

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

PRINTED: 12/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/06/2024
NAME OF PROVIDER OR SUPPLIER KERR LAKE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1245 PARK AVENUE HENDERSON, NC 27536		
(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 000	An unannounced recertification and complaint investigation survey was conducted 11/4/24 through 11/6/24. The facility was found compliant with the requirement CFR 483.73, Emergency preparedness. Event ID# 2GXY11.	F 000			
F 756 SS=E	INITIAL COMMENTS A recertification and complaint investigation survey was conducted 11/4/24 through 11/6/24. Event ID# 2GXY11. The following intake was investigated: NC00222315. 1 of 1 complaint allegations did not result in a deficiency. Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a	F 756		12/4/24	

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

TITLE

(X6) DATE

Electronically Signed

11/26/2024

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 756	<p>Continued From page 1</p> <p>minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff interview and Consultant Pharmacist interview, the Consultant Pharmacist failed to identify and report a medication irregularity on 7 Monthly Medication Reviews when Dyskinesia Identification System Condensed User Scale (DISCUS) assessments (used for medication monitoring of side effects of antipsychotic medication) were not completed for a resident who received Risperdal, Haloperidol and Olanzapine (antipsychotic medications). The Consultant Pharmacist also failed to identify and address an order for as needed (PRN) Haloperidol that extended beyond the 14-day limit for 1 of 6 residents reviewed for unnecessary medications. (Resident #57)</p> <p>The findings included:</p> <p>1. Resident #57 was admitted on 1/25/24 with diagnoses that included vascular dementia with</p>	F 756	<p>F756 Drug Regimen Review</p> <p>On 11/6/24, the Director of Nursing (DON) completed a Dyskinesia Identification System Condensed User Scale (DISCUS) evaluation on Resident #57.</p> <p>On 6/3/24, the LPN Charge Nurse obtained a physician's order to discontinue PRN Haloperidol for Resident #57.</p> <p>On 11/7/24, the Clinical Consultant and Director of Nursing (DON) completed an audit of all residents with orders for anti-psychotic medications to ensure a DISCUS assessment was completed. There were no additional concerns noted during the audit.</p> <p>On 11/7/24, the Regional Clinical</p>		

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F 756	<p>Continued From page 2</p> <p>agitation, generalized anxiety disorder, and manic episode.</p> <p>a. Review of the medical record revealed a DISCUS assessment was conducted on 1/25/24 when Resident #57 was admitted.</p> <p>A physician's order dated 3/7/24 indicated Risperdal (an antipsychotic medication) 0.5 milligrams (mg) one tablet twice daily for anxiety/dementia with behavioral disturbance. Risperdal was discontinued on 3/24/24.</p> <p>A physician's order dated 3/18/24 indicated Olanzapine (an antipsychotic medication) 5 mg by mouth one time only for agitation for 1 Day.</p> <p>A physician's order dated 3/19/24 indicated Haloperidol (an antipsychotic medication) 0.5 mg one time only for agitation.</p> <p>A physician's order dated 3/19/24 indicated Olanzapine 5 mg at bedtime for agitation related to vascular dementia and manic episode. The Olanzapine 5 mg order remains active.</p> <p>A physician's order dated 3/20/24 indicated Haloperidol 0.5 mg every eight hours as needed for anxiety and dementia with other behavioral disturbances. The Haloperidol order was discontinued on 4/3/24. Review of the Medication Administration Record (MAR) revealed Resident #57 received Haloperidol on 3/28/24 and 3/29/24.</p> <p>A physician ' s order dated 4/3/24 indicated Haloperidol 0.5 mg every eight hours as needed for anxiety and dementia with other behavioral disturbances. The Haloperidol order was discontinued on 6/3/24. Review of the Medication</p>	F 756	<p>Pharmacy Manager and the Clinical Consultant completed an audit of all residents receiving PRN anti-psychotic medications to ensure orders did not extend beyond the 14-day limit. There were no additional concerns identified during the audit.</p> <p>On 11/7/24, the Regional Clinical Pharmacy Manager in-serviced the Facility Consultant Pharmacist regarding the Psychotropic Regulatory Policy and the Dyskinesia Identification System Condensed User Scale (DISCUS) monitoring policy. This in-service included that the use of PRN anti-psychotic medication is limited to 14 days and requires an order to discontinue.</p> <p>On 11/6/24, the Staff Development Coordinator (SDC) initiated an in-service with all nurses regarding completion of a DISCUS assessment for any resident receiving an anti-psychotic medication- all residents on admission, and any resident that has a new order for an anti-psychotic medication-must have a DISCUS assessment completed upon initiation of the anti-psychotic medication, every 6 months thereafter, and with changes in the medication as scheduled per DISCUS monitoring policy. The in-service will be completed by 11/24/24. Any nurse that has not received the in-service will receive it on the next scheduled shift. All newly hired nurses will receive the in-service during orientation by the SDC.</p> <p>On 11/6/24, the Staff Development</p>		

