

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

PRINTED: 01/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/16/2019
NAME OF PROVIDER OR SUPPLIER PARHAM HEALTH CARE & REHAB CEN			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 E PARHAM ROAD RICHMOND, VA 23228	
(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}		
{F 000}	INITIAL COMMENTS	{F 000}		
F 684 SS=D	<p>An unannounced Medicare/Medicaid first revisit survey was conducted from 1-15-19, through 1-16-19, for the standard survey, conducted 12-04-18 through 12-06-18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. No complaints were investigated during the survey.</p> <p>The census in this 180 certified bed facility was 157 at the time of the survey. The survey sample consisted of 10 residents.</p> <p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and facility documentation the facility failed to act on pharmacy alerts to possible drug interactions for 1 Resident (Resident #260) in a survey sample of 10 Residents.</p> <p>For Resident # 260 the facility failed to act on pharmacy alerts of medications that were incompatible or known to alter the effects of</p>	F 684	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following</p>	1/28/19

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

TITLE

(X6) DATE

Electronically Signed

01/28/2019

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 684	<p>Continued From page 1</p> <p>Coumadin (a blood thinner).</p> <p>The findings include:</p> <p>Resident #260 is an 84 year old admitted to the facility on 11/27/18 with diagnoses of but not limited to; Pleural Effusion, Acute Respiratory Failure, (Chronic Obstructive Pulmonary Disease) COPD, Atrial Fibrillation, Coronary Artery disease, (Gastro-Esophageal Reflux Disease) GERD and diabetes.</p> <p>On 01/15/2019 a review of clinical records was conducted and it was found that on 01/11/2019 orders were entered into the computer for Resident #260 that include Coumadin (a blood thinner), Prilosec (a Proton Pump Inhibitor), Symbicort (an aerosol steroid based inhaler), Lexapro (an antidepressant), Bengay, Nystatin (anti-fungal), and Trazodone (an antidepressant).</p> <p>A review of the nurses notes for 1/11/2019 at 10:24 AM state:</p> <p>NOTE TEXT: The order you have entered COUMADIN Tablet 7.5 [Milligrams] MG (WARFARIN SODIUM) Give one tablet by mouth in the evening for blood clot prevention.</p> <p>Has triggered the following drug protocol alerts / warnings.</p> <p>Drug to Drug Interaction:</p> <p>Prilosec Capsule Delayed Release 20 [milligrams] MG Give 1 capsule by mouth two times a day for GERD take with meals</p>	F 684	<p>plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>F684</p> <ol style="list-style-type: none"> 1. Resident #260's medications were reviewed by the nurse practitioner and the resident's chart has been updated. 2. All residents that receive medications are at risk. An audit of residents who received new medication orders within the last 14 days will be reviewed to ensure that no other medications will cause unnecessary interactions. If potential medication interactions are noted, the resident's physician will be notified of the potential medication interaction. 3. The DON or designee will educate licensed nurses on medication reviews and interactions with notification of the physician if a potential interaction is noted. 4. The DON and or designee will review residents with new orders to ensure current medication orders do not have interactions with new medication orders. If noted, the physician will be notified of the potential medication interaction. Reviews will be conducted 3x a week x 2 weeks, then weekly x 2 then monthly x 2 , then quarterly x2 in QA meeting . 5. Date of compliance 1/28/19 		

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F 684	<p>Continued From page 2</p> <p>SEVERITY: MODERATE Interaction: The hypoprothrombinemic effect of Coumadin may be increased by proton pump inhibitors.</p> <p>Symbicort Aerosol 160-4.5 MCG/ACT 2 puffs inhale orally two times a day related to Chronic Obstructive Pulmonary Disease. SEVERITY: MODERATE Interaction: The hypoprothrombinemic effect of Coumadin may be altered unpredictably by Symbicort Aerosol.</p> <p>Bengay Ultra Strength Cream 4-10-30% Apply to back topically one time a day for pain SEVERITY: SEVERE Interaction: The hypoprothrombinemic effect of Coumadin may be increased by Bengay Ultra Strength Cream 4-10-30%</p> <p>Lexapro Tablet 10 MG Give 1 tablet by mouth one time a day for depression SEVERITY: MODERATE Interaction: The risk of bleeding with Coumadin Tablet 7.5 MG may be potentiated with concomitant use of Lexapro Tablet 10 MG and patients are at an increased risk of bleeding.</p> <p>Nystatin Powder 100,000 Units/ GM [Gram] Apply topically to bill [bilateral] breast every shift for yeast. SEVERITY: SEVERE Interaction: The hypoprothrombinemic effect of Coumadin may be increased by Nystatin Powder 100,000 Units/GM</p> <p>Trazodone HCL Tablet 50 MG Give 25 MG by mouth at bedtime for depression</p>	F 684			

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F 684	<p>Continued From page 3 SEVERITY: MODERATE Interaction: The hypoprothrombinemic effect of Coumadin may be decreased by Trazodone HCL Tablet 50 MG</p> <p>On 1/15/2019 a review of the [Medication Administration Record] MAR shows that the medications were administered as ordered on 1/11/2019</p> <p>On 1/16/2019 at 10:30 AM an interview was conducted with the DON and the Administrator and the DON stated "These are just FYI's from our computer program."</p> <p>When asked if the physician had been contacted on 1/11/2019 when the orders were entered and the drug protocol alerts / warnings showed up the DON submitted a "Follow up note Recertification" 60 day visit recertification note dated 1/15/2019.</p> <p>The Recertification note states:</p> <p>Plan:</p> <ol style="list-style-type: none"> 1. Renew orders and certification 2. The patient's total plan of care including medications were reviewed 3. Prognosis remains poor due to multiple comorbidities 4. Code status is DNR. <p>When asked again if the physician was notified when the alerts showed up on 1/11/2019 the DON stated "No but he was in here and signed the recertification yesterday."</p> <p>The DON and Administrator were made aware of the deficient practice, and offered no further information.</p>	F 684		

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