

THE QUARTERLY CONNECTION

Quarterly Report from Pharma-Care, Inc., Health Care Consultation Specialists

Fourth Quarter 2011

Phone: (732) 574-9015

136 Central Ave., Clark, New Jersey 07066

Fax: (732) 499-6778

State Survey Results of LTC Facilities: Recorded Trends

Our review of the last quarter State Survey identifies the following areas as having frequently cited deficiencies:

F276, F278, F279 - Quarterly Review Assessment

All were related to Care Plans and Assessments, MDS 3.0 Issues:

- Triggers on MDS need further assessment, care planning and implementation.
- Quarterlies not done in a timely manner.

F281-Professional Standards

- Charting blanks of the MAR and/or TAR.
- All PRN or "as-needed" medication orders should include an indication for use.
- No sequencing of PRN medication with the same indication for use. PRN orders with the same indication (or diagnosis) should be sequenced.
- Order for a blood pressure medication with hold parameters. The order was held for greater than five days with no notification to physician.
- Medication circled as "not given because resident was out to dialysis". Nursing needs to be mindful of when a resident is not in the building.

F332 - Medication Errors

1. Aspirin Floor Stock - Administering the wrong formulation of house stock aspirin:
 - a. Enteric coated aspirin vs. non-enteric coated aspirin
 - b. Chewable aspirin 81 mg vs. enteric-coated aspirin 81 mg
 - c. Interchanging 325 mg aspirin for 81 mg or 162 mg aspirin
2. Calcium Floor Stock - Administering the wrong formulation of house stock calcium:
 - a. Calcium 250mg vs. calcium
 - b. Calcium with D vs. calcium with no vitamin D

c. Administering calcium carbonate vs. calcium citrate

3. Taking a radial pulse instead of an apical pulse with the administration of digoxin.
4. Not finishing the morning med pass in a timely fashion.

F386, F388 - Physician Visits

- Physician must provide oversight of all resident care issues.
- Physicians orders not signed every 30 days.
- Physician not overseeing nurse practitioner services. (Physician must do the initial/baseline assessment and follow-up visits every 60 days, or every other month, alternating visits with the nurse practitioner).

F428 -Drug Regimen Review

Facility and/or physician not following up on pharmacy consultant recommendations.

NOTE: The manufacturer of Plavix has updated their package insert and now specifically state that Protonix is the PPI of choice when using Plavix.

Serving the Needs of the Long-Term Care Resident for 35 Years



July 2011 marked Pharma-Care, Inc.'s 35th anniversary in the consultant pharmacy business. Pictured above is CEO and founder Harlan Martin at work circa mid-eighties. Styles and looks have changed, but our commitment to serving the needs of residents remains our foremost concern.



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Health Care Consultation Specialists
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Could Using EPIC Have Avoided This Death?

An article published in "Caring for the Ages" (August 2011 by Janet K. Feldkamp, JD, RN, LNHA), followed the case of a 68 year old woman with a history of dementia and multiple strokes. Prior to transfer to a nursing home, the patient was started on **risperidone 0.5 mg twice daily**. The discharging nurse did not include the decimal point with the risperidone order and the order was read as **risperidone 5 mg twice daily**.

The care team at the nursing home, including physician, nurse and pharmacist, did not question the strength of the risperidone order. This resident died of cardiac arrest eleven days after her admission. At the time of death, there was no diagnosis documented for the risperidone order.

Please remember that CMS requires "**pharmacists question every irregular medication order**". Had this nursing home used the EPIC system, the total daily dose of risperidone would have been questioned, noting that **2 mg of risperidone is the maximum recommended daily dose for this age group**. In addition, a request that a diagnosis be included not only with the order for risperidone, but for all medication orders.

Perhaps EPIC could have prolonged the life of this resident. For more information call our EPIC Administrator, Richard Corritore, PharmD, CCP, RPh at 732-943-3573.

CMA Course Available for CNAs

"Thank you for providing a great course. The two instructors were both pleasant, thorough, and were able to make a pretty dry subject, humorous and fun!"

C.S., Student

Did you know that Pharma-Care, Inc. is a provider of state-approved classes that train CNAs to become Certified Medication Aides?

Classes are held one day a week over five weeks, totaling 30 hours, at facilities throughout the state as well as at our Clark, NJ classroom. Students then make arrangements to complete three med passes at an assisted living supervised by a RN or pharmacist and finally, must take a state exam within three months of completing the classes.

Call Maureen Ziegler for information at (732) 574-9015, ext 105.

Fewer Than Half of Nurses and Other Health Care Workers Get Vaccinated

Despite the documented benefits of flu vaccination for nurses and other health care workers, fewer than half of health care professionals receive a vaccine each year. Since health care workers are on the front line to care for patients, they are more vulnerable to get sick and spread flu to residents, colleagues, and family members. The CDC encourages all healthcare workers to get the flu vaccine and reminds that:



You cannot get the flu from the influenza vaccine.

Influenza can be a serious and life-threatening disease.

The influenza virus is unpredictable.

Flu viruses are constantly changing, so a new vaccine is made every year. It is necessary to get a vaccination every year. The 2010-11 seasonal flu vaccine protects against three viruses, including the H1N1 virus that caused so much illness last season.

Welcome to Our New Clients

Advanced Surgical Arts Center

Allure Plastic Surgery

Ambulatory Surgical Center of NJ

Excel Surgery Center

Salem County Facilities Sign Unique Agreement

In a first of its kind agreement in NJ, all seven Salem County long-term care facilities have signed an agreement that will allow them to assist each other in the event of an emergency or disaster. Previously each facility had agreements with others on a one-to-one basis. The new agreement allows residents from one facility to be sent to any other facility in Salem County if an emergency occurs.



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