

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 A survey team entered the facility to conduct a complaint investigation on 06/04/19 and exited the same day. Additional information was obtained on 06/05/19. Immediate Jeopardy was identified on 06/05/19 at CFR 483.45 at tag F 757 at a scope and severity (J). The tag F 757 constituted substandard quality of care. Immediate Jeopardy began on 05/24/19 and was removed on 06/07/19. An extended survey was conducted. As a result of the facility's Informal Dispute Resolution (IDR) meeting held on July 29, 2019 tag F-757 was upheld at scope and severity of "J", but was changed to past non-compliance with a correction date of 05/31/19. On August 5, 2019 the facility was provided with an amended Statement of Deficiencies to reflect this IDR decision.	F 000			
F 757 SS=J	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §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- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or	F 757		8/7/19	

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

TITLE

(X6) DATE

Electronically Signed

08/07/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 1</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff and physician interviews and record review the facility failed to hold a resident's anticoagulant (Coumadin, a blood thinner) as ordered by the physician. The resident was given two doses of Coumadin that was ordered to be on hold and experienced a critically high INR (International Normalized Ratio) laboratory value that required hospitalization with intervention. The intervention was Vitamin K (reverses the effect of blood thinner). This was for 1 of 3 sampled residents (Resident #1) reviewed for unnecessary medications.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 05/16/19 with stage 3 chronic kidney disease, congestive heart failure, atrial fibrillation, acute embolism and thromboses of deep veins in lower extremities and long-term use of anticoagulants.</p> <p>There was no completed Minimum Data Set (MDS) assessment for the resident due to the resident being recently admitted to the facility.</p> <p>An interim care plan dated 05/16/19 specified the resident was on anticoagulant therapy and at risk</p>	F 757	Past noncompliance: no plan of correction required.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 2</p> <p>for toxicity and abnormal bleeding. Interventions included: labs as ordered and report abnormal lab results to the physician.</p> <p>Admission orders for Resident #1 dated 05/16/19 specified the following orders for blood thinner:</p> <ul style="list-style-type: none"> - Coumadin (blood thinner) 5 milligrams (mg) on Monday, Tuesday, Thursday, Friday and Saturday - Coumadin 2.5 milligrams on Wednesday and Sunday <p>Also, on 05/16/19 a physician's order specified to recheck Resident #1's PT/INR (prothrombin time tests / international normalized ratio) on 05/17/19.</p> <p>On 05/17/19 Resident #1's PT/INR results were 27.5 seconds and 2.6 (normal range for PT is 11.4 - 14.6 seconds and INR is 0.8 - 1.2 as specified on the lab results report). Both values were high. The results were called to the physician, who ordered to continue the same doses of Coumadin and recheck the PT/INR on 05/20/19.