

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

PRINTED 06/13/2018
FORM APPROVED
OMB NO 0938-0391

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|--|---|--|--|----------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G057 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/12/2018 |
| NAME OF PROVIDER OR SUPPLIER MERRYFIELD RESIDENCE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 111 HORSE MOUNTAIN VIEW COVINGTON, VA 24426 | | |
| (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 | |
| E 000 | Initial Comments | E 000 | Provider's Response | 6/22/18 | |
| W 000 | An unannounced Emergency Preparedness survey was conducted 06/11/18 through 06/12/18. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No complaints were investigated during the survey. | W 000 | Merryfield ICF contacted the prescribing physician again and obtained a written authorization via fax to continue the medications as prescribed for client #1. | | |
| W 000 | INITIAL COMMENTS | W 000 | Merryfield ICF will ensure communication with pharmacy that any reports, recommendations, questions or findings of irregularities will be submitted in writing to the nurse on site the day of the monthly review. Upon receipt, the nurse will follow new procedure for policy 15.08 as stated below. | | |
| W 363 | An unannounced Fundamental Medicaid re-certification survey was conducted 06/11/18 through 06/12/18. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey. | W 363 | Merryfield ICF will update policy number 15.08. This policy and procedure will be updated to reflect that Merryfield ICF will continue to receive monthly recommendations from the pharmacy as it relates to irregularities/recommendations in prescribed medications. Upon receiving reports of irregularities/recommendations, the nurse will immediately report the irregularities/recommendations to the individual prescribing physician via telephone and/or fax. The nurse will follow up with the prescribing physician after 24 hours if no response is given. The nurse will follow up again with the prescribing physician after 48 hours if no response is given. If after 48 hours have passed and the prescribing physician has not responded to the irregularities/recommendations reported by the pharmacist, the nurse will then contact the Medical Director for immediate response and direction. | | |
| W 363 | DRUG REGIMEN REVIEW CFR(s) 483.460(j)(2) | W 363 | The nurse will inform the Residential Administrator of all pharmacy reports to include recommendations or medication irregularities. The Residential Administrator will follow up on all recommendations to ensure the nurse, prescribing physician and/or Medical Director has followed this policy update. In the event that the medical director has not responded to a request of clarification, the Residential Administrator will communicate with the Medical Director and receive the response needed. | | |
| W 363 | The pharmacist must report any irregularities in clients' drug regimens to the prescribing physician and interdisciplinary team. | W 363 | This policy was updated on June 19, 2018. The nurses will be informed of this policy change on June 19, 2018. All staff members will be informed of this policy and procedure change on Friday, June 22, 2018. | | |
| W 363 | This STANDARD is not met as evidenced by: Based on clinical record review, staff interview, and facility document review, the facility staff failed to ensure a pharmacy recommendation/irregularity was addressed for one of 3 clients (Client # 1). | W 363 | | | |
| W 363 | The facility failed to ensure the physician | W 363 | | | |

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

Dym Brackenridge

TITLE

QA Manager

(X6) DATE

6/22/18

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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| W 363 | <p>Continued From page 1</p> <p>addressed a pharmacy irregularity/recommendation for Client # 1 The resident was receiving two medications (Bethanechol and Vesicare) for urinary function, which counteracted each other.</p> <p><i>Findings include:</i></p> <p>Client # 1 was admitted to the facility on 01/15/18. Diagnoses for this client included, but were not limited to dementia, anemia, DM (diabetes mellitus), osteoarthritis, dysphagia, history of falls, history of UTI (urinary tract infections), and BPH (benign prostatic hypertrophy) without obstruction</p> <p>During clinical record review on 06/12/18 a pharmacy recommendation dated 05/23/18 documented, ". To: [name of physician] individual has an order for Bethanechol, Vesicare, Flomax and Proscar Please check one of the following [1] I do not wish to reduce the dose [2] I wish to reduce the dose.. Additional Comments: [name of Client # 1] takes Vesicare and Bethanechol in addition to Flomax & Proscar Vesicare and Bethanechol counteract one another why is he on both? Thanks for your consideration " A handwritten notation at the bottom of this form documented, 'faxed to [name of physician] 05/25/18 at 1 30 p m '</p> <p>The medication Bethanechol is a bladder stimulant and may be used for people who have trouble passing urine</p> <p>The medication Vesicare is used to treat overactive bladder and works by relaxing the bladder muscle and may help reduce bathroom</p> | W 363 | | | |

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| W 363 | <p>Continued From page 2 visits and/or control wetting accidents.</p> <p>Client # 1's current physician's orders were reviewed and documented that the client received, 'Vesicare 10 mg (milligrams) once a day for urinary urgency, Bethanechol 25 mg twice a day for incontinence, Flomax 0.4 mg twice a day for prostate, and Proscar 5 mg once a day for prostate '</p> <p>No follow up information from the physician regarding the identified pharmacy irregularity could be located in the clients record.</p> <p>On 06/12/18 at approximately 10 00 a.m , the administrator was asked for assistance in locating any follow up for Client # 1's pharmacy irregularity/recommendation A policy was requested at this time regarding the protocol for pharmacy recommendations and/or identified irregularities.</p> <p>At approximately 10 20 a.m , the administrator presented a nursing progress note dated, 06/07/18 This nursing note documented that the physician's office was contacted for an order clarification and additionally informed of the pharmacy request from 05/25/18 requiring a response</p> <p>The administrator stated that no follow up and/or response had been received to date from the physician regarding the above information.</p> <p>A policy was presented, 'Medication Management and Pharmacy Services' documented, "...Provide information to employees regarding medications, potential reactions, side effects and symptoms Consultation with the individual's</p> | W 363 | | |

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| W 363 | <p>Continued From page 3</p> <p>physician's regarding continued use of medications multiple drug usage, contraindications The drug regimen review immediately reports any irregularities in the individual's drug regimens to the prescribing physician, Medical Director, Nurse.. "</p> <p>The facility policy did not clarify who was primarily responsible for ensuring the physician received the recommendation and/or irregularity notification</p> <p>On 06/12/18 at approximately 10 30 a m , the administrator stated that the expectation would be for the physician to respond by accepting, declining and/or making any changes as necessary per the pharmacy recommendations or identified irregularities</p> <p>No further information and/or documentation was presented prior to the exit conference on 06/12/18</p> | W 363 | | |