

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

PRINTED: 12/30/2011  
FORM APPROVED  
OMB NO. 0938-0391

|  |  |  |  |  |
|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345297 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ JAN 17 2012   | (X3) DATE SURVEY COMPLETED<br><br>12/21/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>SCOTIA VILLAGE-SNF |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2200 ELM DRIVE<br>LAURINBURG, NC 28352  |  |
| (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 282<br>SS=D  | <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, staff interview and record reviews the facility failed to apply a wheelchair alarm as indicated per the care plan for 1 of 1 sampled resident (Resident # 73).</p> <p>Resident # 73 was admitted to the facility on 11/23/2011. Cumulative diagnoses included Atrial Fibrillation, Esophageal Reflux, Hyperlipidemia and Urge Incontinence. Review of the fall CAA (Care Area Assessment) dated 12/6/2011 documented the resident " had a fall in his assisted living apartment on 11/21/2011 and finally went to the ER (emergency Room) on 11/23/2011 after which he was admitted to SNF (skilled Nursing Facility) for rehab."</p> <p>The admission Minimum Data Set (MDS) completed on 12/9/2011 indicated Resident # 73 's cognitive status was moderately impaired. The MDS revealed Resident # 73 required extensive assist with bed mobility and transfer.</p> <p>A review of the care plan dated 12/14/2011 revealed Resident # 73 was identified to have a potential for injury due to recent fall and history of falls. The care plan indicated "we have added a safety precaution bed/ chair alarm."</p> | F 282  | <p>F 282</p> <p><b>Corrective Action:</b></p> <p>The wheelchair alarm was applied to the wheelchair of resident #73.</p> <p><b>Corrective Actions for Potentially Affected Residents:</b></p> <p>All resident who currently have wheelchair alarms could be affected by the alleged deficiency. Residents with wheelchair alarms were checked to ensure all were in place and functioning correctly.</p> <p><b>Systemic Changes:</b></p> <ol style="list-style-type: none"> <li>All healthcare staff will be in-serviced on January 10, 2012 on the importance of placing monitors on residents for their safety.</li> <li>Licensed nurses and certified nursing assistants will review who is to have monitors before their shifts.</li> <li>Licensed nurses and certified nursing assistants will monitor on their daily rounds to ensure monitors are in place and functioning correctly.</li> <li>The licensed nursing staff will place the type of alarm/monitor on the medication administration record to monitor compliance.</li> <li>Nurse mentors will monitor residents to ensure alarms are in place and functioning correctly.</li> <li>All concerns pertaining to resident alarms will be communicated to the Director of Nursing to ensure compliance.</li> </ol> | 1-18-12                                      |

