

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

PRINTED: 05/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/01/2021
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 RICEVILLE ROAD ASHEVILLE, NC 28805		
(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 An unannounced recertification survey and complaint investigation was conducted 03/29/2021 through 04/01/2021. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # OT8J11.	E 000			
F 000	INITIAL COMMENTS An unannounced recertification survey and complaint investigation was conducted at the facility on 03/29/2021 through 04/01/2021. There were twenty complaint allegations investigated and they were all unsubstantiated. Event ID #OT8J11.	F 000			
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in	F 561		4/30/21	

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

TITLE

(X6) DATE

Electronically Signed

04/20/2021

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 561	<p>Continued From page 1</p> <p>community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, resident and staff interviews, the facility failed to honor the resident's choice not to be awakened for nighttime medications for 1 of 5 residents reviewed for unnecessary medications (Resident #30).</p> <p>Resident #30 was admitted on 7/18/2017 with diagnoses including diabetes mellitus, anxiety, depression and chronic pain.</p> <p>The Minimum Data Set (MDS) assessment, dated 02/02/21, indicated Resident #30 was cognitively intact for daily decision making. The MDS noted Resident #30 required the physical assistance of 1 staff member for bed mobility, dressing, toileting and personal hygiene. Further review indicated Resident #30 had frequent pain, felt depressed or hopeless, was tired or had little energy and had trouble concentrating during the MDS 7 day assessment period.</p> <p>During an interview and review of his medications on 04/01/21 at 10:58 AM, Resident #30 confirmed he received the following medications at 7:00 PM: Remeron 45 mg for depression, Ativan 0.5mg for anxiety, Buspirone 15mg for anxiety, Gabapentin 300mg 2 tablets for neuropathy pain, Melatonin 3 mg two tablets for sleep and Trazadone 150mg</p>	F 561	<p>The Laurels of Summit Ridge wishes to have this submitted plan of correction stand as its written allegation plan of compliance. Our compliance date is 04/30/2021.</p> <p>Preparation and/or execution of this plan does not constitute admission to nor agreement with either existence of or scope of severity of the cited deficiencies. This plan is prepared and/or executed to ensure compliance with regulatory requirements.</p> <p>F-561 Self-Determination</p> <p>Corrective Action: It is duly noted that Resident #30 medication was administered late on 02/16/2021 and 03/01/2021. MD was notified of late administration times on Resident #30. No negative outcome noted from the alleged deficient practice.</p> <p>Corrective Action for those having the potential to be affected: All residents have the potential to be affected by the alleged deficient practice. Pharmacy Consultant audited all long term resident medications</p>		

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F 561	<p>Continued From page 2</p> <p>for sleep. He stated he turned off his television at 7:00 PM, relaxed until he received his last medications at 9:00 PM, which was Voltaren gel 1% for shoulder pain, Insulin 24 units for his diabetes and Fluticasone nose spray for allergic rhinitis. After he was given the 9:00 PM medications, he went to sleep for the night. When the 9:00 PM medications were not given as scheduled, he was awakened by staff around midnight to get his medications. He then had difficulty going back to sleep. Resident #30 added he preferred his last medications given at 9:00 PM so that he was not awakened after going to sleep.</p> <p>Review of the time stamped Medication Administration Audit Report, dated 2/16/21, revealed Voltaren gel 1%, insulin 24 units and Fluticasone 50 mcg were scheduled at 9:00 PM. All three medications were documented as given at 12:18 AM on 2/17/21 by Nurse #2. Review of the time stamped Medication Administration Audit Report, dated 3/1/21, revealed Voltaren gel 1% and Fluticasone 50 mcg were documented as given at 12:04 AM on 3/2/21. Insulin 24 units was scheduled at 9:00 PM and documented as given at 12:15 AM on 3/2/21 by Nurse #3.</p> <p>Telephone attempts to contact Nurse #2 on 4/1/21 were unsuccessful. Nurse #3 was no longer employed by the facility.</p> <p>A telephone interview, conducted with the physician on 04/01/21 at 1:37 PM, revealed Resident #30 had chronic pain and chronic anxiety. The physician stated that being awakened around midnight to get medications that were scheduled earlier in the evening would have a negative impact on his quality of life,</p>	F 561	<p>and made recommendations to consolidate care where appropriate on 04/06/2021. Medical Director reviewed these recommendations and appropriate orders written. Unit Managers will audit all long term resident medication times and discuss with MD for order to change medication times where appropriate by 04/23/2021.</p> <p>Systemic Changes: Staff Development Coordinator will educate all nurses on Medication Administration times policy and procedures and notification of MD for order if meds are administered late by 04/30/2021.</p> <p>Monitoring: Unit Managers will audit their unit medication administration times 2 x week x 4 weeks, weekly x 4 weeks then monthly x 1 month any discrepancies will be brought to the attention of the Director of Nursing for further education of nursing staff. Audits to begin 05/03/2021. Results of the audits will be taken to QA by the Director of Nursing and reviewed monthly at the Quality Assurance Committee Meeting for any further recommendations. The Administrator will be responsible for ensuring any further recommendations are carried out.</p>		

