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

PRINTED: 02/28/2012
FORM APPROVED
OMB NO. 0938-0391

CENTER	S FUR MEDICARE &	MEDICAID SEKVICES				OIMD IAC	7. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL' IDENTIFICATION NUMBER: A. BUILDI			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345465	B. WiN	1G		02/1	4/2012
NAME OF PROVIDER OR SUPPLIER BAYVIEW NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3003 KENSINGTON PARK DRIVE NEW BERN, NC 28560				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D 8E	(X5) COMPLETION DATE
F 329 SS=D	Each resident's drug and unnecessary drugs. A drug when used in extending the duplicate therapy); or without adequate morindications for its use; adverse consequences should be reduced or combinations of the resident, the facility may be a diagnosed and dorrecord; and residents drugs receive gradual behavioral interventions.	regimen must be free from An unnecessary drug is any cessive dose (including for excessive duration; or nitoring; or without adequate or in the presence of es which indicate the dose discontinued; or any easons above. ensive assessment of a nust ensure that residents ntipsychotic drugs are not ess antipsychotic drug to treat a specific condition cumented in the clinical who use antipsychotic dose reductions, and	F 32	9	Bayview Nursing and Rehabilitation acknowledges receipt of the Statemer Deficiency and proposes the Plan of to the extent that the Summary of Fir factually correct and in order to main compliance with applicable rules and provision of care to residents. The P. Correction is submitted as written all of compliance. The below response to Statement of Deficiency and Plan of Correction does not denote agreement the citation by Bayview Nursing and Rehabilitation Center. The facility rethe right to submit documentation to the stated deficiency through information procedures and/or other administrative legal proceedings. For the Residents Identified: Resident # 6 free from duplicate med as Lumigan .03% was discontinued be nurse for this resident. Resident # 2 had begun having FSBS For all Residents at Potential Risk:	ont of Correction adings is tain the lan of egation to the at with eserves refute al appeals we or . ication by charge	2/14/2012 1/18/2012
	This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview the facility failed to ensure that 1 of 2		:	100% audit of current residents to encaccuracy of physicians orders by adm nurses.		2/14/2012	
	residents (#6) drug regimen was free of a duplicate drug and failed to ensure that 1 of 2 residents (#2)) had finger stick blood sugars done as ordered while receiving diabetic medication. The findings include:				System Changes: In- service nurses regarding clarificat forms to be used to take off physician all orders to have 2 nurse signatures, nurses to resume 24 hour chart check	orders, and 11-7	3/1/2012
) A	S. J. J. J.				orders.		
ABOHATOHY!	DIRECTOR'S OR TROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

Work

3/8/2012

Marquita E. Mihaliak, MHA

Administrator

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345465	B. WIN	G	<u></u> -	1) 1/2012
NAME OF PROVIDER OR SUPPLIER BAYVIEW NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3003 KENSINGTON PARK DRIVE NEW BERN, NC 28560				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 329	12/22/11 with cumula Acute Kidney failure, Glaucoma and Conge resident was coded o (minimum data set) d	e 1 admitted to the facility on ative diagnosis that included Anemia, Diabetes Mellitus, estive Heart Failure. The on the most recent MDS dated 02/10/12 as being in the decision making		A quality assurance task form to be completed during each morning meeting ensuring accuracy and completeness POS and MAR's on admission and re-admission. All TVOs are reviewed each morning by the administrative nurses to verify that all orders written within the previous 24 hours were transcribed correctly to the MAR.			
	revealed orders dated 0.01% 1 drop to each and Lumigan 0.03% 2 review of the MAR (mrecord) begun on 02/0 orders were signed at through 02/07/2. During an interview w 02/14/12 at 12:10 PM is not right here, some questioned that the m different strengths. It have not given it, but was given." During an interview w on 02/14/12 at 12:25 nurse who took the or clarified the order for in different strengths times. This should hat the orders were first to	ith the floor nurse on it was revealed "something eone should have edication was ordered in 2 is an HS medication so I if it is signed that means it ith the Director of Nursing PM it was revealed "the ders off should have the same medication written for the same administration we been done at the time ranscribed."			Monitoring the system changes: D.O.N./designee to ensure completing daily after each morning meeting. To monitor effectiveness of the syste 10% of all medical records will be recach week for 2 months to verify all were transcribed timely and accurate Performance will be monitored 5 day weeks, monthly x 3 months x 2 quart PRN through morning stand up meet Monthly facility QA and quarterly Q will be held to review POC's. Amendments to the plan will be mad with appropriate staff in-serviced by licensed nursing staff to changes and schedule adjusted to new plan. This accomplished by the Administrative doing the monitoring and making changed by D.O.N.	onges: completing this task neeting. of the system changes, s will be reviewed verify all orders d accurately. ored 5 days /wk x 4 s x 2 quarters and ad up meeting. uarterly QA meetings 's. vill be made as needed erviced by designated tanges and monitor ofan. This will be inistrative nursing staff	
	on 02/14/12 at 2:20 P usual for a resident to	ith the Pharmacy Consultant M it was revealed " It is not be on 2 different strengths on. I seems like that was					

