

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345483</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: <b>6/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHAIRE NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 SHAIRE CENTER DR LENOIR, NC</b>	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>F 156</b>	<p><b>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</b></p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p>		

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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345483</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>6/20/2013</b>
--	---------------------------------	--	---

NAME OF PROVIDER OR SUPPLIER  <b>SHAIRE NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 SHAIRE CENTER DR LENOIR, NC</b>
--	--

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------	-----------------------------------

<b>F 156</b>	<p>Continued From Page 1</p> <p>This REQUIREMENT is not met as evidenced by: The findings included:</p> <p>1. A record review of the Medicare Non-Coverage forms CMS- 10123 revealed Resident #66 signed the notification on 10/31/12. The notification for resident # 66 showed physical therapy services ended on 09/06/12.</p> <p>During an interview on 06/19/13 at 3:41 PM the Director of Rehabilitation reported she documented the notice given to the resident or family at care plan meetings or had the Medicare Non-Coverage form signed 1 week prior to the residents discharge from services. The Director of Rehabilitation further stated she gave the notification forms to Business Office Manager to be filed.</p> <p>During an interview on 06/19/13 at 4:15 PM the Business Office Manager revealed the Director of Rehabilitation was responsible for notifying residents prior to their Medicare Part A services ending. The Director of Rehabilitation had the resident or family sign the CMS-10123 form- Notice of Medicare Non-Coverage. The Director of Rehabilitation gave the notification forms to the Business Office Manager to be filed. The Business Office Manager stated she did not review them.</p> <p>During an interview on 06/20/13 at 11:53 AM the Administrator reported Medicare Part A services were discussed in Medicare meeting on Wednesday of each week. He further stated they tried to give the resident or family as much notice as possible when they were getting ready to finish up with their therapy. The Administrator stated his expectation was for staff to generally have the notice signed a week prior to the service ending. The Administrator further stated "the Federal Government says 48 hours but we give 5 days if at all possible. "</p> <p>2. A record review of the Medicare Non-Coverage form CMS-10123 showed Resident# 61 was signed on 03/08/13 and advised that therapy services would end on 03/09/13.</p> <p>During an interview on 06/19/13 at 3:41 PM the Director of Rehabilitation reported she documented the notice given to the resident or family at care plan meetings or had the Medicare Non-Coverage form signed 1 week prior to the residents discharge from services. The Director of Rehabilitation further stated she gave the notification forms to Business Office Manager to be filed.</p> <p>During an interview on 06/19/13 at 4:15 PM the Business Office Manager revealed the Director of Rehabilitation was responsible for notifying residents prior to their Medicare Part A services ending. The Director of Rehabilitation would have the resident or family sign the CMS-10123 form- Notice of Medicare Non-Coverage. The Director of Rehabilitation would then give the notification forms to the Business Office Manager to be filed. The Business Office Manager stated she did not review them.</p> <p>During an interview on 06/20/13 at 11:53 AM the Administrator reported Medicare Part A services were</p>
--------------	--

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345483</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>6/20/2013</b>
--	---------------------------------	--	---

NAME OF PROVIDER OR SUPPLIER  <b>SHAIRE NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 SHAIRE CENTER DR LENOIR, NC</b>
--	--

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------	-----------------------------------

<b>F 156</b>	Continued From Page 2 discussed in Medicare meeting on Wednesday of each week. He further stated we try to give the resident or family as much notice as possible when there getting ready to finish up with their therapy. The Administrator stated his expectation was for staff to generally have the notice signed a week prior to the service ending. The Administrator further stated "the Federal Government says 48 hours but we give 5 days if at all possible. "
<b>F 279</b>	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to develop a care plan for psychotropic drug use for 1 of 10 residents reviewed for unnecessary medications (Resident #21).</p> <p>The findings included:</p> <p>Resident #21 was admitted to the facility on 05/09/13 with diagnoses including anxiety state and depressive disorder.</p> <p>The admission Minimum Data Set (MDS) dated 05/21/13 indicated Resident #21 had short and long-term memory problems and had moderately impaired cognitive skills for daily decision making. The MDS indicated the resident required extensive assistance by staff for transfers, activities of daily living and bathing. The MDS further indicated that Resident #21 received an antianxiety and antidepressant medication during the last seven days since admission to the facility</p> <p>The Care Area Assessment (CAA) Summary dated 05/21/13 indicated Resident #21 received Remeron (antidepressant) and Ativan (antianxiety). Resident #21 had diagnoses of anxiety and insomnia. The summary stated the facility would continue to monitor and provide referrals as needed. It was not indicated if above assessment would proceed to care plan for psychotropic drug use.</p> <p>An interview with Nurse #2 on 06/19/13 at 4:25 PM revealed when a resident is on a psychotropic medication</p>

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345483</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>6/20/2013</b>
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER  <b>SHAIRE NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 SHAIRE CENTER DR LENOIR, NC</b>
--	--

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

<b>F 279</b>	<p>Continued From Page 3</p> <p>a care plan should be developed for the resident. Nurse #2 confirmed Resident #21 received Remeron and Ativan and should have a care plan for psychotropic medication use. Nurse #2 looked back through her notes and indicated she had intended to care plan Resident #21 for psychotropic medication use but did not follow through with the care plan.</p>
--------------	---

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

PRINTED: 07/05/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345483</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/20/2013</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>SHAIRE NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 SHAIRE CENTER DR LENOIR, NC 28645</b>
--	--

(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=E	<p><b>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 431		
---------------	--	-------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>7/12/13</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 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 45 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.

