

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2015
NAME OF PROVIDER OR SUPPLIER GRAHAM HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 811 SNOWBIRD ROAD ROBBINSVILLE, NC 28771	
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F 000	INITIAL COMMENTS	F 000		
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 observations, record review, physician, pharmacist, and staff interviews the facility failed to administer medication per physician's order when medical record reviewed for 1 of 5 sampled residents for unnecessary medications (Resident #22).</p> <p>Findings included:</p> <p>A record review of assessment Minimum Data Set (MDS) dated 03/24/15 revealed Resident #22 was admitted to the facility on 03/24/15 and had mild cognitive impairment. Resident #22 was diagnosed with non-Alzheimer's dementia. Resident #22 required supervision for bed mobility, transfers, dressing, personal hygiene, and toileting.</p> <p>A record review of Resident #22's care plan dated 4/7/15 revealed an identified problem of use of psychotropic drugs. Interventions for Resident #22 included administer medication per physician's order and monitor mental status.</p> <p>A record review of physician's progress note dated 04/30/15 for Resident #22 revealed plan of</p>	F 281	<p>Graham Healthcare & Rehabilitation acknowledges receipt of The Statement of Deficiencies and Purposes this plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Graham Healthcare & Rehabilitation's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Graham Healthcare & Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F 281 The identified failure to administer</p>	6/4/15

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

TITLE

(X6) DATE

Electronically Signed

06/04/2015

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.

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F 281	<p>Continued From page 1</p> <p>care was to increase Donepezil (Aricept) to 10 mg (milligram) at bedtime.</p> <p>A record review of physician's order dated 04/30/15 indicated Resident #22 was to have Donepezil increased to 10 mg by mouth every night at bedtime.</p> <p>A record review of the Medication Administration Record (MAR) dated 05/01/15 to 05/31/15 for Resident #22 and revealed Donepezil (Aricept) 10 mg one tablet was to be administered by mouth every night at bedtime. Documentation on the MAR indicated Resident #22 received Aricept 10 mg at bedtime on 05/01/15-05/05/15. On 05/06/15 Aricept was discontinued on the MAR for Resident #22 as indicated by the initials DC ' d and included date of 4/30/15 and a line drawn through the boxes where staff would document administration of the medication.</p> <p>An interview was conducted on 05/13/15 at 11:35 AM with the Director of Nursing (DON) who stated the facility medication administration policy was that staff were required to document by initialing the MAR after Aricept was administered for Resident #22. DON stated Aricept was not administered to Resident #22 as ordered by the physician because Aricept had been discontinued on the MAR on 05/06/15 as indicated by a line drawn through the medication and signature boxes, and initialed as " DC ' d " and dated 04/30/15. DON stated nurses and medication aides documented on the MAR that Resident #22 received Aricept on 05/01/15-05/05/15 and lack of documentation from 05/06/15 forward indicated Resident #22 had not received Aricept per physician's order. DON verified on the MAR that Aricept had a line drawn through it across all the</p>	F 281	<p>mediation per physician's order when medical record reviewed for 1 of 5 sampled residents for unnecessary medications (resident#22). Physician was notified by Director of Nursing and order received on 5/13/15 to start Aricept 10 mg one by mouth at bedtime. Medication was restarted as ordered 05/13/15.</p> <p>A 100% resident audit was conducted on May 13, 2015 by Administrator and Pharmacy Consultant on all residents currently taking Aricept medications with no issues identified.</p> <p>All Nursing staff was in-serviced by 06/03/2015 by the Director of Nursing, QI Nurse and Administrator about proper method of changing a medication order and/or discontinuing a medication order. A second in-service was completed by 06/03/2015 for all Nursing staff by Director of Nursing, QI Nurse and Administrator. The second in-service stated that 24 hour chart checks are not optional, but mandatory. The MAR's are to be compared to the physician's orders nightly to prevent medication errors.</p> <p>A daily audit utilizing the 24 hour chart check QI tool will be conducted daily X 4 weeks, then weekly X 4 weeks, then monthly X 4 months by the Director of Nursing, QI Nurse and/or MDS Nurse to ensure chart checks are being done. The Director of Nursing, QI Nurse and/or MDS Nurse will follow up on any potential concerns identified in the audits.</p>		

