

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ZEBULON REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 WEST GANNON AVENUE ZEBULON, NC 27597</b>	
(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
E 000	Initial Comments	E 000		
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to accurately code the Minimum Data Set (MDS) assessment for the areas of hallucinations and smoking for 2 of 17 sampled residents for MDS accuracy (Resident #33 and Resident #25).</p> <p>Findings included:</p> <p>1. Resident #33 was admitted to the facility on 8/2/19 with diagnoses that included dementia and diabetes mellitus.</p> <p>A nursing note dated 8/7/19 revealed Resident #33 had several episodes of hallucinations.</p> <p>Resident #33's MDS assessment dated 8/9/19, an admission assessment revealed he was assessed in section E, question E0100A as not having any hallucinations during the 7-day lookback period of the assessment.</p> <p>During an interview with the MDS nurse on 9/12/19 at 10:08 AM she stated section E of the</p>	F 641	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>1. Resident #33 had correction request submitted on 9/12/2019 Section E behaviors related to hallucinations. Resident #25 had correction request submitted on 9/9/2019 of the 5 day admission MDS dated 7/30/2019 to indicate the resident is a current tobacco user. Section J.</p>	10/3/19

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

TITLE

(X6) DATE

Electronically Signed

09/27/2019

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.

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F 641	<p>Continued From page 1</p> <p>MDS assessment was completed by the social worker and she was unsure of the reason Resident #33's hallucinations were not coded on the assessment.</p> <p>An interview was conducted with the social worker on 9/12/19 at 10:15 AM who stated she overlooked the mention of hallucinations in Resident #33's progress notes. The social worker indicated Resident #33's hallucinations should have been coded on the assessment.</p> <p>During an interview with the Administrator on 9/12/19 at 11:23 AM she indicated Resident #33's MDS assessment should have been coded correctly for hallucinations.</p> <p>2. Resident #25 was admitted to the facility 7/23/19 with diagnoses including chronic pain syndrome, depression, dementia and anxiety.</p> <p>Review of a safe smoking evaluation for Resident #25 with an effective date of 7/23/19 at 2:00 PM indicated Resident #25 was a smoker.</p> <p>Review of an admission progress note dated 7/23/19 at 9:05 PM indicated Resident #25 smoked occasionally.</p> <p>Review of a care plan dated 7/29/19 revealed a focus area of Resident #25 is a safe smoker with a goal of will smoke safely with supervision through next review date and interventions including Resident #25 is oriented to facility's designated smoking areas and times.</p> <p>Review of the 5-day admission Minimum Data</p>	F 641	<p>2. Resident Care Specialist/Resident Care Specialist Assistant did audit of active diagnoses of all MDS's completed in the last 90 days to ensure the MDS correctly reflected the proper coding for section E and section J. Resident Care Specialist and Resident Care Specialist Assistant will not audit assessments completed by themselves.</p> <p>3. Resident Care Specialist in serviced the Social Worker on MDS accuracy related to behaviors of a resident per the RAI manual guidelines and expectations for section E and J on the MDS on 9/12/2019. Regional Resident Care Specialist in serviced the Zebulon Resident Care Specialist on 10/2/2019 on MDS accuracy related to behaviors of a resident per the RAI manual guidelines and expectations for section E and J on the MDS. In the Morning meeting the completed MDS will be reviewed by the IDT team prior to the Assessment Reference date to assure accuracy of the MDS. Resident Care Specialist/ Resident Care Specialist Assistant will audit MDS coding for 2 residents assessments prior to transmission weekly for 6 weeks to assure coding accuracy related to behaviors. Resident Care Specialist and Resident Care Specialist Assistant will not audit assessments completed by themselves.</p> <p>4. Results of audits will be brought to QA by the Resident Care Specialist for the next QAPI meeting to discuss results and need for further implementation of QAPI.</p>		

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F 641	Continued From page 2 Set (MDS) assessment dated 7/30/19 indicated Resident #25 was not a current tobacco user.  On 9/9/19 at 4:15 PM Resident #25 was observed smoking at the facility with no safety concerns identified.  On 9/11/19 at 4:08 PM interview with the MDS nurse indicated Resident #25's MDS assessment dated 7/30/19 was not coded correctly for tobacco use. She further indicated a correction request had been submitted on 9/9/19 at 12:36 PM.  On 9/12/19 at 10:57 AM interview with the Administrator indicated Resident #25's 5-day admission MDS assessment should have been coded correctly for tobacco use.	F 641			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)  §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic  Based on a comprehensive assessment of a resident, the facility must ensure that---  §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a	F 758		10/2/19	

