STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. BUILDING _____ B. WING _____	05/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	750 MAIN ST E MAYVILLE, ND 58257

JUN 22 2010

(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
F 000	INITIAL COMMENTS For the standard Medicare/Medicaid survey, started on 05/24/10 and completed on 05/26/10, the sample included 4 residents for complete review, 12 residents for focused review, and 3 closed records for review.	F 000		
F 329 SS=D	483.25(l) 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 medical record review, review of professional reference, and staff interview, the	F 329	F329 1. Corrective action will be accomplished by having the MD document continued use of the anti-anxiety in resident #6 (see attachment #1), providing staff education (see attachments #2,3,&4), and the QA audit tool for psych meds including anti-anxiety meds (see attachment #5). 2. Any resident on an anti-anxiety med has the potential to be affected by this. 3. The facility put the following measures in place: A. Met with the consultant pharmacist on 6-7-10. She will begin her monthly anti-anxiety reviews when she does her monthly July 2010 monthly regime reviews. B. Mandatory licensed nurses meeting was held June 8th and 10th (see attachment #2,3,&4). C. QA audit tool updated to include anti-anxiety meds (see attachment #5). 4. Corrective action will be accomplished by 6-30-10.	6-30-10

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

Administrator 6/21/10

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 329	Continued From page 1 facility failed to ensure the drug regimen was free of unnecessary medication for 1 of 2 sampled residents (Resident #6) receiving a regularly scheduled antianxiety medication. Failure to consider gradual dose reduction (GDR), unless clinically contraindicated, in an effort to discontinue psychopharmacological medication, has the potential to prevent the resident from achieving her highest practicable mental, physical, and psychological well-being. Findings include: The Centers for Medicare and Medicaid Services (CMS) has outlined the standards of practice regarding the tapering of a medication dose/GDR, which states the purpose of tapering a medication is to find an optimal dose or to determine whether continued use of the medication is benefiting the resident. Tapering may be indicated when the resident's clinical condition has improved or stabilized or the underlying causes of the original target symptoms have resolved. Often, however, the only way to know whether a medication is needed indefinitely and whether the dose remains appropriate is to try reducing the dose and to monitor the resident closely for improvement, stabilization, or decline. During a resident's first year on an antianxiety medication, the facility should attempt to taper the medication during at least two separate quarters, and after the first year a tapering should be attempted annually, unless clinically contraindicated. Review of Resident #6's medical record occurred on May 24-26, 2010. Diagnoses included chronic anxiety disorder, somatization disorder (chronic complaints of physical symptoms that have no identifiable physical origin), psychosis, and	F 329	5. Our facility plans on monitoring as follows: A. QA coordinator or designated staff person will do a monthly QA audit on any resident that is on an anti-anxiety med (see attachment #5). B. Consultant pharmacist will be given a list of residents on anti-anxiety meds and will review monthly with her drug regime reviews starting July 2010.	

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F 329	Continued From page 2	F 329		

dementia. Review of Resident #6's Minimum Data Sets (MDS) for the past year showed she used an antianxiety medication on all seven days of the seven-day look back period for the MDSs, dated 04/08/10, 01/17/10, 10/08/09, and 07/08/09.

The Medication Administration Record (MAR) showed an order, dated 05/27/08, for "Ativan 0.25 mg [milligrams] every A.M." Another entry, dated 12/21/06, showed an order for "Ativan 0.25 mg tid/prn [three times daily if needed]." The MAR identified Resident #6 received the scheduled Ativan daily, and the prn Ativan five times in April and no times from May 1-25, 2010.

Resident #6's careplan, dated 05/31/05, listed, "Problem: At risk for injury/falls r/t [related to] psychotropic med use. Medication: Ativan. . . . Approach: . . . Monitor effectiveness of medication. . . . Medication reduction as able. [Name of Psychiatric Care Center] visits as recommended. . . ." Resident #6's careplan noted a fall occurred on 09/09/09. The resident experienced another fall on 04/08/10, in which she rolled off the bed and hit her head on the nightstand, causing a skin tear.

Lippincott, Williams, & Wilkins, "Nursing2007 Drug Handbook," 27th edition, page 494 states regarding Ativan, "Adverse Reactions: . . . sedation, dizziness, weakness, unsteadiness . . . Contraindications & Cautions: . . . Use cautiously in elderly . . ."