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F 756	<p>Continued From page 3</p> <p>Administration Record (MAR) revealed Resident #57 received Haloperidol on 4/7/24 and 5/12/24.</p> <p>Review of the Monthly Medication Regimen (MRR) for Resident #57 completed on 4/4/24 revealed no recommendations for completion of a DISCUS assessment.</p> <p>Review of the Monthly Medication Regimen (MRR) for Resident #57 completed on 5/3/24 revealed no recommendations for completion of a DISCUS assessment.</p> <p>A physician's order dated 6/7/24 and revised 6/8/24 indicated Olanzapine 2.5 mg every Tuesday, Thursday, and Saturday for anxiety, agitation. Administer at 11:00 AM prior to dialysis every Tuesday, Thursday, and Saturday.</p> <p>Review of the Monthly Medication Regimen (MRR) for Resident #57 completed on 6/10/24 revealed no recommendations for completion of a DISCUS assessment.</p> <p>Review of the Monthly Medication Regimen (MRR) for Resident #57 completed on 7/8/24 revealed no recommendations for completion of a DISCUS assessment.</p> <p>Review of the Monthly Medication Regimen (MRR) for Resident #57 completed on 8/2/24 revealed no recommendations for completion of a DISCUS assessment.</p> <p>Review of the Monthly Medication Regimen (MRR) for Resident #57 completed on 9/11/24 revealed no recommendations for completion of a DISCUS assessment.</p>	F 756	<p>Coordinator (SDC) initiated an in-service with all nurses regarding the Psychoactive Medication Policy emphasizing that the use of PRN anti-psychotic medication is limited to 14 days and requires a stop date on the physician's order. The in-service will be completed by 11/24/24. Any nurse that has not received the in-service will receive it on the next scheduled shift. All newly hired nurses will receive the in-service on orientation by the SDC.</p> <p>The Unit Manager or Staff Development Coordinator will review all physician's orders 5x week for 4 weeks, then monthly x 1 month, utilizing the Psychoactive Medication Monitoring tool to ensure all residents with orders for anti-psychotic medications have a DISCUS evaluation completed per policy. Any concerns identified during the audit will be immediately addressed by the DON (and other designees) to include providing additional training and completing a DISCUS evaluation as appropriate.</p> <p>The Unit Manager or Staff Development Coordinator (SDC) will review all physician's orders 5x weekly for 4 weeks, then monthly x 1 month, utilizing the PRN Medication Monitoring tool to ensure all PRN anti-psychotic medications do not extend beyond the 14-day limit. Any concerns identified during the audit will be immediately addressed by Unit Manager, SDC and/or the DON to include notifying the physician of any necessary order clarifications.</p>		

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F 756	<p>Continued From page 4</p> <p>Review of the Monthly Medication Regimen (MRR) for Resident #57 completed on 10/4/24 revealed no recommendations for completion of a DISCUS assessment.</p> <p>Review of the most recent Significant Change Minimum Data Set (MDS) dated 10/14/24 revealed Resident #57 had severe cognitive impairment and was administered antipsychotic medications during the assessment lookback period.</p> <p>Further review of Resident #57's medical record revealed no other discuss assessments were completed since admission.</p> <p>A telephone interview was conducted on 11/06/24 at 11:10 AM with the Consultant Pharmacist who revealed the facility was required to complete a DISCUS assessment on all residents that were prescribed an antipsychotic medication upon initiation of the medication and periodically if the medication changes. The Consultant Pharmacist stated the DISCUS assessment was used to monitor residents on antipsychotic medications for abnormal involuntary movements associated with the long-term use of antipsychotic agents. The Consultant Pharmacist stated Resident #57 had been overlooked and confirmed that she would have recommended that Resident #57 had another DISCUS assessment completed.</p> <p>An interview was conducted with the Director of Nursing (DON) on 11/06/24 at 03:12 PM. She stated the DISCUS assessment was to be conducted upon admission, every six months and when there was a change in the medication to monitor for abnormal involuntary movement</p>	F 756	<p>The Regional Clinical Pharmacy Manager will audit the monthly Consultant Pharmacist's report every month for 3 months to ensure the consultant pharmacist has identified and addressed DISCUS assessments for all residents taking anti-psychotic medications and that all PRN anti-psychotic medications have an order to stop use after 14 days. Any concerns identified during the audit will be immediately addressed by the Regional Clinical Pharmacy Manager and/or the DON to include providing additional training as appropriate.</p> <p>The DON will present the findings of the Psychoactive Medication Monitoring tool and the PRN Medication Monitoring tool to Quality Assurance and Performance Improvement (QAPI) committee monthly for 3 months. The QAPI committee will meet monthly for 3 months and review the PRN Medication Monitoring Audit Tool and the Psychoactive Medication Audit Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		

