

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345483</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/28/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHAIRE NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 SHAIRE CENTER DRIVE LENOIR, NC 28645</b>	
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E 000	Initial Comments  An unannounced recertification survey was conducted 03/25/19 through 03/28/19. The facility was found in compliance with the requirement CFR483.73, Emergency Preparedness. Event ID 734R11.	E 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)  §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) in the area of life expectancy less than six months for 1 of 1 sampled resident reviewed for MDS accuracy (Resident #46).  Findings included:  Resident #46 was admitted to the facility on 09/13/18 with diagnoses which included heart failure, respiratory failure, and chronic obstructive pulmonary disease (COPD).  A review of the Hospice Recertification, dated and signed by the hospice physician on 01/31/19, revealed Resident #46 had a limited life expectancy of six (6) months or less and remained hospice appropriate.  A review of Resident #46's significant change Minimum Data Set (MDS) assessment, dated 02/06/19, indicated Resident #46 was not coded under Section J-1400: Prognosis as having a condition or chronic disease that may have	F 641	This Plan of Correction is submitted to address deficiencies cited under Tag #F641  This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.  As of March 28, 2019, Resident #46 was no longer a resident of the facility. A correction to the MDS therefore could not be completed. On April 3-5, 2019 the MDS Coordinator and Director of Nurses audited and reviewed current resident MDSs to ensure accuracy of coding in Section J-1400 of the MDS. Findings revealed our facility is currently collaborating with contracted Hospice to provide care for 5 residents. All MDSs were found to have Section J-1400 coded accurately.  The MDS Coordinator was re-educated as	4/1/19

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

TITLE

(X6) DATE

Electronically Signed

04/18/2019

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 641	Continued From page 1 resulted in a life expectancy of less than 6 months.  During an interview on 03/28/19 at 11:02 AM, the MDS Coordinator stated that Section J-1400: Prognosis was not coded correctly for Resident #46 and should have been coded to reflect the resident had a condition or chronic disease that may have resulted in a life expectancy of less than 6 months. She further indicated she did not know why it was not coded correctly.  During an interview on 03/28/19 at 11:03 AM, the Director of Nursing (DON) stated her expectation was Section J-1400: Prognosis should have been coded correctly on the MDS for Resident #46 to reflect the resident had a condition or chronic disease that may have resulted in a life expectancy of less than 6 months.  During an interview on 03/28/19 at 11:30 AM, the Administrator indicated his expectation was Section J-1400: Prognosis should have been coded correctly on the MDS for Resident #46.	F 641	to the importance of accurately coding the complete MDS including but not limited to Section J-1400. On March 29, 2019, a meeting was held with facility's contracted Hospice liaison and nurse, and facility Director of Nurses and MDS Coordinator. Facility's expectations to have complete signed orders filed on resident chart within 7 days of the initial order were discussed and confirmed by both parties.  All MDS Assessments will be completed accurately, timely and according to the RAI Manual. The Director of Nurses will conduct reviews for all Hospice residents to ensure Section J-1400 is coded correctly on a weekly basis for a period of 4 weeks, then every other week for a period of 4 weeks. All findings will be reported to the Q.A. Committee monthly for a period of two months.		
F 756 SS=E	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)  §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.  §483.45(c)(2) This review must include a review of the resident's medical chart.  §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing,	F 756		4/19/19	

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F 756	<p>Continued From page 2</p> <p>and these reports must be acted upon.</p> <p>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.</p> <p>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff, consultant pharmacist, physician assistant, and physician interviews the facility failed to address the use of as needed (PRN) psychotropic (drug that affects mental state) for 4 of 7 residents reviewed for unnecessary medication (Resident #6, #5, #23, and #17).</p> <p>Findings included:</p> <p>1. Resident #6 was admitted to the facility on</p>	F 756	<p>This Plan of Correction is submitted to address deficiencies cited under Tag #F756</p> <p>This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.</p> <p>On April 8, 2019, a drug regimen review was completed for Resident #6 by</p>		

