

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

AMENDED

PRINTED: 03/14/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345544 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 03/01/2012 |
|--|--|--|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER ASBURY CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 3625 WILLARD FARROW DR CHARLOTTE, NC 28215 |
|--|--|

| (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 000 | INITIAL COMMENTS No deficiencies cited as a result of complaint investigation survey event id: KB6311. | F 000 | F 333 483.25 Residents Free of Significant Med Errors On or before 3/1/12, vitals and lab work were conducted on affected resident. | 3/1/12 |
| F 333 SS=D | 483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews the facility was unable to have a significant error free medication administration. The dose of physician ordered medication (Chlorthalidone used for hypertension) was not administered accurately to one (1) of eleven (11) observed residents. (Resident #68) The findings include: Resident #68 was admitted to the facility on 2/2/2012 with admitting diagnoses including Hypertension and Organic Heart disease. A review of physician orders dated 2/2/2012 included: 'Chlorthalidone 25 mg (milligram) 1/2 (half) tab po (by mouth) qd (every day)' Resident #68 was observed for medication administration on 2/29/2012 at 8:24 AM and the Licensed Nurse #2 (LN #2) was seen administering medications to Resident #68. LN #2 pulled all the medications including one tablet of Chlorthalidone 25 mg from the medication card and administered with a glass of water. | F 333 | In addition attending physician evaluated resident's medications. On or before 3/1/12, Nursing Supervisor/ Designee checked all orders during monthly MAR check. Effective 3/29/12, Medication Pass Policy and Procedure reviewed and revised. Policy and Procedure now includes specific direction for licensed nursing staff to compare medication packaging labels to medication administration record. On or before 3/28/12, Pharmacist/ Designee to in-service all licensed nurses on proper procedure for medication administration and medication pass policy and procedure revision. Effective 3/28/12, Phamarcist or Nursing Supervisor/Designees to conduct medication pass observations. Audits to be conducted on a weekly basis X 3 months, then on a monthly basis X additional three months. Effective 3/29/12, review in Quality Assurance Committee on a monthly basis X 6 months. | 3/1/12 3/1/12 3/29/12 3/28/12 3/28/12 3/29/12 |

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

TITLE

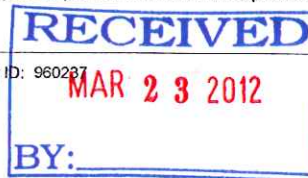
(X6) DATE

Emily P. NWA

NHA

3/22/12

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.



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

PRINTED: 03/14/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|--|--|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345544 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 03/01/2012 |
| NAME OF PROVIDER OR SUPPLIER ASBURY CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3625 WILLARD FARROW DR CHARLOTTE, NC 28215 | | |
| (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 333 | Continued From page 1 Further review of the physician orders and Medication Administration Records (MARs) for the month of February 2012 revealed that the dose was half tablet of 25 mg (12.5 mg) scheduled to be administered at 9:00 AM every day. A review of the pharmacy label revealed that it was wrongly transcribed as one tablet by mouth every day. A continued review of the vitals for the month of February, for Resident #68's blood pressure was in the acceptable range. An interview with LN #2 on 2/29/2012 at 10:20 AM revealed that LN #2 had been administering one tablet of 25 mg Chlorthalidone and stated that she did not accurately checked the MAR. The nurse stated that usually pharmacy would cut the tablet to half and send but she had failed to check the correct dosage. LN #2 further stated that the physician orders and MAR transcriptions were checked and reconciled by two licensed nurses and they had not noticed this error. The interview revealed that Resident #68 had received the wrong dose of medication Chlorthalidone for over 26 days. An interview with the Director of Nursing (DON) and the consultant pharmacist on 2/29/2012 at 10:30 AM revealed that pharmacy had wrongly entered the dose on the label. The DON stated that it was her expectation that the administering nurse should have checked both the MAR and the pharmacy label and any discrepancy should have been brought to her attention. The DON stated that the physician would be immediately consulted and suitable action would be taken immediately. | F 333 | | | |
| F 431 | 483.60(b), (d), (e) DRUG RECORDS, | F 431 | | 3/29/12 EPN | |

