

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/20/2015
NAME OF PROVIDER OR SUPPLIER JESSE HELMS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1411 DOVE STREET MONROE, NC 28111		
(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 428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and pharmacist interview the facility failed to ensure monthly Medication Regimen Review (MRR) were conducted each month for 1 of 5 residents (Resident #108) reviewed for unnecessary medications.</p> <p>Resident #108 was Admitted to the facility on 4/18/2013. Diagnosis included Psychosis. The Minimum Data Set dated 5/14/2015 revealed Resident #108 was being treated with an antipsychotic 7 days a week.</p> <p>A record review of Resident #108 MMR revealed pharmacy documentation on 1/21/2015 and pharmacy documentation on 3/9/2015. A review dated 11/18/14 revealed on 10/20/2014 Seroquel (antipsychotic) 25 mg at hour of sleep was restarted due to a failed gradual dose reduction.</p> <p>On 05/19/2015 at 12:30 PM the Pharmacist acknowledged monthly pharmacy reviews were expected and she was responsible for all the</p>	F 428	<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 this 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>The facility will assure that each resident is provided a monthly Medication Regimen Review.</p> <p>The Pharmacy Manager reviewed Resident #108's Medication Regimen Reviews completed by the Pharmacist on the following dates: 1/21/15; 3/9/15; 4/9/15; 5/7/15. The Medication Regimen Reviews were noted to be complete and no changes required. (Completion Date: 5/29/15)</p>	6/16/15	

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

TITLE

(X6) DATE

Electronically Signed

06/01/2015

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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F 428	<p>Continued From page 1</p> <p>residents in the building. She did not complete a review in February 2015. She reported that residents in the facility change rooms often and the February MMR was missed. Her personal notes revealed the February MMR was missed and the review was done on a resident with like name (Resident #73).</p> <p>On 05/20/2015 at 10:10 AM the Administrator stated the Pharmacist are to do monthly reviews. She reported there were name alert stickers on the resident charts with like names and name alerts were also identified on the medication administration record. The Administrator's expectation was for staff to use the common identifiers e.g. name, picture, room number to accurately identify residents.</p>	F 428	<p>To assure compliance for facility residents, the Pharmacy Manager reviewed the Medication Regimen Reviews completed as of last Pharmacist visit. The Medication Regimen Reviews were noted to be current and complete with no changes required. (Completion Date: 5/29/15)</p> <p>The Pharmacist will maintain a Drug Regimen Review log & document the review dates on the daily census. After each Pharmacist visit, Medical Records or designee will monitor 100% of the Medication Regimen Reviews, for completeness. Any issues identified will be addressed with the Pharmacist. (Completion Date: 6/16/15)</p> <p>Results of the monitoring will be shared with the Administrator or Director of Nursing after each Pharmacist visit and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee. (Completion Date: 6/16/15)</p>		