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F 561	Continued From page 3 especially when he had difficulty going back to sleep. An interview, conducted with the Director of Nursing on 4/1/21 at 2:51 PM, revealed she did not want Resident #30 awakened at midnight for medications that were scheduled earlier in the evening. She stated the staff should have given the medications within the hour of the scheduled time.	F 561			
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 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.	F 761		4/30/21	

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F 761	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to discard 23 bottles of expired Aspirin in 1 of 2 medication storage rooms (Main Medication Storage room) and failed to store 1 unused Novolog FlexPen at the appropriate temperature in 1 of 5 medication carts (200 A).</p> <p>The findings included:</p> <p>Review of the facility's policy and procedure for medication storage updated 10/31/2019, under Guidelines, recorded in part, "Medication will be dated and discarded per manufactures guidelines."</p> <p>1. On 03/31/21 at 3:52 PM, 23 bottles of unopened coated Aspirin 81 milligram (mg) expired on 01/31/21 were found in the Main medication storage room. Each bottle of Aspirin contained 32 tablets.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 03/31/21 at 3:54 PM she stated the staff in-charge of Central Supply checked expired medication in medication storage rooms routinely at least once monthly. The Consultant pharmacist would check medication storage rooms and medication carts randomly when visiting the facility monthly. The ADON attributed the incident as an oversight of the staff in-charge of Central Supply.</p> <p>During an interview with the staff in-charge of Central Supply on 03/31/21 at 4:03 PM she stated she was responsible to stock up all the Over the counter (OTC) medications in medication storage</p>	F 761	<p>F-761 Label/Store Drugs and Biologicals</p> <p>Corrective Action: Director of Nursing immediately removed expired Bayer Aspirin from the med room. Nurse #1 immediately removed unopened insulin pen from med cart.</p> <p>Corrective Action for those having the potential to be affected: 100% audit of OTC's in med room for expired medications performed by Director of Nursing by 04/30/2021. 100% audit of all med carts for expired and or unopened, not dated medications and or insulin pens performed by Unit Managers by 04/30/2021. No residents were affected by the alleged deficient practice.</p> <p>Systemic Changes: Director of Nursing educated Central Supply Clerk on importance of checking OTC's expiration date prior to placing them on the shelf in med room on 03/31/2021. Staff Development Coordinator will educate all nurses on importance of dating insulin pens when they are removed from the refrigerator and discarding any expired meds from the med cart each shift by 04/30/2021.</p> <p>Monitoring: Director of Nursing will audit OTC's placed in the med room 2 x week x 4 weeks, weekly x 4 weeks then monthly x 1 month. Unit Managers will audit med carts on their units for meds not dated and or expired 2 x week x 4 weeks, weekly x 4</p>		

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F 761	<p>Continued From page 5</p> <p>rooms. She rotated the medications by using first in first out method and would check expired medications at least once every other week. The Director of Nursing (DON) would spot check expired medication in medication storage rooms randomly. She attributed the incident as an oversight.</p> <p>2. Review of manufacturer's package insert revealed all unopened NovoLog FlexPen should be kept in the refrigerator between 36° to 46° Fahrenheit (F). Do not freeze the unopened Novolog and keep all unopened NovoLog in the carton to protect from light.</p> <p>On 03/31/21 at 4:19 PM, 1 unopened and undated Novolog FlexPen was found in medication cart 200A. The insulin was stored at room temperature.</p> <p>During an interview with Nurse #1 on 03/31/21 at 4:23 PM she stated she had no ideas how long this insulin pen had been stored in medication cart 200A. She indicated the insulin should be stored in the refrigerator until it was ready to be used.</p> <p>During an interview with the ADON on 03/31/21 at 4:31 PM, she expected all insulins to be stored in the refrigerator until it was ready to be used. She added the night shift nurses had been instructed to check their respective medication cart for expired medication and to ensure all medications stored in proper temperature at least once every night.</p> <p>During an interview with the DON on 04/01/21 at 2:27 PM she stated it was her expectation for the Central Supply staff to rotate the OTC</p>	F 761	<p>weeks then monthly x 1 month. Audits to begin 05/03/2021. Results of the audits will be taken to QA by the Director of Nursing and reviewed monthly at the Quality Assurance Committee Meeting for any further recommendations. The Administrator will be responsible for ensuring any further recommendations are carried out.</p>		

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F 761	Continued From page 6 medications in the medication storage rooms and check for expiration before stocking it up in the shelf. She also expected the nurses to keep all unused insulin in refrigerator until it was ready to be used. During an interview with the Administrator on 04/01/21 at 3:08 PM he expected the facility to be free of expired medication and all unused insulin should be stored in the refrigerator.	F 761		