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F 758	<p>Continued From page 3</p> <p>specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review and physician and staff interviews the facility failed to either limit prn (as needed) psychotropic drug use to 14 days or have a prescriber document a rationale in the resident's medical record for extension of use beyond 14 days for 2 of 7 residents reviewed for unnecessary medication. (Residents #25 and #47)</p>	F 758	<p>1. Resident #25 had Xanax PRN order d/c'd by physician on 9/19/19. Resident #7 had Xanax PRN order d/c'd on 9/11/19.</p> <p>2. DON/Unit Manager completed an audit of PRN psychotropic meds for facility residents on 9/20/19. Audit was done to</p>		

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F 758	Continued From page 4  Findings included:  1.  Resident #25 was admitted to the facility 7/23/19 with diagnoses including anxiety.  Review of Resident #25's Minimum Data Set assessment dated 8/6/19 and coded as a 14-day assessment indicated Resident #25 was independent for daily decision making, had no mood symptoms or behaviors, required the limited assistance of 1 person for activities of daily living and received an anti- anxiety medication for 6 of 7 look back days.  Review of physician orders indicated Xanax 0.25 milligrams (mg) by mouth every 12 hours as needed for anxiety was ordered on 7/23/19 with no stop date indicated.  Review of Resident #25's medication administration records for July, August and September 2019 indicated Xanax 0.25 mg by mouth every 12 hours as needed for anxiety had been available to Resident #25 and administered during that time period.  Review of a pharmacy consultation report dated 8/1/19 and addressed to Resident #25's prescriber (Physician #1) and the director of nursing (DON) indicated a recommendation for the prescriber to discontinue the prn Xanax order or to document an indication for use, the intended duration of therapy and a rationale for the extended use in Resident #25's medical record. The report was not acknowledged by the prescriber and no documentation from the	F 758	assure residents receiving PRN psychotropic medication had a diagnosis to treat a specific condition and a duration. If the duration exceeded the 14 day regulation the doctor was contacted to give a medical diagnosis and duration to continue the PRN psychotropic.  3. SDC completed in service for licensed nurses on 9/27/2019 regarding the regulation and guidelines for use of PRN psychotropic medication use and duration. This education will be added to orientation process for new hires. DON/Unit Manager will audit new orders received for PRN Psychotropic meds during morning rounds beginning 9/20/2019. The DON will utilize the pharmacy recommendation report to track completion of Pharmacy recommendations and follow up with physician. DON in serviced attending Physicians on 10/2/2019 regarding the regulation and guidelines for use of PRN psychotropic medication use and duration.  4. Audit will be done in morning clinical rounds for 6 weeks to assure new orders for PRN psychotropic medications are in compliance with state regulations. DON will audit Pharmacy summary report times 2 months to assure recommendations are completed timely. Findings of audits will be brought to QA committee after duration of audit to review with QA committee to assess for further interventions or QAPI continuance. Audits will be brought to QA by DON.		

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F 758	<p>Continued From page 5</p> <p>prescriber related to the pharmacy recommendation was found in Resident #25's medical record.</p> <p>Review of a pharmacy consultation report dated 9/3/19 and addressed to Resident #25's prescriber (Physician #1) and the director of nursing (DON) indicated a recommendation for the prescriber to discontinue the prn Xanax order or to document an indication for use, the intended duration of therapy and a rationale for the extended use in Resident #25's medical record. The report was signed on 9/11/19 by Physician #2 with a note to continue the Xanax 0.25 mg by mouth every 12 hours as needed for anxiety for an additional 2 weeks as Resident #25 received it frequently at night. The note further indicated Physician #2 would review the order again in 2 weeks.</p> <p>On 9/11/19 at 3:17 PM interview with Physician #1 indicated he was familiar with the time limit requirement and the process for prn psychotropic medications. He further indicated he expected the prn Xanax order to be reevaluated within the 14-day time period and either continued with a rationale, discontinued or converted to a routine order.</p> <p>2. Resident #47 was admitted to the facility with diagnoses that included anxiety.</p> <p>Resident #47's Minimum Data Set assessment dated 8/7/19, coded as an admission assessment revealed Resident #47 was cognitively intact, had no mood symptoms or behaviors, required the</p>	F 758			

