

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

APR 11 2012

PRINTED: 04/02/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345383	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/27/2012
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NAME OF PROVIDER OR SUPPLIER  CENTURY CARE OF LAURINBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 8900 HASTY ROAD LAURINBURG, NC 28352
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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)	(X6) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000	<p align="center"><b>DISCLAIMER</b></p> <p>Century Care of Laurinburg 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 quality care to residents.</p> <p>The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by (facility name). 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 align="center"><b>ALLEGATION OF COMPLIANCE</b></p> <p>The plan of correction is submitted as written allegation of compliance.</p> <p>The below plan of correction pertains to Resident #1.</p> <p>I. a) On 3/27/12 DON consulted MD regarding resident #1 tube feedings being held and order for additional nutrition was added to enteral feeding regimen at that time.</p> <p>b) Registered Dietitian (RD) visited on 3/28/12 and reviewed enteral feeding regimen (see attachment e). Resident was re-visited by Registered Dietitian (RD) on 4/3/12 (see attachment f).</p> <p>c) Appropriate disciplinary action was taken with nurse (LPN #1).</p> <p align="right">ON OR Before April 24, 2012</p>	
F 281 SS=E	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Century Care at Laurinburg 3/27/12 F 281 E</p> <p>Based on staff interviews as well as a review of medical records and facility policies the facility failed to clarify or transcribe physician orders to change and/or provide nutritional supplements for 3 of 4 sampled residents (Resident #1, #2, and #3). In addition the facility failed to assure that a consultation was reviewed by the physician in a timely manner to allow for a change in anti-depressant therapy for 1 of 4 residents sampled for weight loss, (Resident #3).</p> <p>Findings:</p> <p>1. Resident #1 was admitted to the facility on 2/2/12 with cumulative diagnoses including End Stage Renal Disease, Dementia, and Diabetes. The Minimum Data Set (MDS) assessment dated 3/3/12 indicated that Resident #1 had severe cognitive deficits. He required extensive to total assistance with all activities of daily living and nutrition was provided via a Percutaneous Endoscopic Gastrostomy tube (PEG).</p> <p>Care Plans dated 2/20/12 and updated 3/5/12 included interventions to address this resident 's</p>	F 281		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Margaret E. Fyfe, NHA</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/9/12</i>
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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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F 281	<p>Continued From page 1</p> <p>need for enteral feedings, history of weight loss and risk for skin impairment. These care plans included but were not limited to provision of nutritional supplements based on evaluations of the Registered Dietitian (RD) and physician orders and the administration of tube feedings " as ordered. "</p> <p>A physician ' s order dated 2/29/12 revealed that the resident ' s continuous enteral feedings were changed to Bolus feedings 4 times per day. The bolus feedings were scheduled as 2 cans of Nepro 2 times per day 6am and 6pm and 1 can of Nepro 2 times a day at 12am and 12pm.</p> <p>A " Weights " progress note dated 3/7/12 indicated that this resident had a 13.9 pound weight loss in one week. The 12pm bolus feeding, not administered because the resident was at dialysis 3 days a week; was changed to 9am. This was done to ensure that the resident received the 1 can of Nepro originally scheduled for 12pm everyday including dialysis days.</p> <p>The MAR for the month of March 2012 was found to have the 12pm administration time for the bolus feeding lined through and 9A written in. There was no date that indicated when this change was made. There continued to be X ' s at this administration time on this resident ' s dialysis days despite the change in administration times. A dietary note dated 3/8/12 written by the Registered Dietitian (RD) included that the original 12pm bolus feeding was changed to 9am to ensure that Resident #1 received all bolus feedings as ordered.</p> <p>On interview on 3/27/12 at 8:25am a nurse</p>	F 281	<p>d) On 3/28/12, Administrator called resident #1 responsible party and made aware of RD visit and MD notification.</p> <p>e) Resident #1 was re-weighed on 3/29/12 and weight showed an increase in 6 lbs. Resident to remain on weekly weights and to continue to be discussed during weekly weight meeting until weight stable. See updated "weight meeting protocol" (attachment a) and updated "weight loss/gain tracking and meeting minutes" (attachment b).</p> <p>2. a) On 3/27/12, All "R" receiving enteral feedings MARs were reviewed for accuracy of order and accuracy of delivery. No errors were identified during this review.</p> <p>b) Revised weekly "weight loss/gain tracking and meeting minute" form. See attachment b with highlighted changes. Revised form was implemented on 4/5/12 during the weekly weight team meeting.</p> <p>c) Re-inservice completed on or before March 30, 2012 by Staff Development Coordinator. See attachment C1 and attachment C2.</p> <p>3. a) Any resident experiencing weight loss or has enteral feedings ordered will have their MAR brought to the weekly weight meeting for review of accuracy of dietary order and for</p>	<p>On or Before April 24, 2012</p> <p>On or Before April 24, 2012</p>
