STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495209	A. BUILDING _____ B. WING _____	01/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH COURT HEALTH AND REHABILITATION CENTER	1527 GRANDIN ROAD SOUTHWEST ROANOKE, VA 24015

(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 An unannounced Emergency Preparedness survey was conducted 01/15/19 through 01/17/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid certification survey was conducted 1/15/19 through 1/17/19. Corrections are required for compliance with the following Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 120 certified bed facility was 110 at the time of the survey. The survey sample consisted of 23 current Resident reviews and 3 closed record reviews.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed	F 755		2/19/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/08/2019

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 755	Continued From page 1 pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to ensure that a medication was available for administration for 1 of 26 residents in the survey sample (Resident #83). The findings included: The facility staff failed to ensure that a physician prescribed medication, Modafinil, was available for administration to Resident #83. Resident #83 was admitted to the facility on 10/13/18 with the following diagnoses of, but not limited to anemia, dementia and Parkinson's disease. On the quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 12/21/18, the resident was coded as requiring extensive assistance of 1 staff member for dressing. Resident #83 was also coded as having a BIMS (Brief Interview for Mental Status) score of 00 out of a possible score of 15. The resident was totally dependent on 1 staff member for personal hygiene and bathing.	F 755	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 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. F 755 1. The physician was notified of the omitted medication for Resident #83. Resident #83 is currently receiving Modafinil as ordered by the physician. 2. Current residents were reviewed to identify any medications that have not been administered in the last 30 days. Corrections will be made as indicated.	

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F 755	Continued From page 2 The surveyor performed a review of Resident #83's clinical record on 1/16/ and 1/17/19. During this review, it was noted by the surveyor that in the nursing notes the following was documented: " "1/7/19 1609 (4:09 pm) Modafinil tablet 100 mg (milligram) Give 1 tablet by mouth two times a day for stimulant related to Parkinson's Disease. Med was not refilled in time. Will administer once med arrives. MD (medical doctor) and RP (responsible party) aware. " 1/8/19 06:18 (6:18 am) waiting till doctor verity's the orders with pharmacy " 1/8/19 12:53 (12:53 pm) ...Waiting for the doctor to verify the orders with pharmacy " 1/9/19 13:46 (1:46 pm) ...Pending Dr. (doctor) approval ..." The surveyor reviewed the orders for this prescribed medication and they were as follows: Modafinil 100 mg Give 1 tablet by mouth two times a day for stimulant related to Parkinson's disease. This order began on 10/15/18. On 1/17/19 at 12:35 pm, the surveyor notified the director of nursing (DON) and nurse consultant of the above documented findings. The DON stated, "I know the insurance company did not want to cover this medication after the first of the year. We talked with pharmacy and they would send us 4 or 5 tablets to get us through." No further information was provided to the surveyor prior to the exit conference on 1/17/19.	F 755	3. Current licensed nursing staff will be educated regarding procedure when a medication is not available at the time of administration. Licensed nursing staff will administer medications daily per physician orders. Nursing leadership will review medications not administered daily 5 X weekly X 4 weeks to ensure availability of medication doses. Any issues will be addressed immediately at the time of identification. 4. Process will be reviewed in QA committee for one quarter. 5. 2-19-19	
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)	F 758		2/19/19

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F 758	Continued From page 3 §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 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; §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; §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 §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	F 758		

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F 758	Continued From page 4 rationale in the resident's medical record and indicate the duration for the PRN order. §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 staff interview and clinical record review, facility staff failed to ensure a resident was free from unnecessary psychotropic medication for 1 of 26 residents in the survey sample (Resident #47). Resident #47 was admitted to the facility on 9/1/18 with diagnoses including, but not limited to, Parkinson's disease, dementia with behavioral disturbance, essential hypertension, atherosclerotic heart disease, chronic pain, polyneuropathy, myocardial infarction, and major depressive disorder. On the quarterly minimum data set assessment with assessment reference date 11/26/18, the resident scored 3/15 on the brief interview for mental status and was assessed as without signs of delirium, psychosis, or behavior symptoms affecting care. MDS indicated the resident received antipsychotic medication 3 days during the lookback period. During clinical record review on 1/17/19, the surveyor noted that psychiatry notes indicated the resident had experienced suicide ideation and delusions prior to and during hospitalization. Follow-up assessment indicated the symptoms were no longer present. Medications included Remeron Donepezil, Sinemet, and Seroquel (25 milligrams in the morning and 75 milligrams in the	F 758	F 758 1. The Seroquel medication for Resident #47 was discontinued on 12/10/18 after discovery that the medication had been reordered by the MD in error. 2. Current residents receiving Seroquel were reviewed to determine accuracy of current physician order. Corrections will be made as indicated. 3. Current licensed nursing staff were educated regarding antipsychotic medication use to include accuracy of order and duration of use. Nursing leadership will review residents receiving Seroquel weekly X 4 weeks to ensure accuracy of physician orders. Any issues will be addressed immediately at the time of identification. 4. Process will be reviewed in QA committee for one quarter. 5. 2-19-19	

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F 758	Continued From page 5	F 758		

evening. In response to a pharmacy recommendation, the physician wrote orders for a gradual dose reduction (GDR) of Seroquel starting 9/24. The morning dose was eliminated on 9/24/18, The evening dose was reduced to 50 milligrams on 9/27, then to 25 milligrams on 9/30, then 12.5 milligrams on 10/2, then 12.5 milligrams every other day from 10/5, and discontinued on 10/10.

