

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

*Received
3/26/12*

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345465	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/14/2012
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	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(l) 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 medical record review and staff interview the facility failed to ensure that 1 of 2 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:</p>	F 329	<p>Bayview Nursing and Rehabilitation 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 care to residents. The Plan of Correction is submitted as written allegation of compliance. The below response to the Statement of Deficiency and Plan of Correction does not denote agreement with the citation by Bayview Nursing and Rehabilitation 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> <p>F 329 For the Residents Identified:</p> <p>Resident # 6 free from duplicate medication as Lumigan .03% was discontinued by charge nurse for this resident.</p> <p>Resident # 2 had begun having FSBS</p> <p>For all Residents at Potential Risk:</p> <p>100% audit of current residents to ensure accuracy of physicians orders by administrative nurses.</p> <p>System Changes:</p> <p>In- service nurses regarding clarification of forms to be used to take off physician orders, all orders to have 2 nurse signatures, and 11-7 nurses to resume 24 hour chart checks of daily orders.</p>	2/14/2012 1/18/2012 2/14/2012 3/1/2012	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	
<i>Marquita E. Mihaliak</i> Marquita E. Mihaliak, MHA		Administrator		3/8/2012	

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.

*M.P.
D.J.E.
T.E.*

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F 329	Continued From page 2 something I should have picked up on." 2. Resident #2 was admitted to the facility on 01/13/12 with cumulative diagnoses that included Diabetes Mellitus, hypertension, anemia and Ankle fracture. The resident was coded on the MDS (minimum data set) dated 01/18/12 as being cognitively intact. A review of the medical record revealed an order sheet dated 01/13/12 that listed FSBS (finger stick blood sugar) BID (twice a day) AC (before meals). The resident also had orders for Januvia 100 mg (milligrams) po (by mouth) daily and Glyburide 3 mg. po bid. Both of these medications are hypoglycemic (to lower blood sugar) agents used for Diabetics. A review of the MAR (medication administration record) for the period 01/13/12 to 01/31/12 revealed "FSBS AC" listed under the medications section. Under the "hour" column is listed 0630, 1130 and 1700 (5:00PM). There is no documentation that the FSBS was done for 01/13/12, 01/14/12, 01/15/12, 01/16/12 and 01/17/12. During an interview with the Director of Nursing (DON) on 02/13/12 at 5:21 PM, the DON indicated that he could not explain why the FSBS was not done other than that it was some type of a transcription order.	F 329			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.	F 428	The orders for resident # 6 were corrected to eliminate the duplicate order. (Resident was discharged from facility on 2/18/12.)	2/14/2012	

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F 428	Continued From page 3 The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the pharmacist failed to notify the facility about a discrepancy in an eye drop order for 1 of 1 residents (#6). The findings include: Resident #6 was admitted to the facility on 12/22/11 with cumulative diagnosis that included Acute Kidney failure, Anemia, Diabetes Mellitus, Glaucoma and Congestive Heart Failure. The resident was coded on the most recent MDS (minimum data set) dated 02/10/12 as being moderately impaired in the decision making process. A review of the medical record for the resident revealed orders dated 02/03/12 for Lumigan 0.01% 1 drop to each eye at HS (hour of sleep) and Lumigan 0.03% 1 drop each eye at HS. A review of the MAR (medication administration record) begun on 02/03/12 revealed that both orders were signed from 02/03/12 through 02/07/12 and that from 02/07/12 through 02/14/12 the Lumigan 0.01% was signed as given. A review of the "Consultant Pharmacist's Medication Regimen Review" form dated 02/09/12 revealed an entry for resident #6 that	F 428	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 communicated to the physician and the D.O.N. and the facility addressed all recommendations, implementing changes approved by the physician. The consulting pharmacist was educated by another licensed pharmacist as to the proper and complete way to conduct a pharmacy review. For a period of 2 months, the monthly pharmacy review will be conducted by one pharmacist, and a second pharmacist will verify the work of the first pharmacist by reviewing 10% of resident charts. A report of the review by the second pharmacist will be presented to the facility QMP (QA) team and additional improvements will be initiated as needed.	2/14/2012 3/13/2012 3/13/2012

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F 428	<p>Continued From page 4</p> <p>listed "recommendation type: documentation/charting issues" and read "Lumigan is on the current MAR twice and has been charted as given twice so far this month. I alerted staff while on my facility visit. Please follow up to ensure that this has been taken care of. Thank you."</p> <p>During an interview with the floor nurse on 02/14/12 at 12:10 PM it was revealed "something is not right here, someone should have questioned that the medication was ordered in 2 different strengths. It is an HS medication so I have not given it."</p> <p>During an interview with the Director of Nursing on 02/14/12 at 12:25 PM it was revealed "the nurse who took the orders off should have clarified the order for the same medication written in different strengths for the same administration times. This should have been done at the time the orders were first transcribed."</p> <p>During an interview with the Pharmacy Consultant on 02/14/12 at 2:20 PM it was revealed " It is not usual for a resident to be on 2 different strengths of the same medication. I seems like that was something I should have picked up on. I did ask them to be aware that the medication was on the MAR twice but did not ask them to check the strength of the medication."</p>	F 428		