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F 756	<p>Continued From page 3</p> <p>07/07/18 with diagnoses that included non-Alzheimer's dementia and depression.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 01/10/19 indicated Resident #6 was cognitively intact. Resident #6 received hypnotic (sleep) medication on 7 of 7 days.</p> <p>A physician's assistant order dated 07/09/18 indicated Ambien (psychotropic medication for sleep) 5 milligram (mg) by mouth at bedtime PRN for sleep was ordered for Resident #6. There was no 14 day stop date for the PRN Ambien order.</p> <p>A review of the medication administration record (MAR) revealed per staff documentation on the MAR that Resident #6 had received PRN Ambien 7 times in July, 30 doses in August, 28 doses in September, 27 doses in October, 28 doses in November, 27 doses in December of 2018, 24 doses in January, 23 doses in February, and 10 doses in March of 2019.</p> <p>The consultant pharmacist (CP) monthly drug regimen review for Resident #6 indicated the CP had not recommended on 08/07/18, 09/07/18, 10/05/18, 11/05/18, 12/06/18, 01/07/19, 02/07/19, and 03/07/19 to the physician that a 14 day stop date for PRN Ambien was required unless a clinical justification was provided for continuing PRN Ambien greater than 14 days.</p> <p>On 03/26/19 at 12:46 PM a telephone interview was conducted with the physician who stated he was aware of the regulation that indicated PRN psychotropic medication required a 14 day duration unless he reevaluated Resident #6 and documented justification for continued need beyond 14 days and stated he had not provided a</p>	F 756	<p>Consultant Pharmacist. Review identified an order for Ambien 5 milligrams (mg) by mouth at bedtime as needed (PRN) for sleep. Recommendation was made for physician re-evaluation of medication use and current order. On April 15, 2019, Physician Assistant evaluated Resident #6 use of PRN Ambien 5mg. Resident #6 had order change scheduling Ambien 5mg by mouth at bedtime Monday <input type="checkbox"/> Saturday with a drug holiday on every Sunday.</p> <p>On April 8, 2019, a drug regimen review was completed for Resident #5 by Consultant Pharmacist. Review identified an order for Ativan 0.5 milligrams (mg) by mouth every 12 hours as needed (PRN) for anxiety. Recommendation was made for physician re-evaluation of medication use and current order. On April 10, 2019, Physician Assistant evaluated Resident #5 use of PRN Ativan 0.5mg. Resident #5 had order change to discontinue Ativan 0.5mg due to non-use.</p> <p>On April 8, 2019, a drug regimen review was completed for Resident #23 by Consultant Pharmacist. Review identified an order for Klonopin 0.5 milligrams (mg) one half tablet by mouth twice a day as needed (PRN) for anxiety. Recommendation was made for physician re-evaluation of medication use and current order. On April 15, 2019, Physician Assistant evaluated Resident #23 use of PRN Klonopin 0.5mg. No new orders were recommended. Klonopin 0.5mg will continue as ordered with</p>		

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F 756	<p>Continued From page 4</p> <p>stop date or provided justification for continued use of PRN Ambien. The physician stated he had not received communication from the consultant pharmacist to consider reevaluation of Resident #6 for the justification of continued needs of PRN Ambien beyond 14 days.</p> <p>On 03/26/19 at 3:55 PM a telephone interview was conducted with the CP who stated PRN psychotropic medication was limited to 14 days unless the prescriber provided a justification to extend the order past 14 days. The CP stated he must have missed notifying the practitioner of the 14 day limitation for Resident #6's PRN Ambien order unless the practitioner provided justification to extend the order past 14 days. The CP stated it was his expectation that the practitioner would have reevaluated Resident #6 after 14 days and provided documentation of justification of continued needs for PRN Ambien.</p> <p>On 03/27/19 at 10:53 AM an interview was conducted with the physician assistant (PA) who stated he was not aware of the Centers of Medicare &amp; Medicaid Services (CMS) psychotropic medication regulation regarding PRN psychotropic medication that required a 14 day stop date or justification of continued need beyond 14 days for the use of PRN Ambien. The PA stated he had not provided a stop date for Resident #6's PRN Ambien. The PA indicated he had not reevaluated Resident #6's continued need for PRN Ambien after 14 days and had not provided a justification for the continued use of PRN Ambien. The PA stated he did not remember receiving a recommendation from the CP for him or the physician to review the continued need for PRN Ambien beyond 14 days or provide justification for continued need beyond 14 days</p>	F 756	<p>re-evaluation as clinically indicated in 14 days.</p> <p>On April 8, 2019, a drug regimen review was completed for Resident #17 by Consultant Pharmacist. Review identified an order for Ativan 0.5 milligrams (mg) by mouth every 4 hours as needed (PRN) for anxiety. Recommendation was made for physician re-evaluation of medication use and current order. On April 10, 2019, Physician Assistant evaluated Resident #17 use of PRN Ativan 0.5mg. Resident #17 had order change to discontinue Ativan 0.5mg due to non-use.</p> <p>On April 8-10, 2019 the Director of Nurses audited and reviewed all current residents medical chart to ensure necessary medication use of as needed (PRN) psychotropic drugs and require documentation thereof. Consultant Pharmacist reviewed all current residents' medical chart. Irregularities were identified to the Medical Director and Director of Nursing. All recommendations were evaluated by Physician Assistant on April 12-15, 2019 with proper documentation and necessary orders for each individual resident's drug regimen review.</p> <p>On April 3, 2019 facility Administrator and Director of Nurses conducted meeting with Consultant Pharmacists to discuss the importance of timely and thorough drug regimen reviews. Topics included regulation, company policies, format, and timeliness of findings with emphasis on</p>		

