

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

SEP 30 2013

PRINTED: 09/20/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345504	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/06/2013
NAME OF PROVIDER OR SUPPLIER J ARTHUR DOSHER MEM HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 824 N HOWE STREET SOUTHPORT, NC 28461	
(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 281 SS=D	<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: Based on record review, staff, physician and pharmacist interviews, the facility failed to administer a medication per physician's orders for 1 (Resident #80) of 3 sampled residents whose medications were reviewed.</p> <p>The findings included: Resident #80 was admitted to the facility on 10/10/12 and had diagnoses that included Parkinson's Disease.</p> <p>The resident was transferred from another facility with physician's orders that included Sinemet 25/100 1 1/2 tablets every 4 hours and Sinemet 50/200 1 tablet at bedtime. Sinemet is a combination of two drugs, levodopa and carbidopa that is used in the treatment of Parkinson's Disease. Sinemet comes in tablets of 25/100, 25/250 and 10/100 that are all immediate release tablets. Sinemet CR is a sustained release medication that comes in 25/100 and 50/200 tablets.</p> <p>A nurse's admission assessment was dated 10/10/12 at 5:15 PM. The Medication Administration Record (MAR) revealed that the Sinemet 25/100 1 1/2 tablets was scheduled for 7AM, 11AM and 3PM. The Sinemet 50/200 was scheduled to be given at 7PM. There were no initials to indicate that the 3PM dose of Sinemet</p>	F 281	<p>Resident #80 is no longer a resident of Doshier Nursing Center. He was admitted on 10/10/12 at 3:29 pm and discharged on 10/11/12 at 1:40 PM.</p> <p>We will obtain medications for newly admitted residents per Facility / Contracted Pharmacy Policies and Procedures. Exhibit A</p> <p>Facility Medication administration system was converted to an electronic system (E-MAR) that permits healthcare providers to administer and document medications and treatments via a touch screen or laptop application. E-MAR system facilitates the administration of the right dose of the right medication to the right resident at the right time, reducing medication errors. There is a built in safeguard to alert nurses if a medication is missed.</p> <p>Procurement of medication Policies and Procedures for newly admitted residents will be reviewed with all licensed nursing staff. The 5 Rights of Medication Administration will be reviewed with all licensed nursing staff as part of inservice education</p> <p>We will continue with monthly contracted consultant pharmacist and nurse consultant auditing</p>	<p>10/11/2012 DON</p> <p>DON on-going</p> <p>DON 12/1/2012</p> <p>DON 10/4/2013 Nurse Consultant 10/4/2013</p> <p>Nurse Consultant Pharmacy on-going</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Michele Lawrence *D.O.N.* *9/27/13*

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 discloseable 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 discloseable 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>was given on 10/10/12. There were initials on the MAR that indicated that the 7PM dose of Sinemet 50/200 was given on 10/10/12.</p> <p>A review of the pharmacy charges from the hospital pharmacy revealed that one Sinemet 25/100 tablet and one Zocor 20 milligram tablet was dispensed on 10/10/12.</p> <p>The Physician assigned to the resident at the facility stated in an interview on 9/5/13 at 8:30 AM that Sinemet stayed in the system so long that a person could go several weeks without the medication before having a significant affect on the person.</p> <p>The Pharmacist that dispensed the Sinemet on 10/10/12 stated in an interview on 9/5/12 at 9:05 AM that she did not dispense medications without seeing the physician order. The Pharmacist stated that the Director of Nursing (DON) brought the resident ' s orders to the pharmacy prior to 4PM on 10/10/12 and she gave the DON one Zocor and one Sinemet 25/100mg tablet for the afternoon dose of Sinemet. The Pharmacist stated that Sinemet 25/100 was an immediate release tablet and the Sinemet 50/200 was a sustained release tablet. The Pharmacist stated that the pharmacy did not stock the Sinemet 50/200 tablets and 2 of the 25/100 tablets did not equal a Sinemet 50/200 tablet. The Pharmacist could not explain why she dispensed one tablet of the Sinemet 25/100 instead of the 1½ tablets as written on the physician ' s orders.</p> <p>The Director of Nursing (DON) stated in an interview on 9/5/13 at 9:30 AM that she went to the pharmacy with a copy of the physician ' s orders for Resident #80. The DON stated that the</p>	F 281	<p>Director of Nursing or designee will audit missed medications report produced from E-Mar system weekly.</p> <p>Consultant Pharmacist reports to QA on a quarterly basis</p> <p>Monthly nurse consultant reports reviewed by DON and will be presented quarterly to QA Committee</p>	<p>DON or designate</p> <p>on-going Pharmacist and DON on-going</p>
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F 281	Continued From page 2 pharmacist gave her 2 pills, one Sinemet tablet and one Zocor tablet. The DON stated that she wanted to make sure that the resident got his 5PM medications. Nurse #1 stated in an interview on 9/5/13 at 11:50 AM that she remembered the DON giving her 2 pills on the day that Resident #80 was admitted but did not remember the dose of the Sinemet. The Nurse confirmed that the initials for the Sinemet 50/200 on the MAR for 10/10/12 at 7PM were her initials. The DON stated in an interview on 9/5/13 at 3:45 PM that it looked like the resident did not receive the ordered dose of Sinemet on the evening of 10/10/12.	F 281		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to date open food items and dispose of outdated leftovers. Findings included:	F 371	Item in question (piece of cream cheese) was discarded at the time of discovery. The 3 1-gallon containers were appropriately dated at the time of discovery. Dietary employees who open food items or place leftovers in storage will label, open date, expire date and initial per facility Policy and Procedure. Exhibit B Food Storage Policy and Procedure.	9/3/13 DM 9/3/13 DM 9/25/13 DM and on-going by dietary staff.