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		0.5105	B. WNG		С	
NAME OF PR	ROVIDER OR SUPPLIER	345465	STI	REET ADDRESS, CITY, STATE, ZIP CODE	02/14/2012	
BAYVIEW	NURSING & REHAB CE	NTER		3003 KENSINGTON PARK DRIVE NEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 329	O1/13/12 with cumula Diabetes Mellitus, hyp Ankle fracture. The remainder of MDS (minimum data being cognitively intaction). A review of the medic sheet dated 01/13/12 stick blood sugar) BID meals). The resident 100 mg (milligrams) p Glyburide 3 mg. po bi medications are hypo sugar) agents used for A review of the MAR record) for the period revealed "FSBS AC" is section. Under the "h 1130 and 1700 (5:00) documentation that the	ave picked up on." Idmitted to the facility on tive diagnoses that included pertension, anemia and sident was coded on the set) dated 01/18/12 as ct. Idl record revealed an order that listed FSBS (finger of (twice a day) AC (before also had orders for Januvia to (by mouth) daily and d. Both of these glylcemic (to lower blood or Diabetics. Immedication administration 01/13/12 to 01/31/12 listed under the medications our" column is listed 0630,	F 329			
F 428 SS=D	(DON) on 02/13/12 at indicated that he coul- was not done other th a transcription order. 483.60(c) DRUG REC IRREGULAR, ACT O	d not explain why the FSBS an that it was some type of GIMEN REVIEW, REPORT	F 428	The orders for resident # 6 were correliminate the duplicate order. (Residuscharged from facility on 2/18/12.)	lent was	

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		345465	B. WNG	· · · · · · · · · · · · · · · · · · ·		C 4/2012	
	OVIDER OR SUPPLIER	ENTER		REET ADDRESS, CITY, STATE, ZIP CODE 3003 KENSINGTON PARK DRIVE NEW BERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 428	the attending physic	ge 3 st report any irregularities to sian, and the director of eports must be acted upon.	F 428	3 100% chart audit of MARs, TVOs, and POS by licensed nursing staff to ensure completeness and accuracy for current residents. A repeat pharmacy review was completed by a licensed pharmacist on 100% of all residents to include physician orders, transcription to MAR's, looking for any irregularities, including duplication of orders. Any irregularities were		3/13/2012	
	by: Based on record repharmacist failed to discrepancy in an eyresidents (#6). The Resident #6 was ad 12/22/11 with cumul Acute Kidney failure Glaucoma and Congresident was coded (minimum data set) moderately impaired process. A review of the med revealed orders date 0.01% 1 drop to eac and Lumigan 0.03% review of the MAR (precord) begun on 02 orders were signed 02/07/2 and that from the Lumigan 0.01% A review of the "Cormedication Regimer"	view and staff interview, the notify the facility about a ye drop order for 1 of 1 findings include: mitted to the facility on ative diagnosis that included a Anemia, Diabetes Mellitus, gestive Heart Failure. The on the most recent MDS dated 02/10/12 as being the decision making ical record for the resident and 02/03/12 for Lumigan the eye at HS (hour of sleep) 1 drop each eye at HS. A medication administration 1/03/12 revealed that both from 02/03/12 through 02/14/12 was signed as given. sultant Pharmacist's a Review" form dated in entry for resident #6 that		communicated to the physicia and the facility addressed all implementing changes approx The consulting pharmacist wa another licensed pharmacist and complete way to conduct review. For a period of 2 months, the review will be conducted by and a second pharmacist will of the first pharmacist by reviresident charts. A report of the second pharmacist will be prefacility QMP (QA) team and improvements will be initiated.	recommendations, yed by the physicians educated by sto the proper a pharmacy monthly pharmacy one pharmacist, verify the work ewing 10% of the review by the estated to the additional	n. 3/13/2012	

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		345465	B. WING		02/14	C 4/2012
NAME OF PROVIDER OR SUPPLIER BAYVIEW NURSING & REHAB CENTER		30	EET ADDRESS, CITY, STATE, ZIP CODE 03 KENSINGTON PARK DRIVE EW BERN, NC 28560			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		LD BE	(X5) COMPLETION DATE		
F 428	been charted as giver alerted staff while on follow up to ensure the of. Thank you." During an interview wo 02/14/12 at 12:10 PM "something is not righthave questioned that in 2 different strength: I have not given it." During an interview wo no 02/14/12 at 12:25 "the nurse who took the clarified the order for in different strengths if times. This should have the orders were first to During an interview won 02/14/12 at 2:20 Pusual for a resident to of the same medications of the	on type: Ing issues" and read Irrent MAR twice and has In twice so far this month. I Imy facility visit. Please at this has been taken care ith the floor nurse on it was revealed It here, someone should Ithe medication was ordered Is. It is an HS medication so ith the Director of Nursing Ith the Director of Nursing Ith the Director of Nursing Ith the same medication written for the same administration we been done at the time transcribed." ith the Pharmacy Consultant In the Pharmacy Consultant In the Was revealed "It is not be on 2 different strengths Ith the medication was on the It ask them to check the	F 428			