STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345166	A. BUILDING _____ B. WING _____	C 07/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STOKES COUNTY NURSING HOME	**1570 NC 8 AND 89 HIGHWAY DANBURY, NC 27016**

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F 000	INITIAL COMMENTS There were no deficiencies cited as a result of the complaint investigation conducted at the facility during the recertification survey on 7/20/15-7/22/15. Event ID F70I11.	F 000		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview with the physician, pharmacist and staff,	F 329	Corrective action to be accomplished for the resident found to be affected by the	8/14/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/14/2015

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F 329	Continued From page 1 the facility failed to respond to or act upon pharmacy recommendations for a dose reduction of the medications Quetiapine (an antipsychotic being prescribed for insomnia) and Clonazepam (an antianxiety) for 1 of 5 residents, Resident #40, being reviewed for unnecessary medication use. Findings included: Resident #40 was admitted to the facility on 6/13/14 with diagnoses that included hemiplegia, hypertension, and insomnia. Record review of the May-July 2015 Behavior Monitoring Record and the Behavior and [As-needed] Anti-anxiety/Hypnotic Medication Documentation Record both revealed Resident #40 had no episodes of behaviors. The Annual Minimum Data Set (MDS) dated 6/24/15 indicated Resident #40 did not speak, did not have moods or behaviors, was totally dependent with all activities of daily living, and received antipsychotic and antianxiety medications 7 of 7 days. Record review of the Pharmacy Consultation Recommendations dated 6/30/15 revealed the recommendations were faxed to Physician #1 from the pharmacist on 6/30/15 and stated the following: · " Current order is Quetiapine 50 milligrams (mg) [at bedtime for] insomnia since 6/13/14." · " Relevant information: no charted [signs or symptoms] of insomnia; may be viewed as 'unnecessary med' while off label for insomnia, no studies indicated it is effective." · " Evaluate and consider decreasing to 25 mg	F 329	deficient practice: The physician for Resident #40 was notified of the pharmacy recommendations for clonazepam and quetiapine not being addressed in a timely manner. The recommendations were addressed on 07-23-15 by the physician with orders for dose reduction per recommendation and the pharmacist was notified at that time. Corrective actions to be accomplished for residents having potential to be affected by the same deficient practice: Current residents with pharmacy recommendations in the last 30 days were reviewed to ensure the physicians had addressed the recommendations. The physicians were notified of 2 outstanding recommendations on 08-03-15 which were addressed on 08-04-15 with orders for dose reduction. There are no outstanding recommendations at this time. Measures to be put in place or systemic changes made to ensure that the deficient practice will not occur: Physicians, pharmacist and licensed staff were educated on the process for pharmacy recommendations to be reviewed and processed per physician order. Clarification of process as outlined: Pharmacist will give DON or designee the	

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F 329	Continued From page 2 [at bedtime] [for 2 weeks], then [discontinue]" The recommendation was not signed by the physician and did not indicated whether the recommendation was accepted, accepted with modifications, or whether the current regimen was appropriate for the resident. Record review of the Pharmacy Consultation Recommendations dated 6/30/15 revealed the recommendations were faxed to Physician #1 from the pharmacist on 6/30/15 and stated the following: · " Current order is Clonazepam 0.5 mg [three times a day] insomnia since 6/13/14." · " Relevant information: [Resident #40] exhibits no [signs or symptoms of] anxiety." · " Evaluate and consider changing to Clonazepam 0.5 mg [two times a day for] anxiety." The recommendation was not signed by the physician and did not indicated whether the recommendation was accepted, accepted with modifications, or whether the current regimen was appropriate for the resident. The physician progress note dated 7/9/15 revealed Physician #1 was taking over the care of Resident #40 from a physician who was no longer at the facility. The resident was non-responsive and awake. The note further stated, "I reviewed his medications, and I am making no changes today. He has not had any new problems. Therefore, I will continue his current plan of care as is." Record review of the July 2015 physician orders for Resident #40 revealed orders for Quetiapine 50 mg to be given at 10:00 pm for insomnia and Clonazepam 0.5 mg three times a day for anxiety.	F 329	recommendations after reviewing charts each month. Pharmacist will communicate with physicians by either faxing to the physician or leaving recommendations in a designated folder on the unit for the physician. DON or designee will follow up within 7-10 days to ensure all pharmacy recommendations have been addressed. If a recommendation has not been addressed in this time frame, the physician will be followed up with immediately by the DON or designee to ensure the pharmacy recommendation is addressed at that time. Licensed staff will follow the physician recommendation after it has been reviewed and any new changes will be made at that time by carrying out the new physician orders. A copy of any orders that reflects a pharmacy recommendation will be submitted to the DON or designee for review. Pharmacist, physicians and licensed staff have been educated on the process for pharmacy recommendations being addressed in a timely manner. How we will monitor our performance to make sure that solutions are sustained:	

