

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

PRINTED: 07/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/29/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HLTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 204 DAIRY ROAD CLAYTON, NC 27520		
(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 329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff and nurse practitioner interviews the facility failed to justify the use of an antipsychotic medication (Seroquel), failed to conduct an AIMS test for a resident on an antipsychotic medication and failed to address the use of duplicate medications (Potassium) for 1 of 5 residents whose medications were reviewed (Resident #84). The findings included:</p>	F 329	<p>F 329 MD was notified on 6/28/16 of resident # 84 regarding need for appropriate diagnosis as well as duplicate therapy. Order received to discontinue potassium chloride packet and for diagnosis of psychosis with behaviors.</p> <p>Facility residents have the potential to be</p>	7/8/16	

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

TITLE

(X6) DATE

Electronically Signed

07/08/2016

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 329	<p>Continued From page 1</p> <p>Resident #84 was admitted to the facility on 5/5/16 and had a diagnosis of dementia.</p> <p>1. Review of the June 2016 monthly physician ' s orders revealed an order dated 5/5/16 for Seroquel (antipsychotic medication) 25 mg (milligrams) by mouth at bedtime. Review of the resident ' s Medication Administration Record (MAR) for June 2016 revealed an entry for Seroquel 25mg, give 1 tablet by mouth at bedtime for depression and was dated 5/5/16. The Seroquel entry was discontinued on 6/14/16. There was an entry dated 6/14/16 for Seroquel 25mg, give 1 tablet by mouth at bedtime related to unspecified dementia without behavioral disturbance. Review of the resident ' s MARs revealed the resident had received the medication daily since admission.</p> <p>Review of the physician ' s admission progress note dated 5/7/16 revealed the resident was on Seroquel due to dementia. Review of the clinical record revealed no other diagnosis to justify the use of Seroquel for the resident.</p> <p>A pharmacist consultation report dated 6/9/16 revealed the resident received an antipsychotic, Seroquel and requested a diagnosis for the medication. The form listed a number of diagnoses that was considered an acceptable use for an antipsychotic under #1 and a variety of symptoms was listed under #3. The physician ' s response dated 6/13/16 showed #1 as the specific diagnosis or indication requiring the medication and #3 as the symptoms criteria or behavior to justify the medication. The diagnosis or symptoms requiring the use of the antipsychotic was not specified.</p> <p>On 6/29/16 at 11:04 AM the Director of Nursing stated in an interview the administrative nurses were supposed to ensure that all medications had a supporting diagnosis.</p>	F 329	<p>affected by this alleged deficient. All residents receiving antipsychotic were reviewed for appropriate diagnosis and AIMS were completed by Director of Nursing on 07/04/16. Residents were reviewed to ensure there was no duplicate therapy by Director of Nursing on 7/8/16.</p> <p>Licensed Nurses will receive re-education regarding obtaining supporting diagnosis of residents receiving antipsychotic medication and the completion of AIMS by Assisstant Director of Nursing on 07/04/16 and completed on 07/08/16 Nurses re-educated on reviewing thoroughly resident's current medication list prior to receiving orders to ensure there is no duplicate therapy by Assistant Director of Nursing on 07/04/16 and completed on 07/08/16. Any licensed staff that does not receive the re-education by 07/08/16 will receive prior to working next scheduled shift.</p> <p>Physicians orders from previous day will be reviewed the next business day to ensure appropriate diagnosis for residents receiving antipsychotic order received medications and completion of AIMS and to ensure residents are not receiving duplicate therapy. This review will occur for thirty days, weekly times four by Director of Nursing.</p> <p>The Director of Nursing will report finding of audits to QAPI committee times two months Data will be reviewed and</p>		

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F 329	Continued From page 2 2. Review of the clinical record for Resident #84 revealed an order dated 5/5/16 for Seroquel (antipsychotic medication) 25mg 1 tablet by mouth at bedtime. Review of the resident ' s Medication Administration Records revealed the resident had received the medication daily since admission. There was not an AIMS (Abnormal Involuntary Movement) test found on the resident ' s clinical record. An AIMS test involves a scale used to detect Tardive Dyskinesia in resident ' s taking antipsychotic medications. Tardive Dyskinesia is a side effect of antipsychotic medications and involves involuntary movements of the face, lips, jaw, tongue, upper and lower extremities and the trunk. A pharmacist consultation report dated 6/9/16 noted Resident #84 received Seroquel and a request for monitoring for involuntary movements. The rationale was for early detection of tardive dyskinesia-like symptoms to avoid irreversible tardive dyskinesia. A hand written note dated 6/10/16 on the bottom of the form noted the resident was unable to sit in a chair without arms and unable to attempt AIMS test. On 6/29/16 at 10:00 AM an interview was conducted with the nurse practitioner at the NCEPS (North Carolina Elderly Psychiatric Services) who provided psychiatric services for the facility. The Nurse Practitioner stated that an AIMS test could be done even if a resident was bed bound or in a wheelchair. The Nurse Practitioner stated movements such as tremors, facial grimacing, tongue thrusting, even muscle rigidity could be observed in bed or in a wheelchair. The Nurse Practitioner stated the resident could be asked to flex their muscles to note any muscle rigidity. The Nurse Practitioner stated if there was a portion of the test that could not be done while the resident was in bed or in a	F 329	analyzed for pattern and trends . QAPI committee will evaluate the results and implement additional interventions as needed to ensure compliance.		