Resident #6's psychiatric progress notes, dated 12/03/09, noted, "She's reluctant to take any new medication - since she's in no acute distress [and] since meds haven't helped in past, I don't see that benefits would outweigh risks." Review of the

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F 329	Continued From page 3 [Name of Psychiatric Care Center] and regular physician progress notes for the past year showed no evidence a GDR had been attempted or documentation indicating a clinical contraindication for tapering the Ativan. During an interview on 05/25/10 at 5:15 p.m., an administrative nurse (#1) stated, "Psych [psychiatric] services sees her [Resident #6] and have tried different medications over the past few years, but she often refuses to take anything new and only consistently accepts the Ativan. When residents are seen by psych, usually the primary physician won't address the psych medications or dose reduction, as [the primary physician] expects psych to do so." Failure of the facility to consider a GDR of the Ativan, unless clinically contraindicated, may have prevented Resident #6 from maintaining her highest practicable level of functioning and may have contributed to adverse consequences related to medication therapy.	F 329		
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced	F 428	F428 1. Correction action will be accomplished by meeting with consultant pharmacist on 6-7-10 and having her review each resident that is receiving an anti-anxiety (see attachment #6) and by using the QA audit tool monthly (see attachment #5). 2. Any resident on an anti-anxiety med has the potential to be affected by this. 3. The facility has put the following measures into place:	

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F 428	Continued From page 4 by: Based on medical record review, review of professional literature, and staff interview, the consulting pharmacist failed to identify and report a drug regimen irregularity regarding gradual dose reduction (GDR) to the attending physician and the director of nursing for 1 of 2 sampled residents (Resident #6) receiving a regularly scheduled antianxiety medication. Failure to suggest a GDR of Ativan has the potential for the resident to receive unnecessary medication and suffer adverse consequences related to the medication. Findings include: The Centers for Medicare and Medicaid Services (CMS) has outlined the standards of practice regarding Medication Regimen Review (MRR). CMS has defined MRR as a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences associated with medication. The review includes preventing, identifying, reporting, and resolving medication-related problems, medication errors, or other irregularities, and collaborating with other members of the interdisciplinary team. The pharmacist must review each resident's medication regimen at least once a month. Review of Resident #6's medical record occurred on May 24-26, 2010. The Medication Administration Record (MAR) showed an order, dated 05/27/08, for "Ativan 0.25 mg [milligrams] every A.M." Another entry, dated 12/21/06, showed an order for "Ativan 0.25 mg tid/prn [three times daily if needed]." The MAR identified Resident #6 received the scheduled Ativan daily,	F 428	A. Met with the licensed pharmacist on 6-7-10 and she will begin monthly anti-anxiety reviews starting July 2010. B. QA audit tool for psych meds was updated and anti-anxiety meds were added (see attachment #5). 4. Corrective action will be accomplished by 6-30-10. 5. Our facility plans on monitoring as follows: A. QA coordinator or designated staff person will do a QA audit on any resident that is on an anti-anxiety (see attachment #5). B. Consultant pharmacist will review residents on anti-anxiety meds monthly.	6-30-10

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F 428	Continued From page 5 and the prn Ativan five times in April and no times from May 1-25, 2010. Resident #6's careplan, dated 05/31/05, listed, "Problem: At risk for injury/falls r/t [related to] psychotropic med use. Medication: Ativan. . . . Approach: . . . Monitor effectiveness of medication. . . . Medication reduction as able. . . ." Resident #6's careplan noted a fall occurred on 09/09/09. The resident experienced another fall on 04/08/10, in which she rolled off the bed and hit her head on the nightstand, causing a skin tear. Lippincott, Williams, & Wilkins, "Nursing2007 Drug Handbook," 27th edition, page 494 states regarding Ativan, "Adverse Reactions: . . . sedation, dizziness, weakness, unsteadiness . . . Contraindications & Cautions: . . . Use cautiously in elderly . . ." During an interview on 05/25/10 at 5:15 p.m., an administrative nurse (#1) could provide no evidence of tapering of the Ativan in the past year or documentation that GDR was clinically contraindicated for Resident #6. Review of the physician progress notes for the past year lacked evidence of a GDR or documentation a GDR was clinically contraindicated for the Ativan. Review of the consulting pharmacist's monthly MRRs, dated May 2009 through May 2010, identified "no problems noted." All thirteen MRRs lacked documentation of a need to consider a GDR of the Ativan. Failure of the consulting pharmacist to	F 428		