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F 756	<p>Continued From page 5</p> <p>disorders. The DON stated she expected the pharmacist to identify irregularities of antipsychotic medications by ensuring DISCUS assessments were completed for residents on antipsychotic medications.</p> <p>During an interview on 11/06/24 at 03:17 PM, the Administrator stated she expected the Consultant Pharmacist to review residents on antipsychotic medications during the Monthly Medication Regimen (MRR) for medication side effects and make recommendations for the completion of the DISCUS assessment to identify abnormal involuntary movements.</p> <p>b. A physician's order dated 4/3/24 indicated Haloperidol 0.5 mg every eight hours as needed for anxiety and dementia with other behavioral disturbances. The Haloperidol order was discontinued on 6/3/24. Review of the Medication Administration Record (MAR) revealed Resident #57 received PRN Haloperidol on 4/7/24 and 5/12/24.</p> <p>Pharmacy consultant monthly medication regimen reviews dated 4/4/24 and 5/3/24. revealed no recommendations related to the duration of Resident #57's PRN Haloperidol prescribed on 4/3/24 with a 6/7/24 stop date.</p> <p>A phone interview was conducted with the Medical Director on 11/6/24 at 8:36 AM. She stated orders for PRN antipsychotic medication should have a 14 day stop date. The Medical Director stated the order should be reevaluated after 14 days to see if the medication was still needed. The Medical Director further stated if the medication was still needed a new order had to</p>	F 756			

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F 756	Continued From page 6 be written. A telephone interview was conducted on 11/06/24 at 11:10 AM with the Consultant Pharmacist. She stated PRN antipsychotic medications are required to be reevaluated every 14 days. The pharmacist stated if the provider wished to continue the antipsychotic medication a new order had to be written. Review of Resident's #57's medical record with the Consultant Pharmacist confirmed there was no reevaluation of Resident #56 and that the 4/3/24 Haloperidol order extended past the 14-day duration. An interview was conducted with the Director of Nursing (DON) on 11/06/24 at 03:12 PM. The DON stated she expected the pharmacist to review PRN antipsychotic medications for stop dates or rationales for continued use.	F 756			
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	F 758		12/4/24	

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F 758	<p>Continued From page 7</p> <p>unless the medication is necessary to treat a 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, staff interview, Consultant Pharmacist interview and Medical Director interview, the facility failed to complete a Dyskinesia Identification System Condensed User Scale (DISCUS) assessment (used for monitoring side effects of antipsychotic medication) for a resident who received multiple</p>	F 758	<p>F 758 Free of Unnecessary Psychotropic Meds/PRN use On 11/6/24, the Director of Nursing (DON) completed a Dyskinesia Identification Condensed User Scale (DISCUS) assessment for Resident #57.</p>		

