

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345508	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 12/6/2017
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NAME OF PROVIDER OR SUPPLIER UNC REX REHAB & NURSING CARE CENTER OF APEX	STREET ADDRESS, CITY, STATE, ZIP CODE 911 SOUTH HUGHES STREET APEX, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 580	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and family interview for one (Resident # 1) of four sampled residents the facility failed to notify the resident's health care power of attorney regarding the discontinuation of medications and supplements. The findings included:</p> <p>Record review revealed Resident # 1 resided at the facility from 6/5/17 until 11/20/17. The resident had diagnoses of dementia, metastatic breast cancer, peripheral artery disease, history of transient ischemic attacks, dyslipidemia, gastroesophageal reflux disease, hypothyroidism, diabetes, anemia, and history of a toe amputation.</p> <p>Review of the resident's last minimum data set assessment, dated 11/14/17, revealed the resident was cognitively impaired.</p> <p>Review of the facility record revealed the resident had a designated health care power of attorney (HCPOA),</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 580	<p>Continued From Page 1</p> <p>and the forms denoting this were located in the resident's record.</p> <p>Review of physician orders, nursing notes, and progress notes revealed the following.</p> <p>On 8/1/17 the resident's Ferrous Sulfate was discontinued. There was no notation the HCPOA was notified regarding the change in August.</p> <p>On 9/18/17 Nurse Practitioner # 2 documented the resident's medications were reviewed to reduce her medication burden, and a lengthy discussion was held with the HCPOA.</p> <p>On 11/15/17 the following multiple orders were written: Discontinue Toprol XL (used for blood pressure) and start Lopressor 12.5 milligrams every 12 hours; discontinue Calcium with Vitamin D; Discontinue Metformin (used for diabetes); Discontinue Lipitor (used for high cholesterol levels). There was no notation the resident's HCPOA was updated on the discontinuation of these.</p> <p>According to the record the social worker talked to the HCPOA on 11/18/17 regarding a planned discharge for the resident. There was no notation on that date that the HCPOA was updated on recent medication changes by anyone at the facility.</p> <p>The resident's HCPOA was interviewed on 12/4/17 at 7:30 PM and reported the following. He had a medical background and was very involved in Resident # 1's care. He had talked to the facility staff about his wishes to always know of any changes in her medication or supplement regimen when they were done. The resident's Iron had been discontinued, and he had not been made aware until several weeks following the discontinuation. He had met with administrative staff and arranged a meeting with the NP who had discussed in September the resident's medications. He had again made it clear he would like to always know about changes. When the resident was discharged on 11/20/17, and he received a copy of the medication administration record, he realized there had been changes again of which he had not been made aware. When the HCPOA took Resident # 1 to her long standing primary physician following her discharge, the HCPOA was not able to answer the physician's question to why the resident had been taken off her Metformin because it had not been explained to him.</p> <p>Interview with the director of nursing (DON) on 12/5/17 at 10:10 AM revealed there was no further documentation the HCPOA had been notified of the above changes in the resident's medications and supplements. The DON stated the facility had anticipated the HCPOA would come in before the discharge date, and it could be discussed then.</p> <p>NP # 2 was interviewed on 12/6/17 at 11:30 PM and provided reasons for the changes which were made for the well-being of the resident. According to the NP most of the changes were made due to pharmacy recommendations based on the resident's status, labs, and medical diagnoses. She stated she had anticipated going over all medications with the resident's HCPOA upon discharge, but he did not come into the facility.</p>
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