

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

PRINTED: 11/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/02/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SUMMIT RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 RICEVILLE ROAD ASHEVILLE, NC 28805
--	--

(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 F 332 SS=E	<p>INITIAL COMMENTS</p> <p>No deficiencies were cited as a result of the complaint investigation Event ID H6O011.</p> <p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility had a medication error rate of 6.25% as evidenced by 4 medication errors out of 64 opportunities for 3 of 10 residents observed during medication pass. (Residents #218, #207 and #3).</p> <p>The findings are:</p> <p>1. On 10/31/12 at 4:10 PM Nurse #1 was observed administering medication to Resident #218. She administered Prazosin 2mg one tablet as a PRN (as needed) medication for agitation.</p> <p>A review of Resident #218's medical record revealed a physician's order dated 10/31/12 1:55 PM which read: "Prazosin 3mg po (by mouth) PRN qd (every day)."</p> <p>A review of the Medication Administration Record (MAR) revealed the Prazosin PRN had been transcribed correctly.</p> <p>Nurse #1 was interviewed on 11/01/12 at 3:00 PM. Nurse #1 stated there were not any 1mg</p>	F 000 F 332	<p>The Laurels of Summit Ridge wishes to have this submitted plan of correction stand as its allegation of compliance. Our date of alleged compliance is 11/30/12.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>F332</p> <p>Residents # 207 and #3 were administered omitted medications immediately. The residents are receiving their medications as ordered. No negative outcome resulted from the delay in administration.</p> <p>Current residents receiving medications have the potential to be affected.</p> <p>All Licensed nurses were in-serviced on 11/21/12, by the Director of</p>	11/30/12
----------------------------	--	--------------------	--	----------

LABORATORY DIRECTOR'S/OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Judi Soyler</i>	TITLE <i>Administrator</i>	(X6) DATE <i>11/23/12</i>
---	-------------------------------	------------------------------

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 14 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 required to be continued program participation.



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

PRINTED: 11/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2012
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 RICEVILLE ROAD ASHEVILLE, NC 28805		
(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 332	<p>Continued From page 1</p> <p>tablets of Prazosin to give with the 2mg tablet for a total dose of 3mg. She stated the resident was agitated and she thought it was nursing judgment to go ahead and give the resident the lower dose instead of not giving her any medication or instead of waiting 2 hours for the medication to be sent from the back-up pharmacy. Nurse #1 also stated the medication was not available in the facility's Pixus system for emergency medications.</p> <p>An interview with the Director of Nursing (DON) on 11/01/12 at 5:15 PM revealed that she expected the nurses to administer medications as ordered. She stated the nurse should check the entry on the MAR against the medication label for the time, route and any parameters needed before giving the medication and administer the medication following the 5 rights of medication administration (right resident, right medication, right dosage, right time and right route). She stated the nurse should also verify the resident took the medication.</p> <p>An interview with the Nurse Manager on 11/01/12 at 5:18 PM revealed that Prazosin was not available in the Pixus system used by the facility for emergency medications.</p> <p>An interview with the Administrator on 11/02/12 at 12:04 PM revealed that her expectation is for the nurses to administer medications as ordered.</p> <p>2. On 11/01/12 at 8:36 AM Nurse #2 was observed administering medications to Resident #207. Nurse #2 applied a Nitroglycerin 0.2mg/hour patch to the left side of Resident #207's chest. Nurse #2 then placed the following</p>	F 332	<p><u>Nursing/designee regarding</u> medication administration, including the 5 rights of medication administration and physician notification when a medication is not available.</p> <p>Medication administration observations will be conducted by the Administrative Nurses and DON weekly for (4) four weeks, then randomly thereafter. Variances will be corrected at the time of observation.</p> <p>Observation results will be reported to the Director of Nursing weekly for the next (4) four weeks and concerns will be reported to the quality assurance committee during the monthly meeting.</p> <p>Continued compliance will be monitored through routine random medication administration observations and through the facility's quality assurance program. Additional education and monitoring will be initiated for any identified concerns.</p>		

