DEPARTMENT OF HEALTH AND HUM. .N SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	505350		05/16/2014

.AME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY CARE CENTER AT MONROE	1355 WEST MAIN STREET MONROE, WA 98272

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F 000	INITIAL COMMENTS This report is the result of an unannounced Quality Indicator Survey conducted at Regency Care Center at Monroe on 05/12/14, 05/13/14, 05/14/14, 05/15/14 and 05/16/14. A sample of 19 residents was selected from a census of 85. The sample included 15 current residents and the records of 4 former and/or discharged residents. The survey was conducted by: Rick Woodrum, RN, BSN Susan Harris, R.N., BSN Nedra Vranish, R.N., BSN, MSEd Leslie Martin, BSW Jolene Smith, R.N., BSN Steve Kindle, R.N., MSN Claude Weedon, R.N., MSN The survey team is from: Department of Social and Health Services Aging and Disability Services Aging and Long-Term Support Administration 3906 172nd St NE, Suite 100 Arlington, WA 98223 Telephone: (360) 651-6850 FAX: (360) 651-6940 Lynne Parker 5/22/14 Residential Care Services Date	F 000	RECEIVED JUN 09 2014 ADSA/RCS Smokey Point	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nadine de Klerk — TITLE: Administrator — (X6) DATE: 6/5/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ing 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 329 SS=D	483.25(1) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to consistently document, monitor and evaluate the use of havioral interventions in conjunction with administration of psychotropic medications for 1 of 5 residents (148) reviewed for unnecessary medications. This failed practice placed the resident at risk for unnecessary medication use.	F 329	Resident #148 has non-pharmacological interventions attempted and documented prior to administration of her prn [redacted] Residents receiving prn psychotropic medications have non-pharmacological interventions attempted and documented prior to administration of medications. The interdisciplinary team has been re-inserviced regarding the requirement to attempt and document non-pharmacological interventions prior to administration of prn psychotropic medications. DNS/designee will conduct routine audits of prn psychotropic medication administration to monitor on-going compliance. Outcomes will be reported to the QA committee.	6-6-14

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F 329	Continued From page 2 Findings include: Resident 148 was admitted [redacted] 2014 and had multiple diagnoses including severe dementia, arthritis, [redacted] and history of multiple falls. Admission physician orders included the [redacted] to be used as-needed (PRN) for [redacted]. Orders also included daily use of the [redacted] and the [redacted] On 2/28/14, after Resident 148's third fall, a request was made to the physician to discontinue the [redacted] related to it's potential contributing factor to her falls. The [redacted] was discontinued per physician order and a new order was received to begin the [redacted] to be used PRN for [redacted] The daily use of [redacted] continued, and the resident remained at risk for adverse side effects. She continued to experience five more falls until [redacted]14, when she sustained a [redacted] Review of the Medication Administration Record (MAR), Mood/Behavior monitoring forms and interdisciplinary progress notes, for March and April, 2014, revealed use of the PRN [redacted] 18 times in March and 6 times in April, until the fall that resulted in [redacted] The "reason" documented for using it was increased [redacted] and/or restlessness. Documentation, addressing result of the [redacted] use, revealed inconsistent outcome. There was no documentation related to use of individualized non-pharmacological approaches, that were to be used in lieu of or in conjunction with use of the PRN [redacted]	F 329		

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F 329	Continued From page 3 The Mood/Behavior monitoring forms described incidents of behavior. The documentation did not state what individualized non-pharmacological appoaches were attempted when incidents of behavior occurred. The only reference to use of approaches was, unable to re-direct, resistant to re-directing and easily re-directed. On 5/14/14 at 11:15 a.m., Staff F, a social worker, was asked about evaluation by the interdisciplinary team, regarding the success or failure of the planned behavioral interventions for Resident 148 in relation to use of psychotropic medications. Staff F stated the Behavior Care Plan for residents was reviewed at the meetings. The documentation for the Psychotropic Medication review meeting, dated 3/13/14, listed the psychotropic med cations in use by Resident 148: [redacted] The summary stated, resident frequently declining her meds, no increase in behaviors noted. Order received for taper of [redacted]. Mood/behavior continue to be monitored via behavior flow sheets. Risks/benefits reviewed. Will continue to monitor for increased behavior and Adverse Side Effects. There was no documented evidence the team members discussed/addressed the success or failure of planned approaches, especially in use of the PRN medication.	F 329		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC-ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain	F425		

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F 425	Continued From page 4 them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. 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. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation and record review, it was determined the facility failed to administer medication in accordance with manufacturer recommendations for 1 of 4 sample residents (18) observed during medication pass. This failed practice placed Resident 18 at risk of not receiving the desired therapeutic dose of the medication. Findings include: On 5/12/14 from 9:00-9:15 a.m. during observation of medication pass with Staff E, the medication Levoxyl, a thyroid replacement medication, was administered to Resident 18 along with seven other medications, including a calcium supplement. Resident 18 had finished	F425	Resident #18 is receiving her Lovoxyl at 5:00 AM to comply with manufacturer's recommendations for administration. Other residents' medications were reviewed by the pharmacy consultant to ensure administration complies with manufacturer's recommendations. Licensed nurses were re-inserviced regarding following manufacturer's recommendations when administering medications. The pharmacy consultant will monitor on-going compliance during monthly reviews. Outcomes will be reported to the QA committee.	6-6-14