</p> <p>On 05/20/19 Resident #1's PT/INR was rechecked, and the results were 35.2 seconds/3.6 (both high). The results were called to the physician and an order was written to hold the Coumadin for 48 hours and recheck the PT/INR on 05/22/19. Resident #1's Medication Administration Record (MAR) specified the resident was not administered Coumadin on 05/20/19 or 05/21/19.</p> <p>According to the medical record, on 05/22/19 Resident #1 was diagnosed with pneumonia and the physician ordered Levaquin (broad spectrum antibiotic) 500mg for 7 days. Review of the MAR</p>	F 757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 3</p> <p>revealed, the antibiotic was administered for 7 days as ordered (the administration of Levaquin combined with Coumadin can elevate an individual's INR level).</p> <p>On 05/22/19 Resident #1's PT/INR was rechecked, and the results were 34.0 seconds/3.5 (high). The results were called to the physician and an order was written to hold the Coumadin for 48 hours and recheck the PT/INR on 05/24/19.</p> <p>Resident #1's MAR specified the resident was not administered Coumadin on 05/22/19, 5/23/19 and 5/24/19.</p> <p>On 05/24/19 a nurse's progress note revealed Resident #1's urine culture results showed greater than 100,000 bacteria (indicating an infection). The physician was notified and ordered to continue administering Levaquin (broad spectrum antibiotic).</p> <p>Resident #1's PT/INR was rechecked on 05/24/19 and the results remained high (35.3 seconds and 3.6). The physician ordered to hold Coumadin for 48 hours (05/25/19 and 05/26/19) and recheck PT/INR after 48 hours on 05/27/19.</p> <p>Resident #1's MAR revealed Coumadin was not placed on hold for 48 hours as ordered on 05/24/19. The MAR specified the resident received 5 milligrams (mg) of Coumadin on 05/25/19 and 2.5 mg of Coumadin on 05/26/19. Nurse #2 administered the Coumadin to Resident #1 on 05/25/19 and 05/26/19.</p> <p>On 06/04/19 at 1:25 PM Nurse #1 was interviewed on the telephone and explained that</p>	F 757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 4</p> <p>on 05/24/19 she received Resident #1's PT/INR results and notified the on-call physician that they were high. She added she received an order to hold the Coumadin for 48 hours. Nurse #1 explained that she attempted to hold the Coumadin but there was a current order to hold the Coumadin. She added that she was unaware the order entered in the computer was time sensitive and would come off at midnight on 05/24/19 which allowed the resident to get Coumadin on 05/25/19 and 05/26/19.</p> <p>Nurse #2 who administered Coumadin to Resident #1 on 05/25/19 and 05/26/19 was unable to be reached for an interview.</p> <p>Review of the progress notes for 05/25/19 and 05/26/19 specified the resident remained at his baseline and showed no signs or symptoms of Coumadin toxicity such as bruising or bleeding.</p> <p>On 05/27/19 Resident #1's PT/INR results were checked and noted to be critically high 62.9 seconds and 7.6. The physician was notified and ordered to hold the Coumadin and recheck Resident #1's PT/INR on 05/28/19.</p> <p>Resident #1's MAR specified the resident was not administered Coumadin on 05/27/19.</p> <p>A nurse's entry dated 05/27/19 specified Resident #1's Coumadin was on hold due to critical INR and the resident had "no concerns" identified.</p> <p>On 05/28/19 Resident #1's PT/INR results were checked and noted to be critically high. The PT was greater than 90 seconds and the INR was not calculated (there was no indication why the value was not calculated).</p>	F 757			

