

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

PRINTED: 02/10/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLENAIRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4000 GLENAIRE CIRCLE CARY, NC 27511</b>	
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E 000	Initial Comments  An unannounced Recertification survey was conducted on 01/06/2020 through 01/09/2020. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # WZR011.	E 000		
F 641 SS=E	Accuracy of Assessments CFR(s): 483.20(g)  §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 observation, staff and resident interviews, and record review the facility failed to accurately code restraint use on a minimum data set (MDS) assessment for 3 of 3 residents reviewed for restraints. (Resident #21, Resident #63, and Resident #15)  Findings included:  1. Resident #21 was admitted to the facility on 8/16/18. Her active diagnosis included macular degeneration, heart failure, and hypothyroidism.  Resident #21's side rail evaluation dated 8/30/19 revealed she was assessed that the side rails did not impede the resident's freedom of movement and did not preclude the resident's access to her body.  Resident #21's minimum data set assessment dated 12/24/19 revealed she was assessed as cognitively intact. She was also assessed in section P0100 question A to have bed rails used daily as a restraint.	F 641	This plan of correction submitted as required under federal and state law. The provider's submission of this Plan of Correction does not constitute any admission on the part of the provider that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the provider makes no such admissions, the statements made in this plan of correction cannot be used against the provider in any subsequent administrative or civil proceedings.  (1.) Initial Corrective Action: On 1/8/2020, the Minimum Data Set Coordinator completed a correction of the previously transmitted MDS assessment for Resident #21 and #63 and re-transmitted a corrected MDS assessment. On 1/21/2020 the assessment for resident #15 was modified and resubmitted.	1/31/20

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

TITLE

(X6) DATE

Electronically Signed

01/24/2020

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>During observation on 1/6/20 at 2:09 PM Resident #21's bed was observed to have one quarter side rail on the right side of the bed in place.</p> <p>During an interview on 1/6/20 at 2:18 PM Resident #21 stated the side rail did not prevent her from getting out of bed if she wanted to. She stated she could not get out of bed by herself.</p> <p>During an interview on 1/8/20 at 11:22 AM Nurse Aide #1 stated Resident #21 had a small side rail to aide with mobility. She further stated it did not hinder Resident #21's movement and she was able to sit on the side of the bed with assistance.</p> <p>During an interview on 1/8/20 at 3:40 PM MDS Nurse #1 stated rehab and nursing performed an audit to determine if a bed rail was a restraint. The nurse said the side rail for Resident #21 was identified as not a restraint. A while back she was instructed that no matter if the facility assessed a bed rail and found it not to be a restraint, she still had to code it as used daily in question P0100A if it was care planned and a care area assessment was completed.</p> <p>During an interview on 1/9/20 at 9:42 AM the Director of Nursing stated Resident #21's side rails did not restrain the resident. She also stated minimum data set assessments should be accurate. The Director of Nursing concluded she now understood the purpose of section P and felt it was a learning experience for her staff who were trying to accurately capture the resident's status.</p> <p>2. Resident #63 was admitted to the facility on</p>	F 641	<p>(2.)An observation audit of all residents' beds was conducted by the Nurse Mentors on to visualize if quarter side rails or concave mattresses were present on any bed. Any resident beds that were observed to have them present, had their MDS assessment audited by the MDS coordinator on 1/8/2020 to ensure restraints were not coded if the resident was able to get out of bed without assistance. No other residents were found to be impacted.</p> <p>(3.) The Minimum Data Set Coordinator was re-educated by the Director of Nursing on January 28, 2020 regarding appropriate coding of restraints.</p> <p>(4.) The Director of Nursing and the Staff Development Coordinator will audit section P0100A of the MDS to ensure accurate coding weekly for three months. The results of this audit will be brought to and reviewed by the Director of Nursing Services to the monthly Quality Assessment Performance Improvement Committee Meeting. Any issues or trends identified will be addressed and the plan will be updated to ensure continued compliance.</p>		

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F 641	<p>Continued From page 2</p> <p>3/27/18. Her active diagnosis included macular degeneration, vitamin d deficiency, and urinary tract infection.</p> <p>Resident #63's restraint audit dated 1/3/19 revealed the physician agreed the resident needed the grab bar and it did not restrict freedom of movement or normal access to one's body.</p> <p>Resident #63's minimum data set assessment dated 12/19/19 revealed she was assessed as cognitively intact. She was also assessed in section P0100 question A to have bed rails used daily as a restraint.</p> <p>During observation on 1/6/20 at 11:50 AM Resident #63's bed was observed to have one quarter side rail on the right side of the bed in place.</p> <p>During an interview on 1/6/20 at 11:51 PM Resident #63 stated the side rail helped her be more independent in bed and did not restrain her in any way.</p> <p>During an interview on 1/8/20 at 11:22 AM Nurse Aide #1 stated Resident #63 had a small side rail to aide with mobility. She further stated it did not hinder Resident #63's movement or restrict Resident #63 in any way.</p> <p>During an interview on 1/8/20 at 3:40 PM MDS Nurse #1 stated rehab and nursing performed an audit to determine if a bed rail was a restraint. The nurse said the side rail for Resident #63 was identified as not a restraint. A while back she was instructed that no matter if the facility assessed a bed rail and found it not to be a restraint, she still</p>	F 641			

