

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

PRINTED: 09/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2011
NAME OF PROVIDER OR SUPPLIER HAYMOUNT REHABILITATION & NURSING CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2346 BARRINGTON CIRCLE FAYETTEVILLE, NC 28303	
(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 329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to prevent duplicate medication therapy for 1 of 3 residents (Resident #1).</p> <p>Findings include: Resident #1 was admitted to the facility on 04/16/11 with cumulative diagnoses of new</p>	F 329	<p>Haymount Rehabilitation & Nursing Center acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as written allegation of compliance.</p> <p>The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Haymount Rehabilitation & Nursing Center. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Cheryl M. Hedden* TITLE: Administrator (X6) DATE: 9/21/11

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 329	<p>Continued From page 1</p> <p>cerebral vascular accident, dementia, diabetes, and hypertension.</p> <p>Record review of the nurses' notes in June 2011 revealed steadily escalating behaviors to staff and other residents.</p> <p>Nurses notes 06/01/11; " Resident sitting in w/c (wheelchair) by desk and kept asking us to take her to her daughters house. " Resident had repetitive vocalizations.</p> <p>Nurses notes 06/02/11; repetitive vocalizations, wanting to go to daughter ' s house " Up and down hallway looking for a way out, opening doors such as nourishment or garbage room and looking in, then would come back to myself and others. " Resident was allowed to call family and hung up on son. " She refused to take all pills. " " Resident attempted x2 (two times) to slap nurse ' s face and x1 (one time to bite nurse. " A wander guard was placed due to exiting behavior. " Refuses to stay in one area for observation, placed on 15 minute checks. " " Called [attending physician] for resident ' s agitation he ordered Ativan (a benzodiazepine anti-anxiety agent) 0.5 mg (milligram, one every 6 hours prn (as needed). " Resident talked with daughter on phone and then tried to use the phone herself accidentally activating the paging system. " Refused all 4 PM and 8 PM and the Ativan from the stat (emergency supply of medications) box. Kept opening doors on the hall, trying to follow staff into other resident ' s rooms. "</p> <p>Nurses notes 06/07/11; " Turned her chair alarm (placed to alert staff if resident stood up unassisted) off and put herself to bed. "</p> <p>Nurses notes 06/08/11; " Patient has poor safety awareness many attempt to stand up from chair and bed. Alarm present and in working condition. I increased supervision with one on one.</p>	F 329	<ol style="list-style-type: none"> 1. Resident #1 was discharged from the facility on 7/23/2011. 2. All other resident's medication regimen was reviewed by the pharmacist to ensure that each drug regimen was free from unnecessary drug. 3. The PA was in-serviced by the Medical Director on review of MAR before approval of medication change from the consulting psychiatrist. 4. A copy of the current MAR will be attached to all paradigm consults and given to the MD to review before initiation of medication changes. 5. All licensed nurses have been in-serviced by the ADON/SDC on the use of the current MAR for review of consults. 6. The Pharmacist has been notified by the DON and will send alerts to the facility regarding the use of duplicate medication therapy. 7. Monthly pharmacy reviews will be conducted by the consulting pharmacist on each resident to ensure their drug regimen is free of unnecessary drugs. 8. Random audits will be completed by the DON utilizing the pharmacy antipsychotic report. Audits will be documented on the Monthly Antipsychotic Review form. These audits will be completed monthly x 3 months. All findings will be taken to the quarterly QA meeting for review. 	<p>7/23/11</p> <p>8/25/11</p> <p>8/23/11</p> <p>9/20/11</p> <p>8/23 & 9/20/11</p> <p>8/23/11</p> <p>8/23/11 On-going</p> <p>9/20/11 On-going</p>
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