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 5</p> <p>A physician assistant's (PA) progress note dated 05/28/19 specified an acute visit was made due to abnormal lab results. The PA documented that Resident #1 was noted to have a PT greater than 90 and the resident denied acute bleeding, abdominal pain, melena (blood in stool), no acute distress was noted on exam. The PA assessed Resident #1 and ordered to send the resident to the Emergency Department due to a critically high INR for further evaluation and possible fresh frozen plasma.</p> <p>A SBAR (Situation, Background, Assessment, Recommendation) note dated 05/28/19 specified Resident #1 was being transported to the Emergency Department due to elevated PT/INR results and was at high risk bleeding. There was no documented bruising or bleeding on the SBAR.</p> <p>The initial Emergency Department (ED) note dated 05/28/19 indicated Resident #1 was being evaluated for elevated INR and there was no active bleeding, but some bruising was noted. The ED records specified the resident had a poor prognosis due to multiple comorbidities and was treated with Vitamin K (used to reverse effects of Coumadin). While the in the ED on 5/28/19, the records specified Resident #1 developed "multiple bruising to upper and lower extremities." Resident #1 was admitted to the hospital and his PT/INR levels returned to normal ranges after being treated with Vitamin K.</p> <p>On 06/04/19 at 10:24 AM the Director of Nursing (DON) was interviewed and explained that PT/INR labs were drawn in the morning as ordered by the physician and Coumadin was</p>	F 757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 6</p> <p>administered in the evening, once the results were received. She added that the facility waited to administered Coumadin until lab results were received and the physician was notified, in the event there were changes to the medication. The DON reported that the nurse was expected to follow physician orders and if a medication was to be placed on hold, then the medication should be entered as "on hold" in the MAR. The DON reported she was notified that Resident #1 had been given Coumadin in error. The DON stated she spoke with Nurse #1 and discovered the Nurse thought the medication was already on hold. The DON added that Nurse #1 did not know she needed to enter a new "hold" order.</p> <p>On 06/04/19 at 2:10 PM the physician was interviewed on the telephone and explained that she was made aware Resident #1 had received two doses of Coumadin totaling 7.5mg in error. She added that Resident #1 had comorbidities including terminal illness and was started on Levaquin for pneumonia and a urinary tract infection. She explained that those factors skewed lab values and she did not feel the labs were reliable due to comorbidities, antibiotics, dehydration and poor nutrition.</p> <p>On 06/05/19 at 1:45 PM the Administrator was notified via telephone of the Immediate Jeopardy.</p> <p>On 06/06/19 the facility provided the following corrective action plan:</p> <p>Resident #1 discharged to the hospital on 5/28/2019.</p> <p>On 5/28/2019, it was identified that Coumadin was not placed on hold per physician order on</p>	F 757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 7</p> <p>5/24/2019. Resident had PT /INR results called in to physician on 5/24/2019 and orders were received to continue to hold Coumadin for 48 hours and recheck PT/INR in 48 hours. Nurse did not place the order on hold for 5/25/2019 and 5/26/2019 due to lack of knowledge on placing it on hold. Resident did not receive any Coumadin on 5/24/2019 but received Coumadin 2.5 mg tablet on 5/26/2019 and Coumadin 5mg on 5/25/2019. PT/INR was done on 5/27/2019, results called in to physician, new orders to discontinue Coumadin on 5/27/2019 were placed and implemented and new order to obtain PT/INR on 5/28/2019 were ordered. PT/INR was obtained on 5/28/2019, MD was notified, and new orders to transfer resident to the ER due to abnormal PT/INR results.</p> <p>The root cause of the incident is Nurse #1 did not place the order on hold for 5/25/2019 and 5/26/2019 due to lack of knowledge on placing it on hold.</p> <p>Corrective Action for Potentially Affected Residents</p> <p>A complete audit of all residents on Coumadin was completed on 6/5/2019 by the Director of nursing to ensure that PT/INRs were completed as ordered, Physician was notified on all PT/INRs lab results, Resident representative was notified on all PT/INR lab results, Orders implemented in the electronic health record per physician orders, Coumadin dosing was entered correctly in the MD orders as per last order received from MD, we have no Coumadin orders currently on "Hold", Each resident on Coumadin was assessed for sign and symptoms of Coumadin toxicity, Each resident has documented, supporting diagnosis</p>	F 757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 8</p> <p>for the use of Coumadin by the MD. This audit revealed that 8 current residents are receiving Coumadin per MD orders. Each resident has a PT/INR completed as ordered by MD. Each resident has Coumadin dosing entered correctly in the physician orders as per last or most recent physician order received from MD. Each resident has documented, supporting diagnosis for the use of Coumadin by the MD. This was completed on 6/5/2019.