

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

PRINTED: 09/08/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/28/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCOTLAND MANOR HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>920 JR HIGH SCHOOL ROAD SCOTLAND NECK, NC 27874</b>		
(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 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to develop a comprehensive care plan addressing an antidepressant and the side effects for 1 of 6 residents (Resident #26) reviewed for medications. The findings included: Resident #26 was admitted to the facility 10/24/10 with diagnoses which included depression and mood disorder. Her quarterly Minimum Data Set (MDS) of 6/14/16 indicated she was cognitively intact and had no psychosis or behaviors. She was noted to be receiving an antidepressant medication 7 out</p>	F 279	<p>Scotland Manor Health Care Center does not believe and does not admit that any deficiencies existed, either before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal</p>	8/24/16	

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

TITLE

(X6) DATE

Electronically Signed

08/18/2016

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 279	Continued From page 1 of 7 days of the assessment look back period. A review of the Care Area Assessment indicated the care area of psychotropic drug use had triggered and the decision was to care plan. A review of her psychiatric progress note dated 5/16/16 revealed a history of present illness which stated she was tolerating a recent increase of Prozac (a medication used to treat depression) for depression/anxiety without reported adverse side effects. A review of the current care plans showed no care plan for monitoring antidepressant medication or side effects. A review of the June 2016 through July 2016 electronic medication administration record (eMAR) revealed a daily task to monitor for side effects of antidepressant medication. An interview was conducted 7/26/16 at 4:45 PM with Nurse #1. She stated the facility had just started adding behavior and side effect monitoring to the eMAR in June. She reported Resident #26 had not had any behaviors or side effects noted in the eMAR. An interview was conducted 7/27/16 at 9:05 AM with Nurse #2 who was responsible for care planning. She stated at the last quarterly review, she had indicated on the Care Area Assessment (CAA) that the resident was receiving an antidepressant and the decision to care plan was checked. She stated she must have missed doing it because she always did a care plan for any resident receiving a psychotropic (medication used to treat anxiety, depression and insomnia) medication. She stated she would complete the care plan immediately. An interview was conducted on 7/28/16 at 8:44 AM with the Director of Nursing. She stated it was her expectation for a resident receiving an antidepressant to have a care plan to address the	F 279	claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding.  1. Resident #26 care plan was reviewed and revised on 7/28/2016.  2. Residents with a diagnosis of depression and receiving antidepressants have the potential to be affected by this deficient practice. Care Plans have been reviewed for residents receiving antidepressants by MDS Coordinator and no other problems were identified. This was completed on 8/9/2016.  3. a. New admission charts will be reviewed for diagnosis of depression with an antidepressant medication in clinical morning meeting. Care Plans will be developed with the interdisciplinary team at this time. Upon completion of the MDS the MDS coordinator will review and revise the care plan accordingly. Interdisciplinary team is to review and revise care plans quarterly based on diagnosis, medication and care received. b. New physician orders will be reviewed in clinical morning meeting for medication changes related to antidepressant medications. Care Plans will be reviewed and revised at this time. c. Interdisciplinary team will be inserviced		

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F 279	Continued From page 2 side effects of that medication. An interview was conducted on 7/28/16 at 8:46 AM with the Administrator. She stated it was her expectation for a resident receiving an antidepressant medication to have a care plan for that medication.	F 279	by the Director of Nurses (DON) regarding updating of care plans for residents with diagnosis of depression and receiving an antidepressant medication by 8/22/2016.  4. Director of Nurses (DON) or Assistant Director of Nurses (ADON) will audit care plans for antidepressant medication care plans weekly times 4 weeks and then monthly times 2 months. Results of the audits will be brought to monthly Quality Assurance and Performance Improvement Committee (QAPI) . Any trends or patterns will be addressed by the QAPI committee as they arise and the plan will be revised ensure continued compliance. The QAPI Committee consists of the Administrator, DON, Assistant DON, Staff Development Coordinator, Medical Director, Dietary Manager, Director of Social Services, Director of Environmental Services, Quality of Life Director, and Maintenance Director.	