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

TITLE

(X6) DATE

*Adam T. Holston*

*Associate Director*

1-11-12

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<br><br>SCOTIA VILLAGE-SNF |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2200 ELM DRIVE<br>LAURINBURG, NC 28362  |                      |  |
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| F 282  | <p>Continued From page 1</p> <p>On 12/21/2011 at 12:06 PM, Resident # 73 was observed sitting in the wheelchair in his room. There was no alarm attached to the wheelchair. The staff was not within view of the resident.</p> <p>In an interview on 12/21/2011 at 12:30 PM, Nurse # 2 stated the resident had a fall in his apartment before being admitted to the facility on 11/23/2011. Unit Nurse added she had not checked the resident since coming on her shift to ensure the wheelchair alarm was intact. She added she expected the Nursing Assistant (NA) to have put the alarm to the wheelchair after placing the resident in the wheelchair.</p> <p>In an interview on 12/21/2011 at 12:35 PM, NA # 1 indicated she was aware Resident # 73 was to have a wheelchair alarm in place when in the wheelchair. NA # 1 added she did not recall putting the alarm to the wheelchair after getting the resident up in the morning.</p> <p>In an interview on 12/21/2011 at 12:40 PM, the Director of Nursing (DON) indicated she expected all staff to ensure the resident wheelchair alarm was intact. The DON concluded she expected the alarm to be intact on the wheelchair as indicated per the care plan.</p> | F 282  | <p><b>Monitoring:</b></p> <p>The Nurse Mentors will monitor their respective units to ensure compliance daily for 3 months (Exhibit 1). The information collected will be communicated to the QA Team at the Standards of Care Meeting for comments/recommendations.</p> <p><b>Compliance Date:</b></p> <p>January 18, 2012</p>  |                      |  |
| F 333<br>SS=D  | <p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, record review, and staff</p>  | F 333  | <p>F 333</p> <p><b>Corrective Action:</b></p> <p>The resident's physician was notified of the medication error. The physician ordered a PT-INR, which was obtained and results were sent to the physician. The physician ordered no changes to be made. There were no ill effects to the resident from the medication error.</p> | 1-18-12              |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br>SCOTIA VILLAGE-SNF |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2200 ELM DRIVE<br>LAURINBURG, NC 28352  |                      |  |
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| F 333  | <p>Continued From page 2</p> <p>interviews the facility failed to prevent a significant medication error for 1 of 10 sampled residents (Resident #57), that resulted in the wrong dosage of Coumadin administered.</p> <p>Resident #57 was admitted to the facility on 9/22/10 and readmitted on 12/14/10. Cumulative diagnoses included Anemia, Encounter Long Anticoagulant Use, Atrial Fibrillation, Cerebrovascular Accident and Transient Organic Mental. The quarterly Minimum Data Set completed on 12/23/11 indicated Resident #57 was cognitively intact.</p> <p>A review of a physician telephone order dated 12/20/11 during drug reconciliation revealed Coumadin 7.5 milligram (mg) was to be administered on Monday, Wednesday, Friday and Sunday; and Coumadin 5mg was to be administered on Tuesday, Thursday and Saturday.</p> <p>A review of the MAR (Medication Administration Record) dated 12/20/11 revealed Coumadin 7.5 mg was administered in error on 12/20/11 (Tuesday) by Nurse #1.</p> <p>On 12/20/11 at 4:05 PM, during a medication observation Nurse #1 administered Coumadin 7.5 mg one tablet to Resident #57 by mouth.</p> <p>In an interview on 12/20/11 at 4:45 PM, Nurse #1 stated she administered Coumadin 7.5 mg as indicated on the MAR. She added; the MAR was blocked for the medication to be administered on 12/20/11 (Tuesday), and she administered the medication as directed on the MAR.</p> | F 333  | <p><b>Corrective Actions for Potentially Affected Residents:</b></p> <p>All Residents could be affected by this alleged deficiency. Licensed nursing staff will be in-serviced on January 10, 2012 and will be monitored on medication passes.</p> <p><b>Systemic Changes:</b></p> <ol style="list-style-type: none"> <li>All licensed staff will be in-serviced on January 10, 2012 on the importance of reading the medication administration record (MAR) carefully to ensure the proper medicine and dosage is given. During this in-service, the importance of transcribing orders correctly was also discussed.</li> <li>The Director of Nursing will continue recording medication errors as required in order to track the types of errors taking place.</li> <li>Through the tracking, the Director of Nursing and other members of the nursing administration will develop educational opportunities to help prevent mistakes that are occurring.</li> <li>New orders from the physician are written on the 24 hour reporting form and discussed with the oncoming nurse at the change of shift.</li> <li>The oncoming nurse will check to verify that the order was transcribed correctly on the MAR.</li> <li>The pharmacy consultant will also continue to monitor on a monthly basis.</li> </ol> |                      |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br>SCOTIA VILLAGE-SNF |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2200 ELM DRIVE<br>LAURINBURG, NC 28352   |                      |  |
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| F 333  | <p>Continued From page 3</p> <p>In an Interview on 12/21/11 at 10:32 AM, the Director of Nursing (DON) indicated she expected the correct dosage of Coumadin to be administered (Coumadin 5 mg). The DON concluded the facility did not have a system in place to date, to verify if medications had been transcribed correctly onto the MAR by the nurses.</p> <p>In an interview on 12/21/11 at 11:00 AM, Nurse #2 stated she incorrectly transcribed the dates onto the MAR.</p> | F 333  | <p><b>Monitoring:</b></p> <p>The pharmacy consultant will review 1 medication pass monthly (Exhibit 2). This monthly review will be on-going. The results will be communicated to the QA Team in the monthly Standards of Care Meeting for comments/recommendations.</p> <p><b>Compliance Date:</b></p> <p>January 18, 2012</p> |                      |  |