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F 758	<p>Continued From page 8</p> <p>antipsychotic medications (Resident #57), ensure an as needed (PRN) antipsychotic order was limited to a 14-day duration (Resident #57), and ensure orders for PRN antianxiety medication were time limited in duration (Resident #23) for 2 of 6 residents reviewed for unnecessary medications.</p> <p>The findings included:</p> <p>1. Resident #57 was admitted on 1/25/24 with diagnoses that included vascular dementia with agitation, generalized anxiety disorder, and manic episode.</p> <p>1a. Review of the medical record revealed a DISCUS assessment was conducted on 1/25/24 when Resident #57 was admitted.</p> <p>A physician's order dated 3/7/24 indicated Risperdal (an antipsychotic medication) 0.5 milligrams (mg) one tablet twice daily for anxiety/dementia with behavioral disturbance.</p> <p>A physician's order dated 3/18/24 indicated Zyprexa (an antipsychotic medication) 5mg by mouth one time only for agitation for 1 Day.</p> <p>A physician's order dated 3/19/24 indicated Haloperidol (an antipsychotic medication) 0.5 mg one time only for agitation.</p> <p>A physician's order dated 3/19/24 indicated Zyprexa 5mg at bedtime for agitation related to vascular dementia and manic episode.</p> <p>A physician's order dated 3/20/24 indicated Haloperidol 0.5 mg every eight hours as needed for anxiety and dementia with other behavioral</p>	F 758	<p>On 11/4/24, the DON discontinued the Xanax 0.25mg by mouth every 8 hours as needed for anxiety order for Resident #23 and an order was obtained for Xanax 0.25 mg every 8 hours as needed for anxiety for end-of-life care for 30 days.</p> <p>On 11/6/24, the Director of Nursing (DON) completed an audit of all residents who receive antipsychotic medications to ensure a DISCUS was completed upon initiation of an antipsychotic medication, periodically if the medication changes, and every six months to include Resident #57. No other areas of concern were identified.</p> <p>On 11/6/24, the Director of Nursing (DON) completed an audit of all PRN psychotropic medications to ensure PRN psychotropic medications for all residents to include Resident #23 were limited to a duration of 14 days unless the attending physician or prescribing practitioner documented the rationale for the extended time period in the medical record and indicated the specific duration. No other areas of concern were identified.</p> <p>On 11/6/24, the Staff Development Coordinator (SDC) initiated an in-service with all nurses regarding completion of a Dyskinesia Identification System Condensed User Scale (DISCUS) assessment for any resident receiving an anti-psychotic medication- all residents on admission, and any resident that has a new order for an anti-psychotic medication must have a DISCUS</p>		

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F 758	<p>Continued From page 9 disturbances.</p> <p>A physician's order dated 4/3/24 indicated Haloperidol 0.5 mg every eight hours as needed for anxiety and dementia with other behavioral disturbances.</p> <p>A physician's order dated 6/7/24 and revised 6/8/24 indicated Zyprexa 2.5 MG every Tuesday, Thursday, and Saturday for anxiety, agitation. Administer at 11:00 AM prior to dialysis every Tuesday, Thursday, and Saturday.</p> <p>Review of Resident # 57's electronic medical record from 3/7/24 to 11/5/24 revealed no documentation regarding the completion of a DISCUS assessment.</p> <p>Review of the most recent Significant Change Minimum Data Set (MDS) dated 10/14/24 revealed Resident #57 had severe cognitive impairment and no behaviors during the lookback period. Resident #57 was further coded as change in behavior improved. Resident #57 was coded as received antipsychotic medications during the assessment lookback period.</p> <p>Review of the care plan last reviewed on 5/16/2024 revealed Resident #57 used psychotropic medications with the potential or characterized by side effects of cardiac, neuromuscular, gastrointestinal systems as evidenced by or/duo to diagnosis of antipsychotic use anxiety, depression, psychophysiological insomnia, manic episode, vascular dementia with mood disorder and agitation. The goal was for Resident #57 to receive the lowest therapeutic dose through the next review. The interventions included administer medications per physician's</p>	F 758	<p>assessment completed as scheduled per DISCUS monitoring policy. In-service will be completed by 11/24/24. After 11/24/24, any nurse who has not received the in-service will be in-serviced prior to the next scheduled work shift. All newly hired nurses will be in-serviced during orientation by the SDC regarding PRN Psychoactive Medication Monitoring.</p> <p>On 11/6/24, the Staff Development Coordinator (SDC) initiated an in-service with all nurses regarding PRN Psychoactive Medication Monitoring Policy emphasizing that the use of PRN anti-psychotic and psychotropic medication is limited to 14 days and requires a stop date on the physician's order. In-service will be completed by 11/24/24. After 11/24/24, any nurse who has not received the in-service will be in-serviced prior to the next scheduled work shift. All newly hired nurses will be in-serviced during orientation by the SDC regarding PRN Psychoactive Medication Monitoring.</p> <p>The Unit Manager and/or Staff Development Coordinator (SDC) will review all physician's orders 5x week for 4 weeks, then monthly x 1 month, utilizing the Psychoactive Medication Monitoring tool to ensure all residents with orders for anti-psychotic medications have a DISCUS assessment completed per policy.</p> <p>Any concerns identified during the audit will be immediately addressed by the DON (and other designees) to include</p>		