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F 281	<p>Continued From page 2</p> <p>days of the month including the days that Resident #22 received Aricept. DON stated night nurses were responsible to perform chart checks every night to assure physician's orders were reconciled with medications on the MAR. DON stated there was a system break down because night nurses were not completing chart checks. DON stated her expectations were that night nurses would have completed 24 hour chart checks every night during the shift and nurses would not discontinue medication without a physician ' s order. DON confirmed there was not a physician's order to discontinue Aricept for Resident #22.</p> <p>An interview with Medication Aide #1 was conducted on 05/13/15 at 12:01 PM. Medication Aide #1 stated she had not administered Aricept to Resident #22 after 05/05/15 because Aricept had been discontinued on the MAR.</p> <p>An interview was conducted on 05/13/15 at 12:24 PM with the physician who stated he had not written an order to discontinue Aricept for Resident #22. Physician stated his expectations were for the facility staff to administer Aricept for Resident #22 as per his orders. Physician indicated Resident #22 should not have significant consequences because Aricept was abruptly discontinued.</p> <p>An interview was conducted with Medication Aide #2 on 05/13/15 at 1:15 PM. Medication Aide #2 stated she had not administered Aricept to Resident #22 after medication was discontinued on 05/05/15. Medication Aide #2 revealed if medication was indicated as discontinued on the MAR then she would not administer the medication. Medication Aide #2 stated she would</p>	F 281	The results of the audit will be reviewed monthly by the executive QI committee to include Medical Director and Pharmacy consultant for follow up as deemed appropriate for any identified areas of concern and to determine the frequency and/or need for continued monitoring as necessary.		

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F 281	<p>Continued From page 3</p> <p>not question the nurse about the discontinued medication because she administered medication according to the MAR.</p> <p>On 05/13/15 at 2:16 PM an observation of Resident #22's medication drawer on the medication cart was conducted with Nurse #1 and DON present. Aricept 10 mg was located in the medication drawer and was available for immediate use for Resident #22. Medication Aricept distribution box indicated 30 tablets were dispensed from the pharmacy. Aricept tablets were counted with Nurse #1 and DON present and revealed 24 tablets remained.</p> <p>On 05/13/15 at 2:18 PM an interview was conducted with the consultant pharmacist who stated when medication was discontinued for a resident then the nurse would remove the medication from the medication cart and would send medication back to the pharmacy. The consultant pharmacist stated the nurse would fax a discontinued medication order to the pharmacy. Pharmacist consultant stated she had not received a physician's order to discontinue Aricept for Resident #22.</p> <p>An interview was conducted with Nurse #2 on 05/13/15 at 4:09 PM who stated when medication was written as discontinued on the MAR then she would not administer the medication to the resident.</p> <p>An interview was conducted with the Administrator on 05/13/15 at 4:36 PM. The Administrator stated her expectations were that 24 hour chart checks would have been completed by south hall night nurses. Administrator revealed if south hall night nurses would have completed</p>	F 281			

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F 281	Continued From page 4 chart checks as per facility protocol then medication Aricept would not have been discontinued without a physician ' s order. Administrator stated she had begun in servicing staff on 05/13/15 regarding required chart checks.	F 281			
F 371 SS=D	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 interview the facility failed to remove out of date milk from the cart used for tray line. The findings included: Observation on 05/12/15 at 4:00 PM of the walk-in refrigerator revealed a serving cart containing cartons of milk ready for use on the dinner tray line. On the cart were 2 cartons of whole milk with an expiration date of 05/11/15, 7 cartons of skim milk with an expiration date of 05/10/15 and 4 cartons of skim milk with an expiration date of 05/11/15. Interview with Dietary Aide (DA) #1 on 05/12/15 at 4:25 PM revealed he was regularly assigned the task of removing milk from the 3-compartment	F 371	F 371 Milk dated 05/10/15 and 05/11/15 was immediately removed and discarded in the trash receptacle. A 100% audit was completed 05/12/2015 of all items in the Refrigerators, coolers and freezer including nutrition rooms and kitchen for expiration dates. An in-service was completed on 05/14/2015 by the Dietary Manager for 100% dietary staff to check milk expiration dates daily and all expired milk to be discarded.	6/4/15	

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F 371	Continued From page 5 refrigerator and placing it on the serving cart for use on the tray line. DA #1 stated he checked the dates on the milk cartons when he removed them from the refrigerator and must have missed seeing that the milk was expired when he placed it on the serving cart for use on the lunch tray line. NA #1 stated he used the milk on the serving cart for lunch then placed the cart back into the walk-in refrigerator to be used for the dinner tray line. Interview with the facility's Dietary Manager (DM) on 05/12/13 at 4:30 PM revealed milk was removed from the 3-compartment refrigerator and placed on the serving cart for use on the tray line each day. The DM stated expired milk should be removed, labeled and placed in a separate storage area for return to the milk supplier.	F 371	A daily audit utilizing the milk expiration audit QI tool will be conducted daily X 4 weeks, then weekly X 4 weeks, then monthly X 4 months by the Dietary Manager, supervisor and/or Administrator to ensure no milk with expiration dates are in the nutrition rooms or kitchen. Dietary Manager, supervisor and/or Administrator will follow up on any identified concerns on milk expiration audit tool.		