

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL032133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/23/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING VALLEY BEECHWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2801 BEECHWOOD DR DURHAM, NC 27707</b>
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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  Surveyor: NC387  The Adult Care Licensure Section conducted an Annual Survey on 4/23/15.	C 000		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care  10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication	C 375		

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

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C 375	<p>Continued From page 1</p> <p>review in the resident's record;</p> <p>This Rule is not met as evidenced by: Surveyor: NC387</p> <p>Based on interview and record review, the facility failed to obtain the services of a licensed Pharmacist, prescribing practitioner, or Registered Nurse for the provision of pharmaceutical care at least quarterly for 2 of 3 sampled residents. (Resident # 1, # 3)</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 11/1/14 revealed the following diagnoses: Alzheimers, Depression, Diabetes Mellitus Type II, Hypertension, Hypercholesteremia, and Syncopal Episodes -Admission date of 11/16/13.</p> <p>Review of Resident # 1's quarterly pharmacy reviews revealed the last documented review dated 9/8/14 was completed by a licensed pharmacist.</p> <p>Interview with the Administrator (Licensed Practical Nurse) on 4/23/15 at 12:15pm revealed she had been documenting the last 2 quarterly pharmacy reviews on Resident #1. -Resident #1's family had requested the services of a specific local pharmacy. -This pharmacy did not provide the service of quarterly pharmacy reviews at the facility.</p> <p>2. Review of Resident # 3's Current FL-2 dated 10/13/14 revealed the following diagnoses: History of a Stroke, Hypertension, Dementia,</p>	C 375		

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C 375	<p>Continued From page 2</p> <p>Gout, Dysarthria, and Hyperlipidemia. -Admission date of 11/20/13.</p> <p>Review of Resident # 3's quarterly pharmacy reviews revealed the last documented review dated 9/8/14 was completed by a licensed pharmacist.</p> <p>Interview with the Administrator (Licensed Practical Nurse) on 4/23/15 at 12:15pm revealed she had been documenting the last 2 quarterly pharmacy reviews on Resident #3. -Resident #3's family had specifically requested the use of a mail order pharmacy. -This pharmacy did not provide the service of quarterly pharmacy reviews at the facility.</p> <p>Interview with the Administrator (Licensed Practical Nurse) on 4/23/15 at 12:15pm revealed the following: -She did not understand why she could not complete the quarterly reviews since she was a nurse (Licensed Practical Nurse (LPN)). -She did not recall the rule area requiring a Registered Nurse. - She had access to the rule areas. -The Administrator had difficulty in obtaining consistent services of a Registered Nurse or Pharmacist to complete quarterly pharmacy reviews at her facility. -At one time all 3 residents in her facility were using the same pharmacy which did provide the service of quarterly pharmacy reviews. -The Administrator would request her LHPS nurse to start completing quarterly pharmacy reviews at the facility.</p>	C 375		