A physician recertification note written on 11/23/18 under the section "ASSESSMENT AND PLAN" said "-Decrease PM seroquel to 50 mg. Continue 25 mg AM for now, but continue to taper as able". Staff started Seroquel 50 mg at HS for the resident, who had not been taking it at night. Staff did not start Seroquel 25 milligram in the AM.

The Medication Administration Record (MAR) documented an order dated 11/23/18 for Seroquel Tablet 50 milligram Give 1 tablet by mouth at bedtime for antipsychotic related to PARKINSON'S DISEASE start this medication 11/26/18. The MAR indicated this medication was administered 11/24 through 12/5. An order dated 12/6/18 for Seroquel Tablet 50 milligram Give 1 tablet by mouth at bedtime related to dementia in other diseases classified elswhere with behavioral disturbance was administered 12/5 through 12/10. The surveyor was unable to locate documentation of the reason for the change in the diagnosis for which the medication was administered. The medication was discontinued without taper on 12/11/18.

On 01/17/19 at 10:25 AM, the surveyor discussed the issue with the manager for Unit 2. The surveyor requested records and a rationale for

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F 758	Continued From page 6 staff actions. 01/17/19 11:42 AM Director of Clinical Services (DCS) offered paperwork related to the incident. There was a medication error report dated 12/11/18 indicating that the "physician transcribed for seroquel to be tapered off starting with decrease seroquel to 50 mg at hour of sleep, however this had already been done in October". The error report did not address whether the nurse would have been expected to check with the physician prior to starting a new antipsychotic medication in response to a taper order, or to put instructions to taper in place after that medication was started. There was no note in the record indicating that the physician had been notified that the resident started and received an antipsychotic medication for 17 days, or that the physician ordered it to be discontinued without tapering the dose. There was no record of corrective action taken to prevent staff committing similar errors in the future. The surveyor discussed the issue with administrative staff on 1/17/19.	F 758		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761		2/19/19

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F 761	Continued From page 7 §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility staff failed to dispose of an expired vacutainer blood collection tube and failed to ensure the narcotic box was permanently affixed in 1 of 2 medication rooms. The unit 1 medication room. The findings included: The narcotic box in the unit 1 refrigerator was not permanently affixed and the medication room included 1 vacutainer blood collection tube that was expired. On 01/15/19 at 10:06 a.m., the surveyor checked the unit 1 medication room with RN (registered nurse) #1. This medication room contained 1 anaerobic blood culture tube that included an expiration date of 12/27/18. RN #1 reviewed the expiration date with the surveyor and stated she would dispose of the expired blood culture tube.	F 761	F 761 1. Expired blood culture tubes were discarded during the survey. Medication refrigerator lock box was permanently affixed during the survey. 2. Medication rooms were observed to identify any expired blood culture tubes. Medication refrigerators on both units were reviewed to ensure that lock box was affixed inside refrigerator. Lock boxes have been affixed inside both medication refrigerators. 3. Current licensed nursing staff were educated regarding laboratory supply storage specific to expired supplies and lock boxes affixed inside medication refrigerators. Laboratory tubes will be observed by nursing leadership 3 X weekly X 4 weeks to ensure no expired dates. Nursing leadership will observe medication refrigerators 3 X weekly X 4 weeks to ensure lock boxes remain	

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F 761	Continued From page 8 The refrigerator in the medication room included a blue narcotic box. This narcotic box was not permanently affixed and the surveyor was able to pick it up and remove it from the refrigerator. This narcotic box contained 17 tablets of Dronabinol 2.5 mg and 30 ML's of lorazepam oral concentrate. The unit manager stated that they had attached the medication box with super glue but apparently, it did not work. The administrative staff were notified of the issues in the unit 1 medication room on 01/16/19 at 9:36 a.m. No further information regarding these issues were provided to the survey team prior to the exit conference.	F 761	affixed. Any issues will be addressed immediately at the time of identification 4. Process will be reviewed in QA committee for one quarter. 5. 2-19-19	
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and	F 842		2/19/19

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F 842	Continued From page 9 (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided;	F 842		