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F 428	Continued From page 6 recommend a GDR of the Ativan has the potential to prevent Resident #6 from maintaining her highest practicable level of functioning and may have contributed to adverse consequences related to medication therapy.	F 428		
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. 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 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.	F 431	F431 1. Corrective action was accomplished by purchasing new refrigerators for B-wing and MLL, providing staff education (see attachment #2,3,&4) and changing our daily refrigerator temperature log form (see attachment #7). 2. Any resident receiving meds stored in the refrigerators had the potential to be affected by it. 3. The facility put the following measures in place: A. Two new refrigerators were purchased. B. Anucort-HC was disposed of and will now be stored in a non-refrigerated area (see attachment #3). C. Other meds were reviewed by pharmacy and deemed safe to use. D. New daily refrigerator logs were put out (see attachment #7). E. Mandatory licensed nurses meeting held (see attachments #2,3,&4). F. Met with consultant pharmacist 6-7-10. G. Memo put out 5-26-10 (see attachment #10).	

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F 431	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of professional literature, and staff interview, the facility failed to store all drugs and biologicals under proper temperature controls, in the medication refrigerators, on 2 of 3 units (B-wing and Meadowlark Lane). Failure to maintain the temperature within an acceptable range has the potential to affect the potency and efficacy of the medication. Findings include: - On 05/26/10 from 9:45-10:18 a.m., the medication room inspection occurred on the B-wing. The refrigerator temperature log for May 2010 stated, "Check items daily. * Note all refrigerator temperatures must be below 41 degrees." Medications observed in the refrigerator should not be allowed to freeze. In addition, some medications had specific storage temperatures identified as 36 degrees or higher. The temperature log revealed the temperature inside the refrigerator to be less than 36 degrees on 20 of the 26 days of May; with nine days at 34 degrees, ten days at 32 degrees, and one day at 28 degrees. Observation of the contents of the refrigerator included: * Two Promethazine HCL suppositories 25 milligrams (mg). Turkoski, Lance, Bonfiglio, "Drug Information Handbook for Nursing, 2007, 8th ed., Lexi-Comp, Inc., Ohio, page 1036, states, "Store at 36-46 degrees F [Fahrenheit]." * TB Tubersol. Four boxes labeled, "Store at	F 431	4. Corrective action will be accomplished by 6-30-10. 5. Our facility plans on monitoring as follows: A. Using the new "Daily Refrigerator Temperature Logs" (see attachment #7,8A,&8B)	6-30-10

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F 431	Continued From page 8 35-46 degrees, DO NOT FREEZE." * Hepatitis B Vaccine (Engerix-B). Two boxes labeled, "Store refrigerated between 36-46 degrees. Do not freeze. Discard if frozen." * Anucort-HC (Hydrocortisone Acetate) 25 mg. One box labeled, "Store between 59-86 degrees. Protect from freezing." * Pneumovax 23. One box labeled, "Store at 36-46 degrees." On 05/26/10 during the B-wing medication room inspection, a licensed nurse (#3) stated, "I would adjust the thermostat [if refrigerator temperature was 32 degrees or below] and discard frozen items, but have never had to do so." Observation of the B-wing refrigerator temperature log failed to show any adjustments made to the thermostat by staff. - Observation of the Meadowlark Lane medication refrigerator occurred on 05/26/10 at 7:35 a.m. The refrigerator thermometer read 33-34 degrees F and contained the following: * Two NovoLog insulin pens. The package insert states, "Unused NovoLog should be stored in a refrigerator between 36 to 46 degrees F. . . . Do not freeze NovoLog and do not use NovoLog if it has been frozen. . . ." * LeCups pudding with ice crystals on it. Review of the Meadowlark Lane refrigerator temperature log for May 2010 occurred the morning of 05/26/10. The log showed the temperature below 36 degrees on 24 of 26 days, with 20 days at 34 degrees and 4 days at 32 degrees. On 05/26/10 at 11:02 a.m., an administrative nurse (#4) confirmed the facility does not have a	F 431		

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F 431	Continued From page 9 policy related to medication refrigerator temperatures. On 05/26/10 at 11:58 a.m., an administrative nurse (#2) reported the consulting pharmacist indicated the temperature of the medication refrigerators should be close to 41 degrees, but a range of 36 to 46 degrees is okay.	F 431		