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F 641	<p>Continued From page 3</p> <p>had to code it as used daily in question P0100A if it was care planned and a care area assessment was completed.</p> <p>During an interview on 1/9/20 at 9:42 AM the Director of Nursing stated Resident #63's side rails did not restrain the resident. She also stated minimum data set assessments should be accurate. The Director of Nursing concluded she now understood the purpose of section P and felt it was a learning experience for her staff who were trying to accurately capture the resident's status.</p> <p>3. Resident #15 was admitted to the facility on 10/16/19 with diagnoses including dementia and reduced mobility among others.</p> <p>The most recent comprehensive Minimum Data Set Assessment (MDS) dated 10/23/19 for Resident #15 indicated she was severely impaired for daily decision making. It further indicated Resident #15 required the extensive assistance of two persons for bed mobility and transfers, had no impairment in range of motion for upper or lower extremities and had restraints used daily.</p> <p>A review of the most current care plan for Resident #15 dated 10/16/19 revealed a focus area of at risk for fall related injury with a goal of staff will attempt to minimize injury from falls through next review and interventions including concave mattress for bed boundary reminders.</p> <p>On 1/6/2020 at 1:35 PM an observation of Resident #15 revealed her to be in her wheelchair. An observation of Resident #15's bed at that time revealed a concave (higher on sides than in middle) mattress in place.</p>	F 641			

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F 641	Continued From page 4  An interview with Resident #15's family member on 1/6/20 at 1:35 PM, who was present in the resident's room, indicated Resident #15 had a special mattress to help prevent her from falling out of the bed but she did not feel this impaired Resident #15's daily mobility or restrained her in any way.  On 1/9/2020 at 9:54 AM an interview with Nurse #2 indicated she was familiar with Resident #15 and responsible for her care that day. She stated the concave mattress in place to Resident #15's bed did not restrain her or impair her daily mobility in any way. She went on to say to her knowledge Resident #15 had not had any restraints in use during her stay.  On 1/9/2020 at 9:57 AM an interview with Nurse Aide #2 indicated she was familiar with Resident #15 and responsible for her care that day. She went on to say to her knowledge Resident #15 had not had any restraints in use during her stay. Nurse Aide #2 further indicated the concave mattress was for fall injury prevention, but it did not completely prevent Resident #15 from falling out of bed.  On 1/9/2020 at 10:00 AM an interview with the MDS Nurse indicated she documented the concave mattress in use for Resident #15 as a restraint on Resident #15's MDS dated 10/23/19. She went on to say that she believed that if a resident had fallen out of bed before and now a device such as a concave mattress prevented them from falling out of bed she considered this to be a restraint as residents had the right to fall. She further indicated she had made it clear to the facility's interdisciplinary team that she was	F 641			

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F 641	Continued From page 5 documenting the use of the concave mattress as a restraint on Resident #15's MDS dated 10/23/19 although they had not agreed with her.  On 1/9/2020 at 10:17 AM an interview with the Director of Nursing (DON) indicated she was familiar with Resident #15 and her use of the concave mattress. She further indicated she had not assessed the use of a concave mattress for Resident #15 as a restraint because it did not impair Resident #15 from her normal daily mobility.	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 specific condition as diagnosed and documented in the clinical record;  §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically	F 758		1/31/20	

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F 758	<p>Continued From page 6</p> <p>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:</p> <p>Based on record review and staff and physician interviews the facility failed to provide a stop date for an as needed psychotropic medication for 1 of 5 residents reviewed for unnecessary medications. (Resident #46)</p> <p>Findings included:</p> <p>Resident #46 was admitted to the facility on 12/2/19. The resident's active diagnosis included heart failure, hypertension, and anxiety disorder.</p> <p>Resident #46's minimum data set assessment dated 12/9/19 revealed the resident was</p>	F 758	<p>(1.) Initial Corrective Action: On 1/8/2020, the Director of Nursing contacted and notified the attending physician that there was no stop date for the as needed clonazepam for resident #46. The physician ordered that the as needed clonazepam be discontinued for resident #46 per the resident had not recently utilized the medication.</p> <p>(2.) Identification of others with the potential of being affected: An audit of all consultant pharmacist recommendations for prior 60 days was</p>		