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F 756	<p>Continued From page 5 for Resident #6.</p> <p>On 03/27/19 at 11:20 AM an interview was conducted with the Director of Nursing (DON) who stated she had not received a recommendation from the CP for the physician to review the continued need for PRN Ambien beyond 14 days for Resident #6.</p> <p>On 03/27/19 at 11:47 AM an interview was conducted with the Administrator who stated it was his expectation that the CP who reviewed Resident #6's medication regimen monthly to have recommended that the physician evaluate the continued need for PRN Ambien beyond 14 days for Resident #6 or provide justification for continued need per CMS regulation.</p> <p>2. Resident #5 was admitted to the facility on 3/23/18 with diagnoses that included heart failure and non-Alzheimer's dementia.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 10/4/18 indicated Resident #5 was severely cognitively impaired. Resident #5 did not receive anti-anxiety medication during the assessment period.</p> <p>Review of the physician's order dated 4/23/18 indicated Ativan (anti-anxiety medication) 0.5 milligrams (mg) by mouth every 12 hours as needed (prn) for anxiety was ordered for Resident #5. There was no 14 day stop date written for the prn Ativan order.</p> <p>A review of the Medication Administration Record (MAR) revealed per staff documentation on the MAR that Resident #5 had not received any prn Ativan May, June, July, August and September of</p>	F 756	<p>PRN psychotropic drug use. On April 4, 2019 facility Administrator and Director of Nurses conducted meeting with Medical Director and Physician Assistant to discuss the importance of a timely and thorough drug regimen review process. Topics included regulation, company policies, format, and timeliness of evaluation of Consultant Pharmacists recommendations emphasis on PRN psychotropic drug use.</p> <p>Administrative Nurse and/or DON will monitor weekly the accurate documentation and re-evaluation of all PRN psychotropic medications for a period of 4 weeks, then every other week for a period of 4 weeks and monthly for a period of 1 month. The DON will compile documentation and report findings weekly during facility's rehab discharge meeting/incident prevention meeting. Results of the audits will be reviewed and discussed in the monthly Quality Assurance and Performance Improvement Committee meeting. The QAPI Committee will assess and modify the action plan as needed to ensure continued compliance.</p>		

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F 756	<p>Continued From page 6</p> <p>2018. Review of the MAR further revealed Resident #5 received one dose of prn Ativan in October, 8 doses in November, 13 doses in December of 2018. Resident #5 received 13 doses in January, none in February, and 1 dose in March of 2019.</p> <p>Review of the Consultant Pharmacist (CP) monthly drug regimen for Resident #5 revealed the CP had not recommended on 5/7/18, 6/7/18, 7/7/18, 8/7/18, 9/7/18, 10/5/18, 11/5/18, 12/6/18 and 1/7/19, 2/7/19, 3/7/19 to the physician that a 14 day stop date for prn Ativan was required unless a clinical justification was provided for continuing prn Ativan greater than 14 days.</p> <p>On 03/26/19 at 12:46 PM a telephone interview was conducted with the physician who stated he was aware of the regulation that prn psychotropic medication required a reason to be prescribed longer than a 14 day duration. He stated he had not reevaluated Resident #5 for continued need of prn Ativan beyond 14 days nor had he provided a stop date or provided justification for continued use of prn Ativan. The physician stated to his knowledge he had not received communication from the CP to consider reevaluation of Resident #5 for the justification of continued needs of prn Ativan beyond 14 days.</p> <p>On 03/26/19 at 3:55 PM a telephone interview was conducted with the CP who stated prn psychotropic medication was limited to 14 days unless the prescriber provided a justification to extend the order past 14 days. The CP stated he must have missed notifying the practitioner of the 14 day limitation for Resident #5's prn Ativan order unless the practitioner provided justification to extend the order past 14 days. The CP stated it</p>	F 756			

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F 756	<p>Continued From page 7</p> <p>was his expectation that the practitioner would have reevaluated Resident #5 after 14 days and provided documentation of justification of continued needs to continue prn Ativan.</p> <p>On 03/27/19 at 2:45 PM an interview was conducted with the Director of Nursing (DON) who stated she had not received a recommendation from the CP to review the continued need for prn Ativan beyond 14 days for Resident #5.</p> <p>On 03/27/19 at 4:30 PM an interview was conducted with the Administrator who stated it was his expectation that the CP who reviewed Resident #5's medication regimen monthly to have recommended that the physician evaluate the continued need for prn Ativan beyond 14 days for Resident #5 or provide justification for continued need per CMS regulation.</p> <p>3. Resident #23 was admitted to the facility on 7/24/18 with diagnoses that included Alzheimer's dementia, anxiety and depression.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 2/18/19 indicated Resident #23 was severely cognitively impaired. Resident #23 did not receive the anti-anxiety medication during the assessment period.</p> <p>A physician's order dated 8/9/18 indicated Clonazepam (anti-anxiety medication) 0.5 mg ½ tablet by mouth twice a day as needed (prn) for anxiety was ordered for Resident #23. There was no 14 day stop date written for the prn Clonazepam order.</p> <p>A review of the Medication Administration Record</p>	F 756			