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F 371	Continued From page 3 During the initial tour of the kitchen which began at 12:00 PM on 9/03/13, there were three 1-gallon containers (Italian sauce, ranch dressing and stir fry sauce) which had been opened and stored in the walk in refrigerator with no open dates on them. In addition in the reach in refrigerator there was a piece of cream cheese approximately 8 inches x 4 inches x 4 inches wrapped in clear plastic cllng, with green and gray furry like substance on the top left side corner with no open date presence on the wrapping. The Dietary Manager (DM), who was present during the initial tour, stated the open food items in storage should have been dated. At 1:36 PM on 9/05/13 the DM stated opened food items, food items removed from original packaging and leftover food items should have labels and dates on them. He reported the dietary employees who opened food items or placed leftover in storage were responsible for placing labels and dates on them. The DM also commented that when he was not engaged in other clinical responsibilitles, he monitored the storage for appropriate labeling and dating. On 9/05/13 at 1:50 PM an interview was conducted with Dietary Technician #1 who stated dietary employees were required to label foods containers placed in storage.	F 371	Assigned dietary staff will check all opened containers for labeling and date twice daily. Temperature Log has been revised to include checking all opened containers for label and date for open date, expire date and initial. Exhibit C Refrigerator/Freezer Temperature and Open Container Log Policies and Procedures on food storage have been revised and updated to include frequency of checks on opened containers and staff responsible for same. Temperature log will be monitored daily by Dietary Supervisor and/or Dietary Manager – Log will be initialed daily by Dietary Supervisor and or Dietary Manager Monthly logs will be kept on file and audited quarterly by facility Quality Assurance Committee. Exhibit C Inservice Education provided to all Dietary Staff on above mentioned changes. Exhibit D Dietary Manager will maintain log and will present compliance findings quarterly to the QA Committee.	9/25/13 Dietary Staff, Head Cook in a.m; Tray Tech in p.m. and DM DON&DM 9/25/13 9/26/13 Dietary Supervisor / Dietary Manager ongoing DON Completed 9/25/13 9/25/13 DON On- Going

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K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V (211) construction, one story, with a complete automatic sprinkler system.	K 000		
K 038 SS=E	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliance, specific findings include: South Hall exit door does not have a emergency release switch at nurse' station. Also switch must be identified.	K 038	ASG security Co. will install a new switch with labeling to identify it as the South Hall exit door emergency release on 10/10/2013. Safety rounds will now include switch releases, safety rounds are used to identify life safety issues within the organization. Release switch will be tested and documented quarterly for one year and then annually. Four preventive maintenances have been created and the log is kept at nurse's station.	10/10/2013 Plant Ops ASG Security
K 072 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct	K 072	Wing back chair and chair Lift were immediately removed from corridor by room 1075 at the beauty shop. All Nursing Center Staff were in-serviced beginning 09/25/13 thru 10/11/2013.	09/25/13 Plant Ops D.O.N.

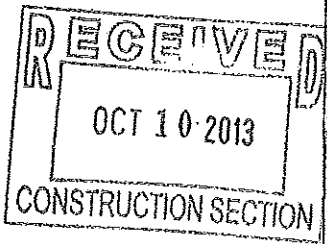
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
 Thomas R. Seneac President/CEO Oct 22, 2013

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K 072 SS=E	42 CFR 483.70(a) NFFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct	K 072	ASG security Co. will install a new switch with labeling to identify it as the South Hall exit door emergency release on 10/10/2013.	10/10/2013 Plant Ops ASG Security



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Thomas J. Davis* TITLE: *PROBATION / CEO* (X6) DATE: *10/10/13*

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B-PASS 923286

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K 072	Continued From page 1 exits, access to, egress from, or visiblilty of exits. 7.1.10 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliance, specific findings include: at time of survey wing back chair and chair lift was stored on corridor by room's 1075 and 1093. 42 CFR 483.70(a)	K 072	Rounds will be made by Director of Plant Ops or designee daily to assure compliance, identify other life safety issues and ensure deficient practice does not recur. Rounding log daily rounding	

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