</p> <p>All residents receiving Coumadin were assessed for the following by the Director of Nursing or designee on 6/5/2019:</p> <p>Coumadin Toxicity</p> <ul style="list-style-type: none"> · Bleeding gums, petechiae, bruising, black tarry stool, hematuria (blood in urine) fatal hemorrhage can occur) · Any area with prolonged bleeding, fever, rash, hives · Report any of the above conditions identified MD/NP immediately by phone. <p>0# residents were identified with any of the above signs and symptoms.</p> <p>The MDS Nurse Consultant audited the care plans for all residents receiving anticoagulants on 6/5/2019. All residents who are receiving anticoagulants have care plans in place. This audit was completed on 6/5/2019</p> <p>The QA Nurse Consultant audited the Kardex for all residents receiving anticoagulants on 6/6/2019, to ensure that they each had the below interventions in place (The Kardex is a shortened version derived from the care plan that identifies key care needs for the residents):</p> <ul style="list-style-type: none"> · Daily skin inspection. Report abnormalities to the nurse 	F 757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 9</p> <ul style="list-style-type: none"> Observe for/document/report to MD PRN s/sx of anticoagulant complications: blood tinged or frank blood in urine, black tarry stools, dark or bright red blood in stools, sudden severe headaches, nausea, vomiting, diarrhea, muscle joint pain, lethargy, bruising, blurred vision, SOB, Loss of appetite, sudden changes in mental status, significant or sudden changes in v/s. Note the following: (Nurse): Take/give medication at the same time each day. (Nursing department): Use soft toothbrush, use electric razor, avoid activities that could result in injury, take precautions to avoid falls, Signs/symptoms of bleeding, avoid foods high in Vitamin K. These include greens such as spinach and turnips, asparagus, broccoli, cabbage, Brussels sprouts, milk and cheese. <p>All residents who are receiving anticoagulants have inventions in place on the Kardex. This audit was completed on 6/6/2019 by the QA Nurse Consultant.</p> <p>Systematic Changes</p> <p>All FT and PT and PRN RN's, LPN's and Med Tech's will be educated on the following by the Director of Nursing. Education began on 6/5/2019.</p> <p>Nurses and Med Tech's: All Coumadin orders shall be obtained from the physician/MD. All PT/INR orders shall be obtained from the physician/MD. When an MD gives an order for Coumadin to be held, pending PT INR results, the Coumadin dose should be discontinued in the orders, pending the repeat of the PT/INR test and pending new orders for Coumadin dosing. Enter an order in PCC as follows: "Coumadin</p>	F 757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 10</p> <p>discontinued, PT and INR on (insert date), when lab results received follow up new Coumadin dose with MD". Schedule the order to fire Q shift to the eMAR until the lab is collected and received back to allow time for follow up. Coumadin should never be restarted, once discontinued, until the MD gives an order to do so. If Coumadin is being discontinued, once the next PT and INR is called in, the MD or provider should be questioned if the Coumadin is being started back and at what dose if an order is not given. In addition to this, Coumadin is to be scheduled for administration at 5PM unless otherwise ordered by the MD. If you are unsure how to proceed, call the DON 24 hours a day 7 days a week. The MD must be called with all PT and INR results regardless of the lab value. All other abnormal labs should be called into the MD regardless of time of day or day of week. Residents on Coumadin are at risk for bleeding due to the potential for increased INR ' s. It is important that you monitor your residents on Coumadin for signs of Coumadin toxicity which are: headache, dizziness, or weakness-bleeding from shaving or other cuts that does not stop-nosebleeds-bleeding of gums when brushing teeth-vomiting blood-unusual bruising for unknown reasons-dark brown urine-red or black color in your stool-more bleeding than usual when menstruating or unexpected bleeding from the vagina-unusual pain or swelling.</p> <p>Residents on Coumadin therapy are at a higher risk for Coumadin Toxicity when they are placed on antibiotic therapy. If your resident is receiving Coumadin and begins on antibiotics, immediately notify the MD of the potential for increased INR's and request more frequent PT/INR checks while on the antibiotic. Document in the electronic</p>	F 757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 11</p> <p>medical record that:</p> <ul style="list-style-type: none"> · MD notified on start of antibiotic therapy. Document what the antibiotic is that was reviewed with the MD · Review with MD current Coumadin dose. Document what the current dose is that was reviewed with the MD. · Review with MD most recent INR results. Document what the most recent INR result is, that was reviewed with the MD · Document any new order or lack of new orders from MD. <p>All FT and PT and PRN, Nurses (RNs and LPN), Med Techs, and Nursing Assistants will be educated on the following by the Director of Nursing. Education began on 6/6/2019.