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F 281	<p>Continued From page 2</p> <p>(LPN#1) stated that the X ' s indicated that the resident didn ' t get the feeding because he left for dialysis between 10 &amp; 10:30am. When asked about the administration time change to 9am she stated that the dialysis center had called and reported that the resident had vomited and could not tolerate the 9am feeding. She stated that she had documented this but was unable to locate this documentation. She stated she notified her Unit Manager but had not notified the physician. She also reviewed 24 Hour Report sheets for the month of March but was unable to locate any documentation of this report from the dialysis center.</p> <p>On interview on 3/27/12 at 8:40am the Unit Manager (LPN #2) recalled that she had been told of the dialysis center ' s concern in regard to the 9am feeding. She believed that LPN#1 had changed the time to 8am. She also stated that she thought that LPN #1 would have called the physician to determine if this scheduled feeding should be withheld or rescheduled. When asked if she had followed up on this issue she indicated she had not.</p> <p>The Director of Nursing (DON) during this same interview stated that this was the first she knew of this matter and that the LPN would have had to get a physician ' s order for a change in enteral feeding administration times. When asked the DON stated that she expected enteral feedings to be administered as ordered and as scheduled on the resident ' s MAR.</p> <p>On interview on 3/27/12 at 9am the RD stated that the Resident #1 ' s bolus feeding times were changed to make sure no feedings were missed</p>	F 281	<p>accuracy of delivery if enteral feedings have been ordered.</p> <p>b) Any discrepancies will be addressed in the weight meeting with physician clarification orders obtained as needed</p> <p>c) Any re-inservicing of staff will be done as appropriate.</p> <p>4. a) Results of plan and audits will be discussed during morning administrative meeting weekly X 4 weeks with adjustments to plan made as needed, followed by:</p> <p>b) Results of audits and compliance with plan will be discussed and minutes recorded X 4 months during the facility's monthly QA meeting with adjustments to plan made as needed, followed by:</p> <p>c) Results of audits and compliance with plan will be discussed and minutes recorded quarterly X 3 quarters during the facility's quarterly QA committee meeting, with adjustments to plan made as needed, followed by:</p> <p>d) Ongoing as needed.</p> <p>The below plan of correction pertains to Resident #2.</p> <p>1. a) On 3/27/12 DON consulted MD on Resident #2 and order was written for</p>	<p>On or Before April 24, 2012</p> <p>On or Before April 24, 2012</p>
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F 281	<p>Continued From page 3</p> <p>due to his being out to dialysis 3 times a week. She stated that she had checked the MAR on 3/8/12 to make sure the time was changed. She indicated that she next assessed Resident #1 on 3/16/12 but did not notice that the bolus feeding changed to 9am daily was still X'd on the MAR.</p> <p>A review of the facility's Weekly Weight Meeting procedure (undated) included that the current MAR would be reviewed weekly to assure that it matched the current order(s). If the orders didn't match the MAR they would be clarified " at that time. "</p> <p>A physician's order was obtained on 3/27/12 and it rescheduled the total of 6 cans of feeding to be 2 cans of Nepro via bolus at 12am, 6am and 6pm.</p> <p>2. Resident # 2 was admitted to the facility on 10/24/11 with cumulative diagnoses of End Stage Renal Disease and Diabetes. The MDS dated 1/31/12 indicated that the resident had severe cognitive deficits with both short and long term memory impairments. She required extensive assistance with most activities of daily living and required limited assistance with eating.</p> <p>A care plan dated 11/15/11 and updated 2/20/12 included interventions to address weight loss. These interventions included but were not limited to " provide supplement as ordered. "</p> <p>On 1/17/12 the Registered Dietitian (RD) recommended a nutritional supplement (Med Pass) 4 times a day secondary to an unplanned weight loss. An IDT (Interdisciplinary Team) note dated 1/13/12 included that Resident #2</p>	F 281	<p>"med pass 120 cc qid" to promote weight gain.</p> <p>b) Registered Dietitian (RD) visited on 3/28/12 and reviewed nutritional supplement regimen (see attachment e). Resident was re-visited by Registered Dietitian (RD) on 4/3/12 (see attachment f).</p> <p>c) Resident #2 was re-weighed on 4/2/12 and weight showed an increase of 1 lb. Resident to remain on weekly weights and to continue to be discussed during weekly weight meeting until weight stable. See updated "weight meeting protocol" (attachment a) and updated "weight loss/gain tracking and meeting Minutes" (attachment b).</p> <p>2. a) On 3/27/12, All "R" receiving supplemental feedings MARs were reviewed for accuracy of order and accuracy of delivery. No errors were identified during this review.</p> <p>b) Revised weekly "weight loss/gain tracking and meeting minute" form. See attachment b with highlighted changes. Revised form was implemented on 4/5/12 during the weekly weight team meeting.</p> <p>c) Re-inservice completed on or before March 30, 2012 by Staff Development Coordinator. See attachment C1 and attachment C2.</p>	<p>On or Before April 24, 2012</p> <p>On or Before April 24, 2012</p>

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F 281

Continued From page 4  
 remained on this supplement 4 times a day. The medical record contained no physician order for this nutritional supplement and it was not on the resident ' s MARs.