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F 329	Continued From page 3 wheelchair, the evaluator should document only that portion of the test could not be completed. On 6/29/16 at 11:04 AM the Director of Nursing (DON) stated if a resident was admitted on an antipsychotic medication, the administrative nurses were supposed to do the AIMS test on admission. The DON stated in response to the pharmacist recommendation, when the staff determined the resident could not sit in a chair without arms, they did not do the AIMS. 3. Review of the clinical record for Resident #84 on revealed an order dated 6/9/16 for Potassium Chloride 10 Meq (milliequivalent) 1 tablet four times a day for hypokalemia. A laboratory result for the resident dated 6/16/16 revealed a potassium level of 3.2 (normal range 3.5-5.5). There was a hand written note on the form that read: " On HCTZ (hydrochlorothiazide)-No potassium. " There was an entry on the MAR dated 6/16/16 for Potassium Chloride packet 20 Meq by mouth one time a day. The MAR revealed the resident had received the Potassium Chloride 10 Meq four times a day and the Potassium Chloride packet 20 Meq once a day since the order dates on the MAR. On 6/28/16 at 1:08 PM the Unit Manager stated when she received the results of the potassium she checked the chart and did not see the resident was on potassium and she called the physician who ordered the potassium packet. The Assistant Director of Nursing (ADON) joined the interview and stated they had just checked a potassium level on the resident and was 3.5. The ADON stated the physician had been called and he discontinued the potassium packet and said to recheck the resident ' s potassium in one week.	F 329			
F 428	483.60(c) DRUG REGIMEN REVIEW, REPORT	F 428		7/8/16	

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F 428 SS=D	Continued From page 4 IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to act on pharmacist recommendations to provide a diagnosis for an antipsychotic medication (Seroquel) and to conduct an AIMS test for 1 of 5 resident 's whose medications were reviewed (Resident #84). The findings included: Resident #84 was admitted to the facility on 5/5/16 and had a diagnosis of dementia. 1. Review of the clinical record revealed a pharmacist consultation report dated 6/9/16 and noted Resident #84 received Seroquel, an antipsychotic medication and requested a diagnosis for the medication. The consultation form listed a number of psychiatric diagnoses under #1 and a variety of symptoms under #3. The physician 's response dated 6/13/16 under specific diagnosis/indication requiring treatment was #1 and for the symptom criteria or behavior was #3. The physician did not list a specific diagnosis for the use of Seroquel. On 6/28/16 at 1:08 PM the Assistant Director of Nursing provided the pharmacy consultation	F 428	F 428 Resident #84 attending physician was contacted on 06/28/16 by Assistant Director of Nursing, the attending physician stated that the Seroquel was ordered related to resident Diagnosis of Pyschosis with behaviors. The facility Assistant Director of Nursing attempted AIMS test on resident #84 on 6/29/16. The resident was unable to participate in the trunk movement portion of the testing. The result of the AIMS was documented by Assistant Director of Nursing. Facility residents identified with receiving antipsychotic medication were reviewed by Director of Nursing to ensure that appropriate diagnosis was provided. Also each resident in this sample were reviewed to ensure that AIMS had been completed on 7/4/16 by Director of Nursing.		

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F 428	<p>Continued From page 5</p> <p>sheet completed by the physician and dated 6/28/16. The form noted a diagnosis of Psychosis with anxiety and agitation.</p> <p>On 6/29/16 at 11:04 AM the Director of Nursing stated the administrative nurses were to ensure that there was a diagnosis for all medications.</p> <p>2. Review of the clinical record revealed a pharmacist consultation report dated 6/9/16 that noted Resident #84 received Seroquel, an antipsychotic medication. The pharmacist recommended an AIMS (abnormal involuntary movement scale) be completed on the resident. A hand written note on the form dated 6/10/16 noted the resident was unable to sit in a chair without arms and unable to attempt AIMS test. There was not an AIMS test found on the clinical record.</p> <p>On 6/28/16 at 1:08 PM the Assistant Director of Nursing (ADON) stated in an interview the instructions for the AIMS test said the resident had to sit in a straight back chair with no arms to do the test. The ADON stated they could not do the test because the resident was not able to sit in a chair with no arms.</p> <p>On 6/29/16 at 10:00 AM an interview was conducted with the nurse practitioner at the NCEPS (North Carolina Elderly Psychiatric Services) who provided psychiatric services for the facility. The Nurse Practitioner stated that an AIMS test could be done even if a resident was bed bound or in a wheelchair. The Nurse Practitioner stated movements such as tremors, facial grimacing, tongue thrusting, even muscle rigidity could be observed in bed or in a wheelchair. The Nurse Practitioner stated the resident could be asked to flex their muscles to note any muscle rigidity. The Nurse Practitioner stated if there was a portion of the test that could not be done while the resident was in bed or in a</p>	F 428	<p>The facility Licensed Nurses will receive re-education regarding obtaining diagnosis of residents receiving antipsychotic medication by facility Assistant Director of Nursing on 7/4/16 and completed on 7/8/16. The licensed nurses also received re-education regarding completing AIMS test and action to take if resident unable to participate in the testing on 7/4/16 and completed on 7/8/16 by Facility Assistant Director of Nursing. Any licensed staff that does not receive the re-education by 7/8/16 will receive prior to working next scheduled shift.</p> <p>Physicians orders from previous day will be reviewed the next business day to ensure appropriate diagnosis and AIMS test was completed for residents receiving antipsychotic medications. This review will occur for thirty days, weekly times four by Facility Director of Nursing.</p> <p>The Director of Nursing will report finding of audits to QAPI committee times two months. Data will be reviewed and analyzed for pattern and trends. QAPI committee will evaluate the results and implement additional interventions as needed to ensure compliance.</p>		

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F 428	Continued From page 6 wheelchair, the evaluator should document only that portion of the test could not be completed. On 6/29/16 at 11:04 AM the Director of Nursing (DON) stated in an interview that the instructions for the AIMS test say the resident has to sit in a chair without arms. The DON stated once the staff determined the resident could not sit in a chair, they did not do the AIMS.	F 428			