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F 758	<p>Continued From page 6</p> <p>extensive assistance of one person for activities of daily living and received an anti-anxiety medication for 3 of the 7 look back days.</p> <p>Physician orders dated 7/29/19 indicated Xanax .25 milligrams (mg) by mouth every 8 hours as needed for anxiety with no stop date indicated.</p> <p>Review of Resident #47's medication administration records for August and September 2019 indicated Xanax 0.25 mg by mouth every 8 hours as needed for anxiety had been available to Resident #47 and administered during that time period. Resident #47 received the medication once in August and five times in September.</p> <p>A pharmacy consultation report dated 8/1/19 and addressed to Resident #47's prescriber (Physician #2) and director of nursing (DON) indicated a recommendation for the prescriber to discontinue the prn Xanax order or to document an indication for use, the intended duration of therapy and rationale for the extended use in Resident #47's medical record. The report was not acknowledged by the prescriber and no documentation from the prescriber related to the pharmacy recommendation was found in Resident #47's medical record.</p> <p>A pharmacy consultation report dated 9/3/19 and addressed to Resident #47's prescriber (Physician #2) and director of nursing (DON) indicated a recommendation for the prescriber to discontinue the prn Xanax order or to document an indication for use, the intended duration of therapy and rationale for the extended use in Resident #47's medical record. The report was not acknowledged by the prescriber and no documentation from the prescriber related to the</p>	F 758			

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F 758	Continued From page 7 pharmacy recommendation was found in Resident #47's medical record.  A nurse's progress note dated 9/11/19 indicated the order for prn Xanax was discontinued by Physician #3. On 9/12/19 at 10:49 AM an interview was conducted with Physician #2 who indicated he was familiar with the time limit requirement and the process for prn psychotropic medications. He further indicated he expected the prn Xanax order to be reevaluated within the required time period and either continued with a rationale, discontinued or converted to a routine order. He further indicated he did not receive the pharmacy consultation reports on 8/1/19 or 9/3/19.	F 758			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals 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.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) 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.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of	F 761		9/30/19	



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F 761	<p>Continued From page 8</p> <p>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:</p> <p>Based on observations and staff interviews the facility failed to keep an unattended medication cart locked for 1 of 2 medication cart (200 Hallway) observed during a medication administration observation.</p> <p>Findings included: On 9/12/2019 at 8:10 am during a medication administration observation, Nurse # 3 was observed to have the medication cart parked in the doorway of room number 207. Nurse #3 left the cart unlocked (a red dot is visible when the cart is unlocked) to walk to the nursing station for a blood pressure cuff.</p> <p>During an interview with Nurse #3 on 9/12/2019 at 8:15 am she stated she thought she had locked the cart. The nurse also stated the cart should have been locked because anyone could grab some medications including staff and residents which would be a safety issue.</p> <p>An interview with the Administrator on 9/12/2019 at 8:54 am revealed the nurse should have closed the computer to protect the resident's information, closed the medication cart drawers, and locked the cart before walking away.</p>	F 761	<ol style="list-style-type: none"> <li>1. No residents were affected by the nurse failing to lock the medication cart. Facility medication carts were secured upon notification from surveyor. Nurse #3 was in serviced by DON on 9/12/2019 regarding the expectation for storing all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. Nurse educated on the expectation that medication carts are to be locked at all times when unattended.</li> <li>2. Random Medication Cart Reviews were completed by the DON from 9/23 through 9/25 to ensure medication carts were locked while unattended.</li> <li>3. The Director of Nursing /SDC will educate the licensed nurses on med pass with the medication cart to include being locked at all times while unattended by 9/30/2019. The education reviewed will be added to the orientation agenda. The Director of Nursing will complete audits of 10 medication carts weekly to include carts on each nursing unit, include each nursing shift and weekends for 4 weeks ad then monthly until resolved through the QA process and committee.</li> </ol>		

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F 761	Continued From page 9	F 761	4. Findings of audits will be brought to QA monthly by the DON for review of results and need for any further QAPI.		