

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/13/2015
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NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #10	STREET ADDRESS, CITY, STATE, ZIP CODE 236 COUNTRY TIME CIRCLE LEICESTER, NC 28748
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(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) COMPLETE DATE
C 000	Initial Comments	C 000		
C 351	<p>10A NCAC 13G .1005 (b) Self-Administration Of Medications</p> <p>10A NCAC 13G .1005 Self-Administration Of Medications</p> <p>(b) When there is a change in the resident's mental or physical ability to self-administer or resident non-compliance with the physician's orders or the facility's medication policies and procedures, the facility shall notify the physician. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.</p> <p>This Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to assure the Lidoderm Patch was self-administered in compliance with the physician order for 1 of 1 resident (# 1) self administering medications.</p> <p>The findings are:</p> <p>Review of a current FL2, dated 11/18/14, for Resident #1 revealed diagnoses which included: -Chronic obstructive pulmonary disease/chronic persistent asthma. -Bone Paget's disease of right thigh. -Degenerative joint disease.</p>	C 351		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 351	<p>Continued From page 1</p> <p>Review of the FL2 dated 11/18/14, revealed an order for a Lidoderm patch 5 percent, 2 patches to affected area to the skin in the morning and remove at night, may self administer. (A Lidoderm patch is a local anesthetic.)</p> <p>Review of the February and March 2015 Medication Administration Record (MAR) revealed staff had written "self" beside order and no staff had documented administering the patches.</p> <p>Observation and interview with Resident #1 on 3/13/15 at 9:30am with an interpreter revealed:</p> <ul style="list-style-type: none"> -He self administered the patches. -He currently had 1 patch on his back right shoulder which he had placed there the day before. -He stated he did not have one on his right upper thigh. (At that time, Resident #1 was wearing long pants, but patted his right upper thigh during statement. -He stated he was currently wearing only one patch. -He stated he was supposed to wear the patches at night. -When asked if he had pain, he first stated he had ear pain, then he said he did not have pain. -Resident #1 handed the box of Lidoderm patches to surveyor to observe. <p>Review of the Lidoderm patch box label revealed:</p> <ul style="list-style-type: none"> -The order on the label was the same as the current order, two patches to affected area on in the morning and off at night. -Sixty patches were dispensed on 9/9/14. -Twenty-three patches remained in the box. (A box of 60 patches should have been used by 10/10/14 if two patches were applied daily.) 	C 351		

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C 351	<p>Continued From page 2</p> <p>Telephone interview with the pharmacy provider on 3/13/15 at 10:40am revealed:</p> <ul style="list-style-type: none"> -The pharmacy did not send Lidoderm patches to the facility unless the facility requested them. -Sixty patches (a 30 day supply) were sent on 12/31/13, 1/30/14, 2/27/14, 6/2/14, 7/8/14, 8/12/14, and 9/9/14. -Lidoderm patches were not requested nor sent for the months of March, April, May, October, November, and December, 2014. -Lidoderm patches were not requested nor sent from January 1 through March 13, 2015. <p>Interview (with an interpreter) with the Supervisor-in-Charge (SIC) on duty on 3/13/15 at 10:15am revealed:</p> <ul style="list-style-type: none"> -The SIC had never applied the Lidoderm Patch on Resident #1. -She was not aware he only had one patch on today and that it had been placed there the day before. -The SIC stated Resident #1 was very independent and therefore, she had not been checking to see if the patches were applied as ordered. <p>Review of the current Licensed Health Professional Support evaluation and review, dated 1/14/15 revealed no documentation Resident #1 was evaluated for self administration of Lidoderm patches.</p> <p>Telephone interview with the Administrator on 3/13/15 at 11:30am revealed:</p> <ul style="list-style-type: none"> -She was not sure they had a written facility policy on self administration. -She would ask the Supervisor-in-Charge to keep the Lidoderm patches locked in the medication cart and administer them as ordered. 	C 351		

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C 351	Continued From page 3 -She would ask the physician to discontinue the self administration order for the Lidoderm patches and have the physician assess Resident #1's need for a routine Lidoderm patch. -The Administrator stated Resident #1 was very "stubborn."	C 351		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number FCL011223	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/13/2015
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Name of Facility EVERGREEN LIVING HOME #10	Street Address, City, State, Zip Code 236 COUNTRY TIME CIRCLE LEICESTER, NC 28748
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>C0078</u> Reg. # <u>10A NCAC 13G .0315(a)(5)</u> LSC _____	Correction Completed <u>02/03/2014</u>	ID Prefix <u>C0249</u> Reg. # <u>10A NCAC 13G .0902(c)(3)(</u> LSC _____	Correction Completed <u>01/15/2014</u>	ID Prefix <u>C0341</u> Reg. # <u>10A NCAC 13G .1004 (i)</u> LSC _____	Correction Completed <u>01/14/2014</u>
ID Prefix <u>C0367</u> Reg. # <u>10A NCAC 13G .1008(a)</u> LSC _____	Correction Completed <u>02/20/2014</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 1/9/2014	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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