During an interview on 3/27/12 at 8:25am with the Unit Manager (LPN #2) and the DON they both stated that they were unable to explain why the RDs recommendation was not followed and could not find physician orders for the recommended supplement. The medical record indicated that the resident was hospitalized on 1/18/12 and readmitted on 1/24/12 with no order for this nutritional supplement obtained.

On 3/28/12 at 11:40 am the RD who had evaluated Resident #2 and recommended the Med Pass supplement was interviewed. She stated that she was no longer the facility ' s RD and that she had no recall about any specific residents. When asked about how she had notified facility staff of any recommendations she indicated that she would write a Dietary Note but would also provide a list of all her recommendations to the Administrator, DON and Food Service Supervisor for follow-up.

On interview with the DON on 3/27/12 at 1pm she indicated that the resident ' s physician had routinely permitted her to write orders for dietary recommendations but that she hadn ' t seen this recommendation until the resident was hospitalized. When asked about reconciliation of monthly orders and readmission orders she stated she did not have a written policy. She stated that it was her expectation that nurses would review the previous orders for the 1 month prior to the monthly reconciliation of physician

F 281

3.

- a) Any resident experiencing weight loss will have their MAR brought to the weekly weight meeting for review of accuracy of dietary order and for accuracy of administration.
- b) Any discrepancies will be addressed in the weight meeting with physician clarification orders obtained as needed
- c) Any re-inservicing of staff will be done as appropriate.

4.

- a) Results of plan and audits will be discussed during morning administrative meeting weekly X 4 weeks with adjustments to plan made as needed, followed by:
- b) Results of audits and compliance with plan will be discussed and minutes recorded X 4 months during the facility's monthly QA meeting, with adjustments to plan made as needed, followed by:
- c) Results of audits and compliance with plan will be discussed and minutes recorded quarterly X 3 quarters during the facility's quarterly QA committee meeting, with adjustments to plan made as needed, followed by:
- d) Ongoing as needed.

The below plan of correction pertains to Resident #3.

*On or Before April 24, 2012*

*On or Before April 24, 2012*

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F 281

Continued From page 5  
 orders and fax the physician a note with any discrepancies. She also stated that residents who were readmitted also required a review of prior physician orders and again the nurse would fax the physician a list of any discrepancies. She stated that if the order had been written when the RD had made this recommendation it would have been included in this resident's readmission orders on 1/24/12.

A review of the facility's Weekly Weight Meeting procedure (undated) included that the current MAR would be reviewed weekly to assure that it matched the current order(s). If the orders did not match the MAR they would be clarified " at that time. "

The DON contacted Resident #2's physician on 3/27/12 and an order for the recommended nutritional supplement was written to address weight loss and promote weight gain.

1. Resident # 3 was admitted to the facility on 1/20/12 with diagnosis including End Stage Renal Disease and Diabetes. The MDS assessment dated 1/27/12 indicated that the resident had no cognitive or memory deficits and required limited assistance with most activities of daily living.

A care plan dated 1/20/12 and updated 2/3/12 indicated that the goal was for this resident to consume 75-100% of meals daily and that the diet was to be served in accordance with physician orders. A care plan dated 1/20/12 and updated 2/6/12 to promote healing of a surgical incision and unstageable pressure ulcer (community acquired) included monitoring for decreased oral intake and/or weight loss and to

F 281

1. a) On 3/28/12, nurse consulted MD and new order was written for "Glucernia 1.5 1 can each meal if he consumes greater than 50%. Give additional can at 10:00 AM and 5:00 PM daily."
- b) Registered Dietitian (RD) visited on 3/28/12 and reviewed nutritional supplement regimen (see attachment e). Resident was re-visited by Registered Dietitian (RD) on 4/3/12 (see attachment f).
- c) Resident #3 was re-weighed on 4/2/12 and weight showed a decrease of 1 lb. Resident to remain on weekly weights and to continue to be discussed during weekly weight meeting until weight stable. See updated "weight meeting protocol" (attachment a) and updated "weight loss/gain tracking and meeting Minutes" (attachment b).
- d) On 3/27/12, nurse consulted MD new order was written and implemented for psychiatric consult recommendations.
2. a) On 3/27/12, All "R" receiving supplemental feedings MARs were reviewed for accuracy of order and accuracy of delivery. No errors were identified during this review.
- b) Revised weekly "weight loss/gain tracking and meeting minute" form.