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F 758	<p>Continued From page 7</p> <p>assessed as moderately cognitively impaired. The resident had no moods or behaviors. She was documented to be receiving an antianxiety medication 7 days of the previous 7 days.</p> <p>Resident #46's care plan dated 12/2/19 revealed the resident was care planned for receiving antianxiety drugs on a regular basis. The interventions included to engage the resident in group and individual activities that reduce periods of anxiety and monitor for side effects of medications (drowsiness, loss of coordination, fatigue, mental slowness, confusion, constipation) and notify the physician if side effects were noted.</p> <p>Resident #46's physician order dated 12/14/19 revealed the resident was ordered clonazepam 0.5 milligram tablet as needed (max 2 doses) for anxiety. The start date was 12/14/19 and the stop date was blank.</p> <p>A Pharmacist Recommendation Summary to Medical Director form dated 12/16/19 revealed the pharmacist recommended Resident #46's order for clonazepam 0.5 milligrams every six hours as needed should be limited to a 14-day duration. If the physician believed it was appropriate for the order to extend beyond 14 days, the rationale should be documented in the medical record and a duration should be indicated.</p> <p>During an interview on 1/7/20 at 2:29 PM Nurse #1 stated the clonazepam 0.5 milligram tablet as needed was available for Resident #46 at that time and did not have a stop date. She also clarified the order for max 2 doses meant Resident #46 was to get no more than two doses within a 24-hour period and not that there were</p>	F 758	<p>completed by the Director of Nursing on 1/8/2020 to ensure all consultant pharmacist recommendations had been addressed specifically recommendations for stop dates of medications. No other residents and medications were found to be unaddressed.</p> <p>(3.) Measures put in place to ensure non-recurrence The Director of Nursing educated the attending physician on the community process and timeline expectations of addressing pharmacist recommendations. The Director of Nursing educated all Nursing Mentors on the community process and timelines for addressing the expectations.</p> <p>(4.) Ongoing monitoring of corrective actions and new measures: The Director of Nursing or designee will audit all initial consultant pharmacist recommendations and subsequent follow-ups to ensure the recommendations have been reviewed and addressed within a 14 day period. This audit will be completed weekly for three months. The results of this audit will be brought to and reviewed by the Consultant Pharmacist, Medical Director, and Director of Nursing Services to the monthly Quality Assessment Performance Improvement Committee Meeting. Any issues or trends identified will be addressed and the plan will be updated to ensure continued compliance.</p>		

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F 758	<p>Continued From page 8 only two doses available.</p> <p>During an interview on 1/8/20 at 9:31 AM the Facility Pharmacist stated she made a recommendation to the physician last month on 12/16/19 to provide a stop date or a rationale for Resident #46 to have a medication longer than 14 days and include a stop date. She stated she asked it to be added to the electronic medication administration record, but it was not done.</p> <p>During an interview on 1/8/20 at 9:39 AM Nurse Mentor #1 stated the as needed clonazepam had a recommendation from pharmacy that the physician would need to do a note for her to continue to have the medication available past fourteen days. This recommendation was made 12/16/19. She further stated the physician gave the order to discontinue the medication 1/7/20. She stated she did not remember when she got the recommendation from pharmacy about the need for a stop date for the as needed clonazepam as the recommendations go first to the Director of Nursing and then to the unit. She stated the first time she spoke with the physician about the need for a stop date was 1/7/20. She further stated yesterday was the first day she noted that the medication needed to have a stop date. Nurse Mentor #1 stated she was not aware psychotropic medications such as clonazepam were required to have a stop date if they were ordered as needed. She concluded Resident #46's clonazepam as needed did not have a stop date until 1/7/20 when it was discontinued by the physician and Resident #46 did not receive the medication at any time from 12/14/19 through 1/7/20.</p> <p>During an interview on 1/8/20 at 10:02 AM the</p>	F 758			

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F 758	<p>Continued From page 9</p> <p>Director of Nursing stated she got the recommendations from pharmacy and she then sends the recommendations to the specific units who then give it to the physician. She further stated she was aware psychotropic medications were to have a stop date of 14 days or, if they were not an antipsychotic, have a note from the physician with a rationale as to why the prn medication was extended past 14 days and still have a stop date. She further stated Resident #46's medication should have had a stop date of 14 days from 12/14/19 or a rationale as to why it extended past 14 days and have a stop date. She stated when the nurse mentor contacted the physician on 1/7/20 the physician indicated she was not aware of the recommendation. She concluded the medication was stopped on 1/7/20 when the facility became aware of the issue.</p> <p>During an interview on 1/8/20 12:14 PM Physician #1 stated she was not primarily a long-term care physician and not as familiar with the long-term care regulations. The physician stated she was not as familiar with the psychoactive medications regulations and relied on the pharmacy to help her navigate the regulations. She concluded today, 1/8/20, was the first time she was made aware of the concern with Resident #46's medications and ordered for the medication to be stopped.</p>	F 758			