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F 756	<p>Continued From page 8</p> <p>(MAR) revealed per staff documentation on the MAR that Resident #23 had received 2 doses prn Clonazepam in August and no prn Ativan in September, October, November, and December of 2018. Review of the MAR further revealed the resident received 1 dose of prn Clonazepam in January, 3 doses in February, and 2 doses in March of 2019.</p> <p>The Consultant Pharmacist (CP) monthly drug regimen review for Resident #23 indicated the CP had not recommended on 5/7/18, 6/7/18, 7/7/18, 8/7/18, 9/7/18, 10/5/18, 11/5/18, 12/6/18 and 1/7/19, 2/7/19, 3/7/19 to the physician that a 14 day stop date for prn Clonazepam was required unless a clinical justification was provided for continuing prn Clonazepam greater than 14 days.</p> <p>On 03/26/19 at 12:46 PM a telephone interview was conducted with the physician who stated he was aware of the regulation that prn psychotropic medication required a reason to be prescribed longer than a 14 day duration. He stated he had not reevaluated Resident #23 for continued need of prn Clonazepam beyond 14 days nor had he provided a stop date or provided justification for continued use of prn Clonazepam. The physician stated to his knowledge he had not received communication from the CP to consider reevaluation of Resident #23 for the justification of continued needs of prn Clonazepam beyond 14 days.</p> <p>On 03/26/19 at 3:55 PM a telephone interview was conducted with the CP who stated prn psychotropic medication was limited to 14 days unless the prescriber provided a justification to extend the order past 14 days. The CP stated he must have missed notifying the practitioner of the</p>	F 756			

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F 756	<p>Continued From page 9</p> <p>14 day limitation for Resident #23's prn Clonazepam order unless the practitioner provided justification to extend the order past 14 days. The CP stated it was his expectation that the practitioner would have reevaluated Resident #23 after 14 days and provided documentation of justification of continued needs to continue prn Clonazepam.</p> <p>On 03/27/19 at 2:45 PM an interview was conducted with the Director of Nursing (DON) who stated she had not received a recommendation from the CP to review the prn Clonazepam for continued need beyond 14 days for Resident #23.</p> <p>On 03/27/19 at 4:30 PM an interview was conducted with the Administrator who stated it was his expectation that the CP who reviewed Resident #23's medication regimen monthly to have recommended that the physician evaluate the continued need for prn Clonazepam beyond 14 days for Resident #23 or provide justification for continued need per CMS regulation.</p> <p>4. Resident #17 was admitted to the facility on 2/12/19 with diagnoses that included heart failure and depression.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 2/13/19 indicated Resident #17 was cognitively intact. Resident #17 did not receive the anti-anxiety medication during the look back period.</p> <p>A physician's order dated 2/12/19 indicated Ativan (anti-anxiety medication) 0.5 mg by mouth every 4 hours as needed (prn) for anxiety was ordered for Resident #17. There was no 14 day stop date</p>	F 756			

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

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F 756	<p>Continued From page 10 written for the prn Ativan order.</p> <p>A review of the Medication Administration Record (MAR) revealed per staff documentation on the MAR that Resident #17 had received 2 doses of prn Ativan in February 2019 and none in March 2019.</p> <p>The Consultant Pharmacist (CP) monthly drug regimen review for Resident #17 indicated the CP had not recommended on 3/7/19 to the physician that a 14 day stop date for prn Ativan was required unless a clinical justification was provided for continuing prn Ativan greater than 14 days</p> <p>On 03/26/19 at 12:46 PM a telephone interview was conducted with the physician who stated he was aware of the regulation that prn psychotropic medication required a reason to be prescribed longer than a 14 day duration. He stated he had not reevaluated Resident #17 for continued need of prn Ativan beyond 14 days nor had he provided a stop date or provided justification for continued use of prn Ativan. The physician stated to his knowledge he had not received communication from the CP to consider reevaluation of Resident #17 for the justification of continued needs of prn Ativan beyond 14 days.</p> <p>On 03/26/19 at 3:55 PM a telephone interview was conducted with the CP who stated prn psychotropic medication was limited to 14 days unless the prescriber provided a justification to extend the order past 14 days. The CP stated he must have missed notifying the practitioner of the 14 day limitation for Resident #17's prn Ativan order unless the practitioner provided justification to extend the order past 14 days. The CP stated it</p>	F 756			

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F 756	Continued From page 11 was his expectation that the practitioner would have reevaluated Resident #17 after 14 days and provided documentation of justification of continued needs to continue prn Ativan.  On 03/27/19 at 2:45 PM an interview was conducted with the DON who stated she had not received a recommendation from the CP to review the prn Ativan for continued need beyond 14 days.  On 03/27/19 at 4:30 PM an interview was conducted with the Administrator who stated it was his expectation was that the CP who reviewed Resident #17's medication regimen monthly to have recommended that the physician evaluate the continued need for prn Ativan beyond 14 days for Resident #17 or provide justification for continued need per CMS regulation.	F 756			
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)  §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic  Based on a comprehensive assessment of a resident, the facility must ensure that---  §483.45(e)(1) Residents who have not used	F 758		4/19/19	