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

PRINTED: 03/14/2012
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345544 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 03/01/2012 |
|---|--|---|--|--|---|
| NAME OF PROVIDER OR SUPPLIER ASBURY CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3625 WILLARD FARROW DR CHARLOTTE, NC 28215 | | |
| (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 431 SS=D | Continued From page 2 LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. 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. 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. 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. This REQUIREMENT is not met as evidenced by: | F 431 | <u>F431 483.60(b), (d), (e) Drug Records</u> On or before 3/1/12, discontinued prescription medications were relocated to a locked cabinet only to be accessed by licensed nursing staff. On or before 3/1/12, a sign was placed on the outside of the locked cabinet to show where the discontinued prescription medications should be stored. On or before 3/1/12, all other stored medications in facility were checked to ensure they were located in proper, locked storage areas. On 2/29/12, Director of Nursing communicated new process for storage of discontinued prescription medications to consultant pharmacy. On or before 3/28/12, Staff Development coordinator/Designee to In-service all licensed nursing staff on new process for storage of discontinued prescription medications. Effective 3/28/12, Pharmacist/Designee to conduct audit to check for proper storage of discontinued prescription medications. Audit to be conducted on a weekly basis X three months. Effective 3/29/12 review in Quality Assurance Committee on a monthly basis X 3 months. | 3/1/12 3/1/12 3/1/12 2/29/12 3/28/12 3/28/12 3/29/12 <i>EM</i> 3/29/12 | |

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

PRINTED: 03/14/2012
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345544 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 03/01/2012 |
|--|--|--|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER ASBURY CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3625 WILLARD FARROW DR CHARLOTTE, NC 28215 | | |
| (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 431 | <p>Continued From page 3</p> <p>Based on observations, staff interviews and record reviews the facility failed to store pharmaceuticals in a safe and secure place prior to returning to the pharmacy for one (1) of one (1) medication storage area.</p> <p>The findings include: A review of the facility's undated policy and procedures on Storage of Medications page 106, included statements that all medications and biological were stored safely, securely, and properly. Also the medication supply was to be accessible only to licensed nursing personnel, pharmacy personnel or staff members lawfully authorized to administer medications.</p> <p>Observation of the nursing station on 2/29/2012 at 2:40 PM revealed that the pharmacy tote was in the nursing station. The open pharmacy return tote had the following <u>discontinued</u> prescription medications of residents to be returned to the pharmacy for credit to the discharged residents:</p> <ol style="list-style-type: none"> 1. Levofloxacin 500mg 3 tablets an Antibiotic 2. Fucanazole 100mg 10 tablets an Antifungal agent 3. Midodrine HCl 21 tablets for Migraine head ache 4. Lasix 20 mg 20 tablets an Anti-diuretic 5. Mupurocin 22 g tube Antibacterial cream 6. Hemocyte 2 capsules for Anemia 7. Ventolin Inhaler 17 gram a Bronchodilator 8. Fosamax 4 tablets used for Osteoporosis <p>The nursing station was located across from the locked pharmacy storage area and the nursing station door was open without any sign for prohibiting entry. The door was unlocked and</p> | F 431 | | 3/29/12 EPM | |

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

PRINTED: 03/14/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345544 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 03/01/2012 |
| NAME OF PROVIDER OR SUPPLIER ASBURY CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3625 WILLARD FARROW DR CHARLOTTE, NC 28215 | | |
| (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 431 | <p>Continued From page 4</p> <p>was accessible to all staff and residents. Administrative and other non-nursing staff were working in the room. No residents were observed in the room at the time of this observation.</p> <p>An interview with Licensed Nurse #1 (LN #1) on 2/29/12 at 2:40 PM in the nursing station revealed that it was the practice to receive and leave the pharmacy tote in the nursing station when it was delivered or picked up by the pharmacy. The interview revealed that all discontinued medications were dumped into the tote at the nursing station by the floor medication nurses. LN #1 stated that the nursing station door was always unlocked, all the time and any staff member or residents had access to this nursing station. The interview revealed that the tote and medications would be picked up by the pharmacy staff once or twice a week after accumulating the returns.</p> <p>An interview on 2/29/12 at 4:10 PM with the Director of Nursing (DON) confirmed that the nursing station was accessible and unlocked all the time to the licensed and unlicensed staff members. The DON agreed that it was not a safe area for medication storage and would need to change the practice immediately.</p> | F 431 | | | |

epn
3/29/12