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NAME OF PROVIDER OR SUPPLIER KERR LAKE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1245 PARK AVENUE HENDERSON, NC 27536		
(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 758	<p>Continued From page 10</p> <p>orders, monitor resident's mood/behaviors with documentation per facility policy and notify physician of any significant changes.</p> <p>A telephone interview was conducted on 11/06/24 at 11:10 AM with the Consultant Pharmacist who revealed the facility was required to complete a DISCUS assessment on all residents that were prescribed an antipsychotic medication upon initiation of the medication and periodically if the medication changes. The Consultant Pharmacist stated Resident #57 had been overlooked and confirmed that she would have recommended that Resident #57 had another DISCUS assessment completed.</p> <p>An interview was conducted with the Director of Nursing (DON) on 11/06/24 at 03:12 PM. The DON stated the admission nurse was responsible for initiating the admission DISCUS. She further stated the DISCUS assessment was to be conducted upon admission, every six months and then there was a change in the medication.</p> <p>During an interview on 11/06/24 at 03:17 PM the Administrator stated the DISCUS assessment was missed due to a breakdown in their process and communication. She further stated expected the DISCUS assessment would be completed per the schedule.</p> <p>1b. A physician's order dated 4/3/24 indicated Haloperidol 0.5 mg every eight hours as needed for anxiety and dementia with other behavioral disturbances. The Haloperidol order was discontinued on 6/3/24. Review of the Medication Administration Record (MAR) revealed Resident #57 received PRN Haloperidol on 4/7/24 and 5/12/24.</p>	F 758	<p>providing additional training and completing a DISCUS assessment as appropriate.</p> <p>The Unit Manager and/or Staff Development Coordinator will review all physician's orders 5x weekly for 4 weeks, then monthly x 1 month, utilizing the PRN Medication Monitoring tool to ensure all PRN anti-psychotic and psychotropic medications do not extend beyond the 14-day limit. Any concerns identified during the audit will be immediately addressed by the Unit Manager, SDC, and/or the DON to include notifying the physician for any necessary order clarifications.</p> <p>The DON will present the findings of the DISCUS Audit Tool and the Psychoactive Medication Audit Tool to the Quality Assurance and Performance Improvement (QAPI) committee monthly for 2 months. The QAPI Committee will meet monthly for 2 months and review the PRN Medication Monitoring Audit Tool and the Psychoactive Medication Audit Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		

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F 758	<p>Continued From page 11</p> <p>A phone interview was conducted with the Medical Director on 11/6/24 at 8:36 AM. She stated orders for PRN antipsychotic medication should have a 14 day stop date. The Medical Director stated the order should be reevaluated after 14 days to see if the medication was still needed. The Medical Director further stated if the medication was still needed a new order had to be written.</p> <p>A telephone interview was conducted on 11/06/24 at 11:10 AM with the Consultant Pharmacist. She stated PRN antipsychotic medications are required to be reevaluated every 14 days. The pharmacist stated if the provider wished to continue the antipsychotic medication a new order had to be written. Review of Resident's #57's medical record with the Consultant Pharmacist confirmed there was no reevaluation of Resident #56 and that the 4/3/24 Haloperidol order extended past the 14-day duration.</p> <p>An interview was conducted with the Director of Nursing (DON) on 11/06/24 at 03:12 PM. The DON stated she expected the pharmacist to review PRN antipsychotic medications for stop dates or rationales for continued use.</p> <p>2. Resident #23 was admitted to the facility on 12/2/23 with diagnoses that included anxiety.</p> <p>A Physician order dated 8/22/24 indicated Xanax 0.25 milligrams (mg) 1 tablet by mouth every 8 hours as needed (PRN) for anxiety was ordered without a stop date.</p> <p>The quarterly Minimum Data Set (MDS)</p>	F 758			

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

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F 758	<p>Continued From page 12</p> <p>assessment dated 8/27/24 revealed the Resident was severely cognitively impaired. The MDS revealed the resident was coded for taking an antianxiety medication.</p> <p>An interview was conducted on 11/6/24 at 11:00 AM with the Director of Nursing (DON). She indicated she was aware all PRN psychotropic medications required an initial 14 day stop date, and the Physician then reevaluated the resident at the end of the medication regimen for continued use.</p> <p>A telephone interview was completed on 11/6/24 at 11:10 AM with the Pharmacy Consultant. She indicated PRN psychotropic medications required an initial 14 day stop date. The Pharmacy Consultant continued to state the Physician then reevaluated the Resident for continued use of the medication and documented the rationale for extending the medication.</p> <p>A telephone interview was completed on 11/6/24 at 11:56 AM with Physician #2. He revealed all PRN psychotropic medications that were ordered should have included a 14 day stop date. The Physician stated he then reevaluated the resident and extended the medication for a time frame he felt was appropriate. Physician #2 stated he was unable to state why the medication order did not include a stop date.</p> <p>An interview was completed on 11/6/24 at 1:45 PM with the Administrator. She stated it was her expectation all PRN psychotropic medications have a stop date included in the order.</p>	F 758			