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F 758	<p>Continued From page 12</p> <p>psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review, staff, consultant pharmacist, physician assistant, and physician interviews the facility failed to ensure a physician's order for as needed (PRN) psychotropic (drug that affects mental state) medication was time limited in duration or had</p>	F 758	<p>This Plan of Correction is submitted to address deficiencies cited under Tag #F758</p> <p>This is to state that we do not concur with this recommendation as stated for</p>		

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F 758	<p>Continued From page 13</p> <p>justification for continued use for 4 of 7 sampled residents reviewed for unnecessary medications (Resident #6, #5, #23, and #17).</p> <p>Findings included:</p> <p>1. Resident #6 was admitted to the facility on 07/07/18 with diagnoses that included non-Alzheimer's dementia and depression.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 01/10/19 indicated Resident #6 was cognitively intact. Resident #6 received hypnotic (sleep) medication on 7 of 7 days.</p> <p>A physician's assistant order dated 07/09/18 indicated Ambien (psychotropic medication for sleep) 5 milligram (mg) by mouth at bedtime PRN for sleep was ordered for Resident #6. There was no 14 day stop date for the PRN Ambien order.</p> <p>A review of the medication administration record (MAR) revealed per staff documentation on the MAR that Resident #6 had received PRN Ambien 7 times in July, 30 doses in August, 28 doses in September, 27 doses in October, 28 doses in November, 27 doses in December of 2018, 24 doses in January, 23 doses in February, and 10 doses in March of 2019.</p> <p>The consultant pharmacist (CP) monthly drug regimen review for Resident #6 indicated the CP had not recommended on 08/07, 09/07, 10/05, 11/05, and 12/06 of 2018 and 01/07, 02/07, and 03/07 of 2019 to the physician that a 14 day stop date for PRN Ambien was required unless a clinical justification was provided for continuing PRN Ambien greater than 14 days.</p>	F 758	<p>deficient practice. Upon finding stated deficiencies.</p> <p>On April 8, 2019, a drug regimen review was completed for Resident #6 by Consultant Pharmacist. Review identified an order for Ambien 5 milligrams (mg) by mouth at bedtime as needed (PRN) for sleep. Recommendation was made for physician re-evaluation of medication use and current order. On April 15, 2019, Physician Assistant evaluated Resident #6 use of PRN Ambien 5mg. Resident #6 had order change scheduling Ambien 5mg by mouth at bedtime Monday <input type="checkbox"/> Saturday with a drug holiday on every Sunday.</p> <p>On April 8, 2019, a drug regimen review was completed for Resident #5 by Consultant Pharmacist. Review identified an order for Ativan 0.5 milligrams (mg) by mouth every 12 hours as needed (PRN) for anxiety. Recommendation was made for physician re-evaluation of medication use and current order. On April 10, 2019, Physician Assistant evaluated Resident #5 use of PRN Ativan 0.5mg. Resident #5 had order change to discontinue Ativan 0.5mg due to non-use.</p> <p>On April 8, 2019, a drug regimen review was completed for Resident #23 by Consultant Pharmacist. Review identified an order for Klonopin 0.5 milligrams (mg) one half tablet by mouth twice a day as needed (PRN) for anxiety. Recommendation was made for physician re-evaluation of medication use and current order. On April 15, 2019,</p>		

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F 758	<p>Continued From page 14</p> <p>On 03/26/19 at 12:46 PM a telephone interview was conducted with the physician who stated he was aware of the regulation that indicated PRN psychotropic medication required a 14 day duration unless he reevaluated Resident #6 and documented justification for continued need beyond 14 days and stated he had not provided a stop date or provided justification for continued use of PRN Ambien. The physician stated to his knowledge he had not reevaluated Resident #6 for the continued need of PRN Ambien beyond 14 days of the order written on 07/09/18. The physician stated he had not received communication from the consultant pharmacist to consider reevaluation of Resident #6 for the justification of continued needs of PRN Ambien beyond 14 days. The physician further indicated that he wanted Resident #6 to receive PRN Ambien and did not want to prescribe Ambien on a scheduled basis.</p> <p>On 03/26/19 at 3:55 PM a telephone interview was conducted with the CP who stated PRN psychotropic medication was limited to 14 days unless the prescriber provided a justification to extend the order past 14 days. The CP stated he must have missed notifying the practitioner of the 14 day limitation for Resident #6's PRN Ambien order unless the practitioner provided justification to extend the order past 14 days. The CP stated it was his expectation that the practitioner would have reevaluated Resident #6 after 14 days and provided documentation of justification of continued needs to continue PRN Ambien.</p> <p>On 03/27/19 at 10:53 AM an interview was conducted with the physician assistant (PA) who stated he was not aware of the Centers of Medicare &amp; Medicaid Services (CMS)</p>	F 758	<p>Physician Assistant evaluated Resident #23 use of PRN Klonopin 0.5mg. No new orders were recommended. Klonopin 0.5mg will continue as ordered with re-evaluation as clinically indicated in 14 days.</p> <p>On April 8, 2019, a drug regimen review was completed for Resident #17 by Consultant Pharmacist. Review identified an order for Ativan 0.5 milligrams (mg) by mouth every 4 hours as needed (PRN) for anxiety. Recommendation was made for physician re-evaluation of medication use and current order. On April 10, 2019, Physician Assistant evaluated Resident #17 use of PRN Ativan 0.5mg. Resident #17 had order change to discontinue Ativan 0.5mg due to non-use.</p> <p>On April 8-10, 2019 the Director of Nurses audited and reviewed all current residents medical chart to ensure necessary medication use of as needed (PRN) psychotropic drugs and require documentation thereof. Consultant Pharmacist reviewed all current residents' medical chart. Irregularities were identified to the Medical Director and Director of Nursing. All recommendations were evaluated by Physician Assistant on April 12-15, 2019 with proper documentation and necessary orders for each individual resident's drug regimen review.</p> <p>On April 3, 2019 facility Administrator and Director of Nurses conducted meeting</p>		

