

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER MAINEGENERAL REHAB & LONG TERM CARE - GLENRIDGE		STREET ADDRESS, CITY, STATE, ZIP 40 GLENRIDGE DRIVE AUGUSTA, ME 04330	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0760 Level of harm - Actual harm Residents Affected - Few	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents reviewed for medications were free of significant medication errors, resulting in a resident requiring transfer to the hospital for emergency evaluation (#1) Finding: The Division of Licensing and Certification received a facility reported incident that indicated on 8/7/2020, at 7:30 a.m., Resident #1 received both 36 units of Basaglar insulin and 36 units of [MEDICATION NAME]in error which resulted in [DIAGNOSES REDACTED] and [MEDICAL CONDITION]. Resident #1 was transported to the emergency room and subsequent admission to the hospital. A review of Resident #1's Medication Administration Record [REDACTED]. Order dated 7/31/2020 instructing nursing to administer Basaglar KwikPen U-100 Insulin 100 units/ml Subcutaneous One time daily for seven days starting 7/31/2020 with a note indicating Do not reorder Basaglar. Order [MEDICATION NAME] when Basaglar supply is depleted. See new order for [MEDICATION NAME] to start on 8/7/2020 because insurance will not pay for Basaglar. 2. Order dated 7/16/2020 instructing nursing to administer Basaglar KwikPen U-100 Insulin 100 units/ml Subcutaneous Every one day. 3. Order written on 7/31/2020 instructing nursing to administer [MEDICATION NAME] U-100 Insulin 100/unit/ml 36 units one time daily starting 8/7/2020. On 9/3/2020 at 3:22 p.m., in an interview with the Licensed Practical Nurse (LPN), she confirmed that on the morning of 8/7/2020, she administered to Resident #1, 36 units of Basaglar insulin and 36 units of [MEDICATION NAME]in error. A review of the nursing notes dated 8/7/2020 indicated the resident was sent to the emergency room due to having [MEDICAL CONDITION]. A review of the hospital discharge summary dated 8/11/2020 stating Resident #1 was admitted to the hospital from the facility after accidentally being given two doses of his/her long-acting insulin for a total of 70 units of insulin and with concern for [MEDICAL CONDITION] activity. A review of facility's Root Cause Analysis Significant Event timeline stated the order for Basaglar insulin (dated 7/16/20) did not have a stop date and still showed up on the MAR, resulting in the insulin being administered incorrectly. Education was provided to nursing staff regarding double checking the medication orders. On 9/2/2020 at 11:14 a.m. the surveyor confirmed the significant medication error resulting in hospitalization with the Senior Director of Nursing Services. As a result of the facility's investigation, the following corrective action was taken: 1. Med change was made due to insurance non-coverage. Medications left from previous orders will be discarded and new orders will be started immediately. 2. Staff will ensure all orders are double checked by a second Registered Nurse (RN) RN is not to activate their own orders. If a second check is not done a medication variance would be created and education provided to the RN. 3. A notification will be added to the ALERT ribbon in My Unity. 4. Education was provided to nursing staff on regarding double checking of orders and will be reviewed at the September licensed staff meeting.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.