings included: A review of the medical record revealed Resident #6 was admitted on 6/9/2017 with diagnoses of epilepsy, atrial fibrillation and heart failure. The admission Minimum Data Set (MDS) dated 6/22/2017 noted Resident #6 was moderately impaired for cognition and needed limited to extensive assistance for Activities of Daily Living with the physical assistance of one person. The MDS noted Resident #6 was on a mechanically altered diet with no swallowing issues. On 12/6/2017 at 9:45 AM, Medication Aid (MA) #1 was observed during a medication pass for the morning. Resident #6 was to receive eight oral medications and a nasal spray. MA #1 took the pharmacy cards containing the medications for Resident #6 out of the medication cart one card at a time. It was noted on the pharmacy card	F 759	F759 ROOT CAUSE This alleged noncompliance was resulted from the Center's Medication Aide (MA#1) attempting to crash medication that should not be crushed per manufacturer recommendations. The medication aide's lack of awareness of medications that should not be crushed per manufacturer recommendations is determined to be a root cause of this alleged regulatory non-compliance. IMMEDIATE ACTION On 12/08/2017 Resident #6, as noted on CMS 2567, received scheduled medications as ordered. Medication ordered were administered by Medication Aide #1 and was tolerated well. MA#1 was re-educated by the Director of Nursing, after being notified by the surveyor of the MA#1 attempt to crush medication that should not be crushed. The emphasis of this re-education was on the proper procedure for ensuring medications are administered as ordered and not crushing medications that are not to be crushed. Director of nursing also	12/28/17

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

Electronically Signed | 12/28/2017

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F 759	Continued From page 1 containing the anticonvulsant medication "Do Not Crush". It was also noted on the card containing the Nitrate (used to increase blood flow) "Do Not Crush". MA #1 put the eight medications into a medication cup, picked up a small plastic bag used to contain meds for crushing and began to pour the medications into the bag. At this point MA #1 was asked to stop and was asked if all the medications could be crushed. MA #1 went through the pharmacy cards and found the two medications that were not to be crushed, identified them via photograph in the Medication Administration Record, put them into a separate medication cup, crushed the other medications and administered all of the medications to Resident #6. Following administration of Resident #6's medications, MA #1 stated she had a report sheet that she kept notes on about residents. Resident #6 name indicated his meds were crushed. MA #1 indicated she usually saw the Do Not Crush on the pharmacy card, and did not know why she missed it that day. On 12/6/2017 at 11:50 AM, in an interview, the Director of Nursing stated his expectation was the nurses and Med Aids would identify the medications that could not be crushed.	F 759	reviewed the facility policy and procedure with MA#1 for medication administration including crushing medications on 12/8/17. IDENTIFICATION OF OTHERS All residents have the potential to be affected by this same deficient practice. 100% audit of all current resident with medication orders completed on 12/26/2017 &12/27/2017 by Director of Nursing, Assistant Director of Nursing, Licensed nurse #1,#2,#3, and Regional clinical consultants #1, #2, & #3 to identify any other resident with medication that should not be crushed and cannot take medication whole, or takes medication via feeding tube. The audit revealed no other residents identified with medication orders that cannot be crushed while resident is unable to take medication whole or take medication through feeding tube. SYSTEMIC CHANGES Effective 12/28/2017, and moving forward, all medication orders will be administered per manufacturer recommendation and following the facility policies and procedures specifically related to crushing medication. Effective 12/08/2017, and moving forward Licensed nurses and Medication aides will utilize “Drug information” link, located on the vertical action panel of facility used electronic health records software. This link will be used as a resource for drug	

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F 759	Continued From page 2	F 759	details information to include whether medication should be crushed or not. Director of Nursing (DHS), Assistant Director of Nursing (ADHS) and/or Staff Development Coordinator (SDC), Licensed Pharmacist and/or Nursing consultant will complete 100% education for all licensed nurses and Medication aides, to include full time, part time and as needed staff. The emphasis of this education will be on the importance of administering medication as ordered by physician, not crushing medication if contrary to manufacturer recommendation, and the utilization of “Drug information” tab for information related to ordered medication. The education will also cover rites of medication administration and crushing of medication when appropriate. This education will be completed by 12/28/2017. Any Licensed Nurse or Medication Aide not educated by 12/28/2017 will not be allowed to work until educated. This education will also be added on new hires orientation process for all new licensed nurses and Medication Aides effective 12/28/2017. MONITORING PROCESS Effective 12/28/2017, Director of Nursing, Assistant Director of Nursing, and/or Staff Development Coordinator, will monitor compliance by completing medication administration observation to ensure Licensed nurses and Medication Aides are in compliance with the facility	

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F 759	Continued From page 3	F 759	medication administration policies and procedures in particular to monitor for compliance with not crushing medications that are not supposed to be crushed. Findings from this monitoring process will be documented on a “Medication administration report tool” and filed in the facility compliance binder. This monitoring process will take place daily Monday through Friday for 2 weeks, then 3x/week for two more weeks, then weekly for 2 weeks then monthly afterwards. Effective 12/28/2017, Director of Nursing will report findings of this monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification for three months, or until a pattern of compliance is maintained. The QAPI committee can modify this plan to ensure the facility remains in substantial compliance. RESPONSIBLE PARTY Effective 12/28/2017, the center Executive Director and the Director of Nursing will be ultimately responsible to ensure implementation of this plan of correction for this alleged noncompliance to ensure the facility remains in substantial compliance. Compliance Date: 12/28/2017	