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F 758	<p>Continued From page 15</p> <p>psychotropic medication regulation regarding PRN psychotropic medication that required a 14 day stop date or justification of continued need beyond 14 days for the use of PRN Ambien. The PA stated he had not provided a stop date for Resident #6's PRN Ambien. The PA indicated he had not reevaluated Resident #6's continued need for PRN Ambien after 14 days and had not provided a justification for the continued use of PRN Ambien. The PA stated he did not remember receiving a consultant pharmacist recommendation which inquired if he could provide a 14 day stop date on Resident #6's PRN Ambien or provide justification for continued need of PRN Ambien beyond 14 days. The PA stated he did not believe that PRN Ambien a hypnotic was considered a psychotropic medication.</p> <p>On 03/27/19 at 11:20 AM an interview was conducted with the Director of Nursing (DON) who stated she was aware of the CMS psychotropic medication regulation regarding PRN psychotropic medication that required a 14 day stop date or justification of continued need beyond 14 days. The DON stated she was aware that Resident #6's PRN Ambien was a hypnotic medication and was considered a psychotropic medication and per the CMS regulations should have had a 14 day limitation or justification of continued need beyond 14 days. The DON stated it was her expectation that the practitioner would have followed the CMS regulation and indicated a 14 day stop date for Resident #6's PRN Ambien or provided documentation of justification for continued use of PRN Ambien beyond 14 days. The DON stated she had not received a recommendation from the CP for the physician to review the continued need for PRN Ambien beyond 14 days for Resident #6.</p>	F 758	<p>with Consultant Pharmacists to discuss the importance of timely and thorough drug regimen reviews. Topics included regulation, company policies, format, and timeliness of findings with emphasis on PRN psychotropic drug use limitation of 14 days. Except as provided if the attending physician believes it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. On April 4, 2019 facility Administrator and Director of Nurses conducted meeting with Medical Director and Physician Assistant to discuss the importance of a timely and thorough drug regimen review process. Topics included regulation, company policies, format, and timeliness of evaluation of Consultant Pharmacists recommendations emphasis on PRN psychotropic drug use. PRN psychotropic drug use limitation of 14 days. Except as provided if the attending physician believes it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>Administrative Nurse and/or DON will monitor weekly the accurate documentation and re-evaluation of all PRN psychotropic medications for a period of 4 weeks, then every other week for a period of 4 weeks and monthly for a period of 1 month. The DON will compile documentation and report findings weekly</p>		



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F 758	<p>Continued From page 16</p> <p>On 03/27/19 at 11:47 AM an interview was conducted with the Administrator who stated he was aware of the new CMS regulations regarding PRN use of psychotropic medication which required a 14 day stop date or justification for continued use beyond 14 days. The Administrator stated his expectation was that the physician would have provided a 14 day stop date for Resident #6's PRN Ambien or have provided justification for continued need of PRN Ambien beyond 14 days per the CMS psychotropic medication regulation.</p> <p>2. Resident #5 was admitted to the facility on 3/23/18 with diagnoses that included heart failure and non-Alzheimer's dementia.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 10/4/18 indicated Resident #5 was severely cognitively impaired. Further review of the quarterly MDS revealed Resident #5 did not receive the anti-anxiety medication during the look back period.</p> <p>A physician's order dated 4/23/18 indicated Ativan (anti-anxiety medication) 0.5 milligrams (mg) by mouth every 12 hours as needed (prn) for anxiety was ordered for Resident #5. There was no 14 day stop date written for the prn Ativan order.</p> <p>A review of Resident #5's Medication Administration Records (MARs) April 2018 to March 26, 2019 revealed per staff documentation on the MARs that Resident #5 had received no prn doses of Ativan in April, May, June, July, August and September of 2018. Review of the MARs further revealed the resident received 1 dose of prn Ativan in October, 8 doses in</p>	F 758	during facility's rehab discharge meeting/incident prevention meeting. Results of the audits will be reviewed and discussed in the monthly Quality Assurance and Performance Improvement Committee meeting. The QAPI Committee will assess and modify the action plan as needed to ensure continued compliance.		