**ORIGINAL SIGNATURE DATE: 7-5-13**



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345483</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHAIRE NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 SHAIRE CENTER DR LENOIR, NC 28645</b>	
(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 1</p> <p>Based on observations and staff interviews the facility failed to discard two expired 100 milliliter bags of intravenous antibiotic fluids and one expired vial of insulin in 1 of 1 medication storage room refrigerators, and 2 vials of expired opened insulin, 1 expired bottle of antihistamine caplets stock medication in 2 of 3 medication carts.</p> <p>The findings included:</p> <p>Review of the manufacturer package information for Lantus insulin revealed, "Unrefrigerated vials must be used within the 28 day period or they must be discarded." Review of the package information for Novolin R insulin revealed, "Unopened and opened (In use) Novolin R vials must be discarded 42 days after they are first kept out of the refrigerator, even if they still contain Novolin R insulin."</p> <p>A. Observations of the medication storage room refrigerator on 06/17/13 at 12:19 PM revealed two 100 milliliter intravenous antibiotic fluids (Ceftriaxone 1 gram) with an expiration date of 05/2013 and one unopened vial of Humulin R insulin with an expiration date of 05/17/13.</p> <p>B. Observations of two medication carts on 06/19/13 which serviced residents on the 300 Hall revealed the following: At 8:55 AM Medication Cart 1 (one) contained one multi dose vial of Lantus with an opened date of 05/09/13 and one multi dose vial of Novolin R with an opened date of 04/29/13. At 9:10 AM Medication Cart 2 (two) contained one partially full bottle of stock medication antihistamine caplets (Benadryl) with and expiration date of 03/2013.</p>	F 431	<p>This Plan of Correction is submitted to address deficiencies cited under Tag #F431</p> <p>This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.</p> <p>On June 17, 2013 two 100 milliliter intravenous antibiotic fluids (Ceftriaxone 1 gram) with an expiration date of 05/2013 and one unopened vial of Humulin R insulin with an expiration date of 05/17/2013, was discarded from the refrigerator in the medication storage room. On June 19, 2013 one multi dose vial of Lantus insulin opened 05/19/2013 and one multi dose vial of Novolin R insulin opened 04/29/2013 was discarded from medication cart 1. On June 19, 2013 one partially full bottle of Benadryl with expiration date of 03/2013 was discarded from medication cart 2.</p> <p>On June 27, 2013 all medication carts and the medication storage room including refrigerator was inspected and audited by administrative nurse to ensure any and all medications were in date, properly labeled and stored per manufacturer's recommendations. All medications found to be expired and medications that had been discontinued were removed and discarded. On July 11, 2013 contracted Pharmacist completed an inspection of medication storage room including refrigerator and medication carts. Findings included all medications to be in date, properly labeled and stored.</p> <p>Each nurse will continue to check the expiration date of all medication before administering it to any resident. Administrative nursing will observe medication administration by random</p>	7/15/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345483</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHAIRE NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 SHAIRE CENTER DR LENOIR, NC 28645</b>		
(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 2</p> <p>An interview on 06/20/13 with the Director of Nursing (DON) revealed the facility did not have a written policy for medication storage. She reported the Pharmacist conducted a monthly resident MAR (Medication Administration Record) review and checked the medication storage room and medication carts for expired and correctly labeled medications. The DON stated it was her expectation that each nurse should check the expiration date of the medication before administering it to a resident and discard multi dose insulin vials 30 days after being opened.</p> <p>During an interview on 06/20/13 at 9:12 AM with Nurse #1 stated when she finds an expired medication she discards the medication and reorders it from the pharmacy. Nurse #1 reported the nurses were in charge of restocking medications for resident and stock medications. Nurse #1 further stated multi dose insulin vials should be discarded 30 days after being opened.</p> <p>An interview with the Pharmacist on 06/20/13 at 9:21 AM revealed he visited the facility once a month to review the resident MARs and inspect the medication storage room and medication carts for all expired medications and correct labeling on opened medications. The Pharmacist reported it was his job to discard of all expired medications. The Pharmacist stated it was his expectation that multi dose insulin vials should be discarded according to the manufacturer recommendations and each medication nurse should check the expiration date before administering a medication to a resident.</p>	F 431	<p>nurses twice per week for a period of two weeks. Followed by random nurse observation once per week for a period of four weeks. All findings will be documented and reviewed by the Director of Nurses immediately following observations. Administrative nursing will be responsible for checking all medications stored in the medication storage room including medication carts on a routine basis no less than bi-monthly. Any medications found to be expired will be removed by the administrative nurse and brought directly to the Director of Nurses. Contract pharmacy will continue to evaluate medications stored in the medication room including medication carts on a monthly basis. Any medications found to be expired will be removed by the pharmacists and brought directly to the Director of Nurses.</p> <p>All nursing staff have been re-educated on the five rights of medication administration. All medication will be labeled with date and nurses initials at the time of opening. Manufacturer recommendations regarding proper storage and shelf life of medication will be followed.</p> <p>The Director of Nurses will collaborate documentation from the monthly pharmacy review and the administrative nurse findings and will report to the Q.A. Committee monthly for a period of three months.</p>	