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F 425	Continued From page 5 her breakfast. According to the nursing drug guide " Nursing 2013, Drug Handbook ", the manufacturer recommended that Levoxyl be administered on an empty stomach ½ to 1 hour before breakfast. The manufacturer also recommended Levoxyl doses be separated from calcium supplements by 4 to 5 hours. Review of the clinical record revealed physician orders were to give the thyroid medication daily. There was no documentation in the monthly pharmacy reviews related to the timing of the administration of the thyroid medication.	F 425		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. 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.	F 431	The vials of Tubersol and influenza vaccine were discarded. The second medication refrigerator was checked to ensure no outdated or undated biologicals were present. Licensed staff were re-inserviced to ensure dating of biologicals when opened and discarding when out-dated. The DNS/designee will routinely monitor medication refrigerators to ensure on-going compliance. Outcomes will be reported to the QA committee.	6-6-14

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F 431	Continued From page 6 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. 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 ControlAct 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,interview and record review, the facility failed to ensure all vaccines and biologics were appropriately labeled/dated and discarded as indicated, in one of two medication rooms. This failure to properly manage/maintain vaccine and biologics according to pharmacy and manufacturer recommendations placed residents at risk to receive vaccinations that lacked potency and tuberculin screening that may have been inaccurate. Findings include: On 05/14/2014 at 3:07p.m.,the medication room utilized by both the Sky River and the Reflections units was reviewed with Staff A, Registered Nurse (RN) and Staff B, RN. During this review, three multi-use vials of influenza (flu) vaccine were observed in the refrigerator housed within the	F 431		

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F 431	Continued From page 7 medication room. Two of the bottles had handwritten dates to identify when they had been opened; however, the third vial lacked an open date. One bottle had an open date of 11/03, and one was dated 11/06. All three of the vials showed a product expiration date of 04/2014. Additionally, the refrigerator contained an open vialof Tubersol(a biologic used in the screening of tuberculosis). This open vial of Tubersol lacked a date to denote when it had been opened. When asked about the handwritten dates noted on the influenza vials, Staff A, confirmed the dates designated when the vial(s) had been opened by licensed staff. Staff A further indicated the vials of influenza should have been discarded due to the expiration date identified by the manufacturer and prin ed on the label. Staff A was uncertain of the facility policy for maintaining/managing open vials. On 05/14/2014 at 3:07p.m., Staff B consulted with the RCM and reported licensed staff should maintain influenza vaccine untilthe end of the flu season and then discard it. Staff B clarified the facility recognized 10/01/13 through 03/31/14 as the flu season and all of the remaining flu vaccine should have been discarded. Staff B proceeded to dispose of the three vials. Additionally, when asked regarding the open vial of Tubersol, Staff B stated, " ..if it were me, I would not use it (Tubersol) because it is not labeled and we do not know how long it has been opened ... " Staff B then proceeded to dispose of the open, unmarked vial.	F 431		

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F 431	Continued From page 8 When asked, both Staff A and Staff 8 stated all licensed staff who utilized the medication cart, treatment cart and medication room were responsible for checking expiration dates of medication and treatment supplies prior to administration and/or use. Expired products, once identified were to be destroyed. Both staff denied that there was any scheduled or routine process for reviewing/purging expired or no longer used medication and/or treatment supplies. On 05/15/2014 at 8:15a.m., Staff C, Resident Care Manager (RCM) shared that it was the responsibility of all licensed staff who were involved with the administration of medications and treatments to monitor/maintain the medication cart, treatment cart and the medication room. Staff C, denied that there was an established routine or schedule for monitoring/managing medication and treatment supplies, but that it was a shared responsibility across all three shifts, " ..whatever works for them ... " On 05/15/2014 at 1:47 p.m., the Director of Nursing Services (DNS) stated the facility offered flu vaccine to all residents during the designated flu season identified to be 10/01/13 through 03/31/14 as recommended by the Center for Disease Control. The DNS further stated all licensed staff were expected to mark all vaccine vials with an open date and to discard any unused vaccine at the end of 30 days. Additionally, she clarified all unused flu vaccine should have been discarded at the end of flu season. The DNS indicated she was aware the open, unused flu vaccine had remained in the Sky River medication room refrigerator.	F 431		

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F 431	Continued From page 9 The DNS further shared previously, the facility's pharmacy had conducted monthly reviews of the medication and treatment carts, but this practice had been discontinued when the facility changed to a different contracted pharmacy.	F 431		