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F 758	<p>Continued From page 17</p> <p>November, 13 doses in December of 2018, 13 doses in January, none in February, and 1 dose in March of 2019.</p> <p>The Consultant Pharmacist (CP) monthly drug regimen review for Resident #5 indicated the CP had not recommended on 5/7/18, 6/7/18, 7/7/18, 8/7/18, 9/7/18, 10/5/18, 11/5/18, 12/6/18 and 1/7/19, 2/7/19, 3/7/19 to the physician that a 14 day stop date for prn Ativan was required unless a clinical justification was provided for continuing prn Ativan greater than 14 days.</p> <p>On 03/26/19 at 12:46 PM a telephone interview was conducted with the physician who stated he was aware of the regulation that indicated prn psychotropic medication required a reason to be prescribed longer than a 14 day duration. He stated he had not reevaluated Resident #5 for continued need of Ativan beyond 14 days nor had he provided a stop date or provided justification for continued use of prn Ativan. The physician stated to his knowledge he had not reevaluated Resident #5 for the continued need of prn Ativan beyond 14 days of the order written on 4/23/18. The physician stated he had not received communication from the consultant pharmacist to consider reevaluation of Resident #5 for the justification of continued needs of prn Ativan beyond 14 days.</p> <p>On 03/26/19 at 3:55 PM a telephone interview was conducted with the CP who stated prn psychotropic medication was limited to 14 days unless the prescriber provided a justification to extend the order past 14 days. The CP stated he must have missed notifying the practitioner of the 14 day limitation for Resident #5's prn Ativan order unless the practitioner provided justification</p>	F 758			

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F 758	<p>Continued From page 18</p> <p>to extend the order past 14 days. The CP stated it was his expectation that the practitioner would have reevaluated Resident #5 after 14 days and provided documentation of justification of continued needs to continue prn Ativan.</p> <p>On 03/27/19 at 2:45 PM an interview was conducted with the Director of Nursing (DON) who stated she was aware of the CMS psychotropic medication regulation regarding prn psychotropic medication that required a 14 day stop date or justification of continued need beyond 14 days. The DON stated it was her expectation that the practitioner would have followed the CMS regulation and indicated a 14 day stop date for Resident #5's prn Ativan or provided documentation of justification for continued use beyond 14 days. The DON received a copy of the CP monthly recommendations for review and distributed them to the physician or physician's assistant.</p> <p>On 03/27/19 at 4:30 PM an interview was conducted with the Administrator who stated he was aware of the new CMS regulations regarding prn use of psychotropic medication which required a 14 day stop date or justification for continued use beyond 14 days. The Administrator stated his expectation was that the physician would have provided a 14 day stop date for Resident #5's prn Ativan or have provided justification for continued need of prn Ativan beyond 14 days per the CMS psychotropic medication regulation.</p> <p>3. Resident #23 was admitted to the facility on 7/24/18 with diagnoses that included Alzheimer's dementia, anxiety and depression.</p>	F 758			

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F 758	<p>Continued From page 19</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 2/18/19 indicated Resident #23 was severely cognitively impaired and did not receive the anti-anxiety medication during the look back period.</p> <p>A physician's order dated 8/9/18 indicated Clonazepam (anti-anxiety medication) 0.5 mg ½ tablet by mouth twice a day as needed (prn) for anxiety was ordered for Resident #23. There was no 14 day stop date written for the prn Clonazepam order.</p> <p>A review of the Medication Administration Records (MARs) revealed per staff documentation on the MARs that Resident #23 had received 2 doses of prn Clonazepam in August, none in September, October, November, and December of 2018. Review of the MARs further revealed the resident received 1 dose of prn Clonazepam in January, 3 doses in February, and 2 doses in March of 2019.</p> <p>The Consultant Pharmacist (CP) monthly drug regimen review for Resident #23 indicated the CP had not recommended on 5/7/18, 6/7/18, 7/7/18, 8/7/18, 9/7/18, 10/5/18, 11/5/18, 12/6/18 and 1/7/19, 2/7/19, 3/7/19 to the physician that a 14 day stop date for prn Clonazepam was required unless a clinical justification was provided for continuing prn Clonazepam greater than 14 days.</p> <p>On 03/26/19 at 12:46 PM a telephone interview was conducted with the physician who stated he was aware of the regulation that indicated prn psychotropic medication required a reason to be prescribed longer than a 14 day duration. He stated he had not reevaluated Resident #23 for continued need of Clonazepam beyond 14 days</p>	F 758			