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JAN 27 2012

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345297 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - BUILDING 0104<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br>01/12/2012 |
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| K 061<br>SS=D  | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1<br><br>This STANDARD is not met as evidenced by:<br>A. Based on observation on 01/12/2012 The PIV (out near the sprinkler hot box ) was not supervised.<br>42 CFR 483.70 (a) | K 061  | K 061<br><br><b>Corrective Action:</b><br><br>The PIV near the sprinkler hot box will be tied into the fire system by our alarm vendor so that it is properly supervised<br><br><b>Corrective Actions for Potentially Affected Residents:</b><br><br>All residents could be affected by this alleged deficiency. The PIV will be tied into the current fire system to ensure proper supervision.<br><br><b>Systemic Changes:</b>   | 2-26-12                                      |
| K 147<br>SS=D  | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2<br><br>This STANDARD is not met as evidenced by:<br>A. Based on observation on 01/12/2012 the following rooms had items stored on the light fixtures ; 77,79,84,93,104,132,135,137 and 145.<br>42 CFR 483.70 (a)                 | K 147  | 1. The PIV near the sprinkler hot box will be tied into the current fire system to ensure the proper supervision.<br>2. The maintenance director will be notified in the event the fire control panel is not working properly. The fire system vendor will correct the problem in a timely manner.<br><br><b>Monitoring:</b><br><br>The maintenance director and facility staff will continue to conduct fire alarm tests monthly to ensure all components of the system are operational and are all areas are monitored through the system. Our current vendor will also conduct an annual test. Our vendor is available to us at any time if problems arise.<br><br><b>Compliance Date:</b><br><br>February 26, 2012 |  |

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

TITLE

(X6) DATE

*Adam J. Malcom*

*Associate Director*

*1-27-12*

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| K 061<br>SS=D  | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1<br><br>This STANDARD is not met as evidenced by:<br>A. Based on observation on 01/12/2012 The PIV (out near the sprinkler hot box ) was not supervised.<br>42 CFR 483.70 (a) | K 061  | K 147<br><br>Corrective Action:<br><br>The items were removed from the top of the light fixtures in rooms 77, 79, 84, 93, 104, 132, 135, 137 and 145.<br><br>Corrective Actions for Potentially Affected Residents:<br><br>All residents could be affected by this alleged deficiency. All residents and family members will be reminded that items cannot be placed on the light fixtures as it is a potential fire risk.<br><br>Systemic Changes:<br><br>1. During normal rounds, nursing personnel will make sure items are not placed on the top of the light fixtures.<br>2. With the resident in the room, if items are found on the light fixture, they will be removed and placed in an area acceptable to the resident. If residents are unable to make decisions for themselves, their family will be notified and alerted to the reason for removing the items.<br>3. The nurse monitors will also check during their neighborhood rounds to ensure compliance.<br><br>Monitoring:<br><br>Five resident rooms will be checked daily for 1 month to ensure items are not stored on the light fixtures (Exhibit 1). After this period, it will be monitored by normal daily rounds by nursing management and staff (CNA's, RN's, and LPN's).<br><br>Compliance Date:<br><br>February 26, 2012 | 2-26-12                                      |
| K 147<br>SS=D  | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2<br><br>This STANDARD is not met as evidenced by:<br>A. Based on observation on 01/12/2012 the following rooms had items stored on the light fixtures ; 77,79,84,93,104,132,135,137 and 145.<br>42 CFR 483.70 (a)                 | K 147  |  |  |

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(X6) DATE

*Adam T. Halperin*

*Associate Director*

*1-27-12*

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