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

PRINTED: 11/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/02/2012
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 RICEVILLE ROAD ASHEVILLE, NC 28805	
(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 332	<p>Continued From page 2</p> <p>oral medications in a medicine cup: Aspirin 81mg, one tablet; Bumex 1mg, one tablet; Calcium 600mg with Vitamin D 400mg, one tablet; Loratidine 10mg, one tablet; Sotalol 80mg, one tablet; Vitamin B-12 500mcg, one tablet; Cefdinir 300mg, one tablet; Potassium 20meq, one tablet; Mucinex 600mg, one tablet; Prilosec 20mg, one tablet and Culturelle, one tablet. Resident #207 swallowed all the tablets whole with water.</p> <p>Review of the October 2012 recapitulation of physician orders for Resident #207 revealed orders for Calcium 600mg with Vitamin D 400mg two tablets every day and Ferrex 150mg one tablet twice daily. A review of the MAR revealed the orders had been transcribed correctly and the medications were scheduled for administration at 9:00 AM.</p> <p>An interview with Nurse #2 on 11/01/12 at 10:50 AM revealed that she overlooked giving the second Calcium tablet and the Ferrex and she would give them right away.</p> <p>Nurse #2 was observed giving Resident #207 the additional Calcium tablet and the Ferrex on 11/01/12 at 11:06 AM.</p> <p>An interview with the Director of Nursing (DON) on 11/01/12 at 5:15 PM revealed that she expected the nurses to administer medications as ordered. She stated the nurse should check the entry on the MAR against the medication label for the time, route and any parameters needed before giving the medication and administer the medication following the 5 rights of medication administration (right resident, right medication, right dosage, right time and right route). She</p>	F 332		

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

PRINTED: 11/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2012
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 RICEVILLE ROAD ASHEVILLE, NC 28805		
(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 332	<p>Continued From page 3</p> <p>stated the nurse should also verify the resident took the medication.</p> <p>An interview with the Administrator on 11/02/12 at 12:04 PM revealed that her expectation is for the nurses to administer medications as ordered.</p> <p>3. On 11/01/12 at 9:10 AM Nurse #3 was observed administering medication to Resident #3. Resident #3 was given Spiriva 18mcg inhaler two inhalations and instructed to rinse her mouth with water and spit the water out. Nurse #3 then gave Resident #3 Miralax 17gm mixed with 6 ounces of water. Nurse #3 then placed the following oral medications in a medicine cup: Multivitamin with minerals, one tablet; Enteric coated aspirin 81mg, one tablet; Lamictal 25mg, one tablet; Klonopin 1mg, one tablet; Fiberlax 625mg, one tablet and Primidone 50mg, one-half tablet. Resident #3 swallowed all the tablets whole with water.</p> <p>A review of the October 2012 recapitulation of physician's orders for Resident #3 revealed an order for Namenda 5mg one tablet twice daily. A review of the MAR revealed the order had been transcribed correctly and the Namenda was scheduled for administration at 9:00 AM.</p> <p>An interview with Nurse #3 on 11/01/12 at 10:55 AM revealed that she thought she gave Resident #3 the Namenda with her other medications but must have overlooked it. She stated she would call the physician for permission to administer the medication late.</p> <p>Nurse #3 was observed administering Namenda to Resident #3 on 11/01/2 at 11:02 AM.</p>	F 332			

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

PRINTED: 11/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2012
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 RICEVILLE ROAD ASHEVILLE, NC 28805		
(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 332	Continued From page 4 An interview with the Director of Nursing (DON) on 11/01/12 at 5:15 PM revealed that she expected the nurses to administer medications as ordered. She stated the nurse should check the entry on the MAR against the medication label for the time, route and any parameters needed before giving the medication and administer the medication following the 5 rights of medication administration (right resident, right medication, right dosage, right time and right route). She stated the nurse should also verify the resident took the medication. An interview with the Administrator on 11/02/12 at 12:04 PM revealed that her expectation is for the nurses to administer medications as ordered.	F 332			