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NAME OF PROVIDER OR SUPPLIER  <b>SHAIRE NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 SHAIRE CENTER DRIVE LENOIR, NC 28645</b>		
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F 758	<p>Continued From page 20</p> <p>nor had he provided a stop date or provided justification for continued use of prn Clonazepam. The physician stated to his knowledge he had not reevaluated Resident #23 for the continued need of prn Clonazepam beyond 14 days. The physician stated he had not received communication from the consultant pharmacist to consider reevaluation of Resident #23 for the justification of continued needs of prn Clonazepam beyond 14 days.</p> <p>On 03/26/19 at 3:55 PM a telephone interview was conducted with the CP who stated prn psychotropic medication was limited to 14 days unless the prescriber provided a justification to extend the order past 14 days. The CP stated he must have missed notifying the practitioner of the 14 day limitation for Resident #23's prn Clonazepam order unless the practitioner provided justification to extend the order past 14 days. The CP stated it was his expectation that the practitioner would have reevaluated Resident #23 after 14 days and provided documentation of justification of continued needs to continue prn Clonazepam.</p> <p>On 03/27/19 at 2:45 PM an interview was conducted with the Director of Nursing (DON) who stated she was aware of the CMS psychotropic medication regulation regarding prn psychotropic medication that required a 14 day stop date or justification of continued need beyond 14 days. The DON stated it was her expectation that the practitioner would have followed the CMS regulation and indicated a 14 day stop date for Resident #23's prn Clonazepam or provided documentation of justification for continued use beyond 14 days. The DON received a copy of the CP monthly</p>	F 758			

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F 758	<p>Continued From page 21</p> <p>recommendations for review and distributed them to the physician or physician's assistant.</p> <p>On 03/27/19 at 4:30 PM an interview was conducted with the Administrator who stated he was aware of the new CMS regulations regarding prn use of psychotropic medication which required a 14 day stop date or justification for continued use beyond 14 days. The Administrator stated his expectation was that the physician would have provided a 14 day stop date for Resident #23's prn Clonazepam or have provided justification for continued need of prn Clonazepam beyond 14 days per the CMS psychotropic medication regulation.</p> <p>4. Resident #17 was admitted to the facility on 2/12/19 with diagnoses that included heart failure and depression.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 2/13/19 indicated Resident #17 was cognitively intact and did not receive the anti-anxiety medication during the look back period.</p> <p>A physician's order dated 2/12/19 indicated Ativan (anti-anxiety medication) 0.5 mg by mouth every 4 hours as needed (prn) for anxiety was ordered for Resident #17. There was no 14 day stop date written for the prn Ativan order.</p> <p>A review of the Medication Administration Records (MARs) revealed per staff documentation on the MARs that Resident #17 had received 2 doses prn Ativan in February and none in March 2019.</p> <p>The Consultant Pharmacist (CP) monthly drug</p>	F 758			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 758	<p>Continued From page 22</p> <p>regimen review for Resident #17 indicated the CP had not recommended on 3/7/19 to the physician that a 14 day stop date for prn Ativan was required unless a clinical justification was provided for continuing prn Ativan greater than 14 days</p> <p>On 3/26/19 at 10:39 AM a telephone interview was conducted with the hospice nurse who stated she was unaware of the regulation that indicated prn psychotropic medication required a 14 day duration.</p> <p>On 3/26/19 at 10:43 AM a telephone interview was conducted with the hospice physician who stated the facility's medical director usually signed off on his orders due to him not being physically at the facility and it would be the medical director's responsibility to provide a stop date.</p> <p>On 03/26/19 at 12:46 PM a telephone interview was conducted with the physician who stated he was aware of the regulation that indicated prn psychotropic medication required a reason to be prescribed longer than a 14 day duration. He stated he had not reevaluated Resident #17 for continued need of Ativan beyond 14 days nor had he provided a stop date or provided justification for continued use of prn Ativan. The physician stated to his knowledge he had not reevaluated Resident #17 for the continued need of prn Ativan beyond 14 days of the order written on 4/23/18. The physician stated he had not received communication from the consultant pharmacist to consider reevaluation of Resident #17 for the justification of continued needs of prn Ativan beyond 14 days. The physician stated it was his responsibility to sign orders given by the hospice physician.</p>	F 758			

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F 758	Continued From page 23  On 03/26/19 at 3:55 PM a telephone interview was conducted with the CP who stated prn psychotropic medication was limited to 14 days unless the prescriber provided a justification to extend the order past 14 days. The CP stated he must have missed notifying the practitioner of the 14 day limitation for Resident #17's prn Ativan order unless the practitioner provided justification to extend the order past 14 days. The CP stated it was his expectation that the practitioner would have reevaluated Resident #17 after 14 days and provided documentation of justification of continued needs to continue prn Ativan.  On 03/27/19 at 2:45 PM an interview was conducted with the Director of Nursing (DON) who stated she was aware of the CMS psychotropic medication regulation regarding prn psychotropic medication that required a 14 day stop date or justification of continued need beyond 14 days. The DON stated it was her expectation that the practitioner would have followed the CMS regulation and indicated a 14 day stop date for Resident #17's prn Ativan or provided documentation of justification for continued use beyond 14 days. The DON received a copy of the CP monthly recommendations for review and distributed them to the physician or physician's assistant.  On 03/27/19 at 4:30 PM an interview was conducted with the Administrator who stated he was aware of the new CMS regulations regarding prn use of psychotropic medication which required a 14 day stop date or justification for continued use beyond 14 days. The Administrator stated his expectation was that the physician would have provided a 14 day stop date for	F 758			



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F 758	Continued From page 24 Resident #17's prn Ativan or have provided justification for continued need of prn Ativan beyond 14 days per the CMS psychotropic medication regulation.	F 758			