

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

PRINTED: 09/01/2011
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345410 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/25/2011 |
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| NAME OF PROVIDER OR SUPPLIER CENTRAL CONTINUING CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 1287 NEWSOME STREET MT AIRY, NC 27030 |
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| (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 |
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|---------------|---|-------|---|---------|
| 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 record review and staff interview the facility failed to monitor a Synthroid, a thyroid medication used to treat hypothyroidism for 1 of 6 residents who labs were reviewed (# 134). Findings included: Resident #134 was admitted on 4/11/11 with a diagnosis of dementia, failure to thrive,</p> | F 329 | <p>Filing the Plan of Correction does not constitute an admission that the deficiencies alleged, did, in fact, exist. This Plan of Correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality resident care.</p> <p>1) The RN Supervisor obtained the ordered lab for Resident #134. Results were within normal range. 2) The Pharmacy Consultant reviewed the resident medical records for unnecessary medications with an emphasis on adequate monitoring. The Director of Nursing will assure adequate monitoring is in place for residents identified through the review process.</p> | 9/22/11 |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Loren Gaylo</i> | TITLE ADMINISTRATOR | (X6) DATE 9/9/11 |
|---|----------------------------|-------------------------|

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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| NAME OF PROVIDER OR SUPPLIER CENTRAL CONTINUING CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1287 NEWSOME STREET MT AIRY, NC 27030 | |
| (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 | Continued From page 1 hypothyroidism, osteoarthritis, and acute metabolic syndrome. A record review revealed up until 5/16/11 Resident #134 was ordered 75 mcg Synthroid. , used to treat hypothyroidism, a condition where the thyroid gland does not produce enough thyroid hormone. Without this hormone, the body cannot function properly, resulting in: poor growth; slow speech; lack of energy; weight gain; hair loss; dry, thick skin; and increased sensitivity to cold. A record review on 5/16/11, revealed thyroid stimulating hormone (TSH) lab value of 6.06 normal values were 0.40-5.50. The physician order indicated to increase Synthroid to 88 mcg (micrograms) daily and retest in four weeks. A TSH was drawn on 6/13/11, the result was 2.75, and physicians order was written recheck the THS in four (4) weeks. On 7/21/11, and the result was 0.14. " A physician ' s order was written Thursday 7/21/11; indicated to redraw TSH in 2 weeks and decrease Synthroid to 75 mcg daily. The RN #2 note dated 7/21/11 at 3:00pm was written, " TSH level called to MD- new orders. " This lab had not been redrawn. During an interview on 8/23/11 at 4:46pm, director of nursing (DON) indicated new order for a lab were entered into the lab book and the lab person comes daily. The DON indicated the request was not in the lab book During an interview on 8/ 24/ 2011 at 8:51am, RN#1 indicated she was the first shift supervisor and the lab was not put into the lab book and was not drawn. It was drawn today , as a stat lab (immediately). She indicated she was not aware of a facility procedure to do labs. She described the process she used as follows, make a copy of the order and put it in the lab book and write the | F 329 | 3) The Staff Development Coordinator will conduct an in-service with the licensed nursing staff on the need to assure residents' medication regimens are free of unnecessary drugs with an emphasis on adequate monitoring per facility policy and procedure. The Staff Development Coordinator will include information on the need to assure residents' medication regimens are free of unnecessary drugs with an emphasis on adequate monitoring per facility policy and procedure in the orientation of new licensed nursing personnel. The Director of Nursing, or her designee, will review resident medical records at least every two weeks to assure residents' medication regimens reflect adequate monitoring. 4) The Pharmacy Consultant and Director of Nursing, or her designee, will monitor through record review, monthly for three months, then at least quarterly, to assure residents' medication regimens are free of unnecessary drugs with an emphasis on adequate monitoring. Monitors will be reviewed at scheduled QA Meetings. The Administrator is responsible for overall compliance. | |

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| NAME OF PROVIDER OR SUPPLIER CENTRAL CONTINUING CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1287 NEWSOME STREET MT AIRY, NC 27030 | | |
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| F 329 | Continued From page 2 date it was to be done. The lab vender did labs on Mondays and Thursdays. During an interview on 8/24/11 at 307 pm, Administrator explained the reason the lab had been missed was because RN #2 had not put it in the book to be drawn,who was not available for interview. | F 329 | | | |

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

PRINTED: 09/26/2011
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345410 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 09/20/2011 |
|---|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER CENTRAL CONTINUING CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1287 NEWSOME STREET MT AIRY, NC 27030 | |
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| K 012 SS=F | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, on September 20, 2011 at approximately 9:00am onward, there are holes in the rated roof ceiling assembly - holes are located adjacent to new ceiling sprinkler installations on the 200 wing.</p> <p>42 CFR 483.70(a)</p> | K 012 | <p>Filing the Plan of Correction does not constitute an admission that the deficiencies alleged, did, in fact, exist. This Plan of Correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality resident care.</p> <p>1) The Maintenance Supervisor, or his designee, shall assure the penetrations in the rated roof ceiling assembly adjacent to the new ceiling sprinkler installations on the 200 wing are repaired.</p> <p>2) The Maintenance Director, or his designee, will conduct environmental rounds to identify other penetrations in the rated roof ceiling assembly and make repairs to areas identified through the inspection process.</p> <p>3) The Maintenance Supervisor, or his designee, will conduct at least monthly inspections to assure there are no penetrations in the rated roof ceiling assembly.</p> <p>4) The Maintenance Supervisor, or his designee, will monitor through observation, monthly for three months, then at least quarterly, to assure there are no penetrations in the rated roof ceiling assembly. Monitors will be reviewed at scheduled QA meetings. The Administrator is responsible for overall compliance.</p> | 11/4/11 |

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

TITLE

(X6) DATE

Loren Doyle

ADMINISTRATOR

10/17/11

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.