

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  Whispering Pines Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  38 Talmadge Avenue East Haven, CT 06512	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #2) reviewed for medication administration, the facility failed to ensure medication orders were transcribed accurately and failed to ensure the resident was free from medication errors. The findings include:</p> <p>Resident #2's diagnoses included conversion disorder with seizures or convulsions. The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicative of no cognitive impairment, and had a seizure disorder.</p> <p>The Resident Care Plan (RCP) dated 1/15/2025 identified a potential for seizure activity related to seizure disorder. Interventions directed to medicate as ordered and monitor for effectiveness.</p> <p>Physician order dated 1/10/2025 directed Lamictal XR (Lamotrigine, used to control seizures) oral tablet Extended Release 24-hour 100 milligram (mg) one (1) time a day.</p> <p>Additional physician order dated 1/10/2025 directed Lamotrigine ER oral tablet Extended Release 24-hour 25 mg (Lamotrigine) Give one (1) tablet by mouth one time a day for ANTICONVULSANTS for 1 week Week 5: (take with 100 mg for a total of 125 mg daily) AND Give 2 tablet by mouth one time a day for ANTICONVULSANTS Week 6: take with 100 mg for a total 150 mg daily and continue this dose.</p> <p>A physician order dated 1/24/2025 directed Lamotrigine ER Oral Tablet Extended Release 24 hour (Lamotrigine) Give 125 mg by mouth one (1) time a day.</p> <p>The manufacturing information review identified Lamictal was the brand name, and the generic medication name was Lamotrigine (same medication/drug).</p> <p>Review of January Medication Administration Record (MAR) directed start date 1/10/2025 Lamictal XR oral tablet extended release 24-hour 100 mg (Lamotrigine) give 1 tablet by mouth one time a day for anticonvulsant, was signed to identify it was administered daily from 1/11 through 1/26/2025.</p> <p>Additional review of January MAR indicated Lamotrigine ER oral tablet extended release 24 hour (Lamotrigine) 125 mg was signed to identify it was administered daily on 1/25 and 1/26/2025.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER  Whispering Pines Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 38 Talmadge Avenue East Haven, CT 06512	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Incident report dated 1/27/2024 identified Resident #1 received Lamotrigine 100 mg and 125 mg on 1/25 and 1/26/2025. The report indicated the 100 mg dose was supposed to be discontinued on 1/24/2025. The APRN was notified, and new orders were obtained to monitor vital signs every shift for three (3) days.</p> <p>Review of nurses note dated 1/27/2025 at 10:46 AM identified a medication error. A new Lamotrigine orders were received and transcribed without full discontinuation of the previous order resulting in administration of both orders on 1/25 and 1/26/2025. The APRN was notified with new orders to monitor vital signs every shift for 3 days, neurology and family notified.</p> <p>Interview, clinical record review, and facility documentation review on 2/26/2025 at 9:30 AM with the ADNS identified Resident #2 had an order for Lamictal XR 100 mg daily and on 1/25 and 1/26/2025 Resident #2 received an additional 125 mg in error. The ADNS stated the 100 mg should have been discontinued and Resident #2 should have been receiving only the 125 mg dose. The ADNS stated although she entered the order on 1/24/2025 that directed to administer 125 mg, she did not discontinue the order for 100 mg, and she should have.</p> <p>Interview, clinical record and facility documentation review with DNS on 2/26/2025 at 1:58 PM identified Resident #2 received an additional 100 mg of Lamictal (Lamotrigine) on 1/25 and 1/26/2025 in error. The DNS stated it was a transcription error, and the ADNS was provided education to ensures she reviewed all of Resident 2's medications when she entered the new order. Resident #2's neurologist and the medical director were notified, labs were ordered to check levels.</p> <p>Interview with the DNS identified the facility did not have a medication order transcription policy.</p> <p>Review of facility Medication Orders Policy directed in part; each medication order should be documented the Medication Administration Record (MAR). When a new order changes the dosage of previously prescribed medication, discontinue previous entry by writing DC'd and the date, or discontinue the order as per the electronic software instructions and re-type the new order.</p>		