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F 329	Continued From page 3 Record review of the July 2015 Medication Administration Record (MAR), through 7/22/15, revealed Resident #40 received Quetiapine 50 mg at 10:00 pm every night and Clonazepam 0.5 mg three times a day. An observation of Resident #40 at 11:30 am on 7/22/15 revealed he was lying in bed, sleeping. His room lights were off and his shades were closed. The MDS nurse was in the room and stated, " He likes to sleep in. He must have been a night owl because he typically sleeps late into the morning. " During an interview with the Director of Nursing (DON) on 7/22/15 at 2:28 pm, she indicated after the pharmacist reviews the resident's chart, if there are recommendations, the pharmacist will complete a pharmacy consult, fax it to the physician, and give the consult recommendations to the DON who keeps the recommendations in a notebook. During an interview on 7/22/15 at 2:48 pm with the MDS nurse, she indicated Resident #40 does not have behaviors or moods and that he is not seen by psych services. She further indicated there is no known documentation of Resident #40 not being able to sleep at night and stated, "His mom visits daily and used to visit at 11-12 but he would still be asleep, so she now comes 1-2 in the afternoon so he is awake." During an interview on 7/22/15 at 3:33 pm with Physician #1, when asked about the 6/30/15 pharmacy recommendation for dose reductions, he indicated he did not recall seeing the faxed recommendations and first saw Resident #40 on	F 329	A weekly review of Pharmacy recommendations will be completed on Monday and logged. A log will be maintained by licensed staff to include the date a pharmacy recommendation was received and either faxed to the physician or placed in the designated folder, the date of 7-10 days for follow up by DON or designee if not addressed, date physician re-notified if needed, date orders carried out, and copies sent to DON. Issues identified will be collected and reported to the SNF Quality of Life and Housewide QI Committee by the 10th of each month for review. A goal of 100 % of pharmacy recommendations being addressed timely has been set at this time.	

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F 329	Continued From page 4	F 329		

7/9/15. He further indicated Quetiapine is not a first line drug for insomnia and stated, " Typically when I see a new patient already on meds I won ' t change their meds and will wait a 2-3 month time period to change their meds. As I get more comfortable with a patient and see him more then I tend to start weaning the meds down or off as I see appropriate. He is a really complicated resident. I would wait and review [signs/symptoms/behaviors] with the staff after about a month." When asked what a reasonable time frame would be to make a dose change from a pharmacy recommendation, the physician stated, "If I agreed with the change, it should be within about 24-48 hours." The physician further indicated the Quetiapine 50 mg dose given at 10:00 pm could be causing Resident #40's excessive daytime sleepiness.

During an interview on 7/22/15 at 4:05 pm with the DON she indicated she does not follow up on the pharmacy recommendations other than waiting for a fax back from the physician, and if the physician does not respond that the pharmacist "should catch it at the next monthly review." She indicated she puts the recommendations in the pharmacy recommendation notebook but there is no system in place to track pharmacy recommendation faxes sent to the physician to ensure receipt by the physician or a response from the physician.

During an interview 7/22/15 at 5:05 pm with the Pharmacist she stated, "I feel like a timely response to the faxed report to the physician would be 1-2 weeks. I was aware that the physician had not responded or changed [Resident #40's] dose because I am usually the only pharmacist and I have not seen any order

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F 329	Continued From page 5 change. I keep a running tally of certain meds, including psychotropics, for each resident. The DON has that on an EXCEL spreadsheet. There was no change in [Resident #40's] behavior after the [discontinuation] of the [morning dose of Quetiapine.] [Quetiapine] is listed as off label use for insomnia, but it is a black label drug with an increased risk of death. There is no proof it works for insomnia so I felt the [night time dose reduction] was important. The Clonazepam and Quetiapine could be contributing to his sleepiness. I believe we could get [Resident #40] off of both meds." When asked about her procedure for communicating her recommendations to the physician and staff she stated, "When I fax the recommendations to the physician, I make a photocopy for both myself and the DON. [The DON] keeps them in a notebook."	F 329		