</p> <p>It is important that you monitor your residents on Coumadin for signs of Coumadin toxicity which are: headache, dizziness, or weakness-bleeding from shaving or other cuts that does not stop-nosebleeds-bleeding of gums when brushing teeth-vomiting blood-unusual bruising for unknown reasons-dark brown urine-red or black color in your stool-more bleeding than usual when menstruating or unexpected bleeding from the vagina-unusual pain or swelling.</p> <p>Residents on Coumadin therapy are at a higher risk for Coumadin Toxicity when they are placed on antibiotic therapy. If your resident is receiving Coumadin and begins on antibiotics, immediately notify the MD of the potential for increased INR's and request more frequent PT/INR checks while on the antibiotic. Document in the electronic medical record that:</p> <ul style="list-style-type: none"> · MD notified on start of antibiotic therapy. Document what the antibiotic is that was reviewed with the MD 	F 757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 12</p> <ul style="list-style-type: none"> · Review with MD current Coumadin dose. Document what the current dose is that was reviewed with the MD. · Review with MD most recent INR results. Document what the most recent INR result is, that was reviewed with the MD · Document any new order or lack of new orders from MD <p>Each Nursing Assistant will review the Kardex in the electronic medical record in point click care, prior to providing the resident care. The Kardex is a shortened version derived from the care plan that identifies key care needs for the residents. Each Nursing Assistant is required to review the Kardex of all residents assigned to their care prior to the beginning of each shift to identify care needs of the resident. If you do not see a Kardex then consult with your nurse for further care instructions. You should always follow the plan of care for the residents as outlined on the Kardex. If the resident's condition has changed, you feel that the plan is unsafe, or the resident refuses to follow the plan then you should notify the nurse for additional guidance regarding care. To access the Kardex you can click on the resident's name in the electronic health record and click on the Kardex brick.</p> <p>Under Resident Care tab of the Kardex, any resident on an anticoagulant will have the interventions that state:</p> <ul style="list-style-type: none"> · Daily skin inspection. Report abnormalities to the nurse · Observe for/document/report to MD PRN s/sx of anticoagulant complications: blood tinged or frank blood in urine, black tarry stools, dark or bright red blood in stools, sudden severe headaches, nausea, vomiting, diarrhea, muscle joint pain, lethargy, bruising, blurred vision, SOB, 	F 757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	<p>Continued From page 13</p> <p>Loss of appetite, sudden changes in mental status, significant or sudden changes in v/s.</p> <p>Note the following: (Nurse): Take/give medication at the same time each day.</p> <p>(Nursing department): Use soft toothbrush, use electric razor, avoid activities that could result in injury, take precautions to avoid falls, signs/symptoms of bleeding, avoid foods high in Vitamin K. These include greens such as spinach and turnips, asparagus, broccoli, cabbage, Brussels sprouts, milk and cheese.</p> <p>All Nurses: Any time a Nursing Assistant or Med Tech reports to you that the resident has any abnormalities, you will assess resident immediately, notify the Physician, implement any new orders obtained, and notify the resident representative and document in the electronic health record per policy and procedure.</p> <p>This in service was completed by 6/6/2019. Any nurses (full time, part time, and PRN) and member of the interdisciplinary team who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>The Corrective Action Plan was validated on 06/07/19 through record reviews and staff interviews that verified a new process for discontinuing Coumadin was in place. Nurse and nurse aide interviews revealed knowledge of monitoring for signs and symptoms of Coumadin toxicity. Documentation was reviewed that validated education was provided to staff on handling of Coumadin orders and monitoring for</p>	F 757			

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

PRINTED: 08/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2019
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
(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 757	Continued From page 14 Coumadin toxicity and reporting.	F 757		