*DN or Before April 24, 2012*

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F 281	<p>Continued From page 6 provide the diet as ordered.</p> <p>Resident #3 's MAR included Glucernia 5 cans daily beginning on 2/16/12 at 2:30pm. The MAR revealed that the resident refused this supplement daily at 6:30am but not at other times. The last documented nutritional supplement was on 2/22/12 at 10:30am. The medical record indicated that the resident was hospitalized on 2/22/12 and returned on 2/23/12.</p> <p>On 2/28/12 the physician ordered that the Glucernia supplement be restarted 5 times a day. The MARs for February 2/22/12 through 2/29/12 and for the month of March 2012 did not include Glucernia.</p> <p>A weight review documented 2/23/12 at 11:21am indicated that Resident #3 returned from the hospital after a short stay, and continued to have a poor appetite and continued to receive nutritional supplements. On 3/15/12 a weight review was documented which indicated that the resident 's appetite had improved and that he continued to receive Glucernia 5 times a day.</p> <p>A review of the facility 's Weekly Weight Meeting procedure (undated) included that the current MAR would be reviewed weekly to assure that it matched the current order(s). If the orders did not match the MAR they would be clarified " at that time. "</p> <p>The Unit Manager during an interview on 3/27/12 at 11:50am after reviewing Resident #3 's medical record was unable to offer an explanation as to why he had not received the nutritional supplement (Glucernia) as ordered. She also</p>	F 281	<p>See attachment b with highlighted changes. Revised form was implemented on 4/5/12 during the weekly weight team meeting.</p> <p>c) Re-inservice completed on or before March 30, 2012 by Staff Development Coordinator. See attachment C1 and attachment C2.</p> <p>d) "Psychiatric Consult Log" to be completed monthly following psychiatric visits to ensure orders are written and transcribed to MAR appropriately (see attachment d). Facility social worker, or designee, to complete log monthly and keep in psychiatric services notebook in social worker office.</p> <p>e) Meeting with attending physician on or before April 23, 2012 to discuss process for return of time sensitive orders. Administrator/DON or designee will propose with attending physician a set date to drop off time sensitive orders and a set date to retrieve items.</p> <p>3. . a) Any resident experiencing weight loss will have their MAR brought to the weekly weight meeting for review of accuracy of dietary order and for accuracy of administration.</p> <p>b) Any discrepancies will be addressed in the weight meeting with physician clarification orders obtained as needed.</p>	<p>On or Before April 24 2012</p>
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F 281	<p>Continued From page 7</p> <p>could not explain why the documentation regarding Resident #3 's weight reviews included that the resident was receiving Glucernia when there was no evidence of that after 2/22/12.</p> <p>A Psychiatric Consult dated 2/7/12 indicated that the resident reported his problem was " my eating. " The recommendations were to change or increase the dose of the resident ' s current anti-depressant.</p> <p>A review of the resident ' s physician orders for February and March 2012 did not indicate that there had been any change in the resident ' s anti-depressant medication since his admission on 1/20/12.</p> <p>During an interview on 3/27/12 at 1pm the DON stated that she could not find any response to the psychiatric consult done on 2/7/12. She stated that there was no policy in regard to how Consultations were processed. She indicated that consults are faxed to the primary physicians for their review. The night nurses matched new orders to the consults and would refax consults to physicians when there was no response. She stated that the staff would normally let her know when a physician had not responded to consultations or requests for new orders within 2-3 days of the request/consult. She stated that she was unaware that this consult for Resident #3 had not been addressed.</p> <p>On 3/27/12 at 2:10pm the DON stated that a staff member had taken the psychiatric consult for Resident #3 to the physician ' s office and was waiting for the physician ' s response.</p>	F 281	<p>4. c) Any re-inservicing of staff will be done as appropriate.</p> <p>a) Results of plan and audits will be discussed during morning administrative meeting weekly X 4 weeks with adjustments to plan made as needed, followed by:</p> <p>b) Results of audits and compliance with plan will be discussed and minutes recorded X 4 months during the facility's monthly QA meeting, with adjustments to plan made as needed, followed by:</p> <p>c) Results of audits and compliance with plan will be discussed and minutes recorded quarterly X 3 quarters during the facility's quarterly QA committee meeting, with adjustments to plan made as needed, followed by:</p> <p>d) Ongoing as needed.</p>	<p>OK or before April 24 2012</p> <p>OK or before April 24 2012</p>
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F 281	Continued From page 8 On 3/28/12 the facility provided a copy of a physician ' s order for Resident #3 which indicated that the resident ' s anti-depressant medication was changed. The physician ' s order dated 3/27/12 discontinued the current antidepressant and started Zoloft titrating the dose from 25mg to 100mg over a 14 day period. This was the recommendation documented on the Psychiatric consult dated 2/7/12.	F 281		
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