

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

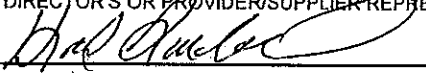
PRINTED: 04/19/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345168	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING  <b>APR 29 2011</b>	(X3) DATE SURVEY COMPLETED  04/13/2011
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - GREENVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2910 MACGREGOR DOWNS GREENVILLE, NC 27834
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(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
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F 000	INITIAL COMMENTS	F 000		
F 431 SS=D	<p>No deficiencies were cited as a result of the complaint investigation conducted 4/10/2011 to 4/13/2011. Event ID# X3IY11</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	F 431	<p><i>Please accept this Plan of Correction as Golden Living Center's credible allegation of compliance. This Plan of Correction shall not be construed as an admission of fault nor agreement with the finding of non-compliance. The Plan of Correction is provided pursuant to Federal requirements which require an acceptable Plan of Correction as a condition of continued certification.</i></p> <p><b>F 431 Drug records, Label/Store Drugs &amp; Biologicals</b></p> <p>The facility will continue to store all drugs and biologicals in locked compartments under proper temperature controls.</p> <p><u>Criteria 1</u> The refrigerator was replaced, and is equipped with a new thermometer. All drugs in the refrigerator were returned to the pharmacy for disposal.</p> <p><u>Criteria 2</u> The refrigerator in the medication room on Nurse Station 2 was inspected, and was found to be in compliance.</p>	4/26/11  4/26/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 4/26/2011
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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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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - GREENVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2910 MACGREGOR DOWNS GREENVILLE, NC 27834	
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F 431	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observations and a staff interview, the facility failed to maintain a temperature of the medication refrigerator between 36 degrees to 46 degrees fahrenheit for 1 of 2 medication storage rooms.</p> <p>An observation with the Director of Nursing (DON) on 4/13/11 at 2:23 pm revealed medication storage room 1 refrigerator temperature to be at 21 degrees fahrenheit. There was ice build up around the back of the refrigerator.</p> <p>An observation with the DON and Nurse Consultant on 4/13/11 at 2:55pm revealed the refrigerator temperature at 32 degrees fahrenheit. The temperature log for the month of April 2011 readings were all below 36 degrees fahrenheit. The temperatures ranged from 24 degrees fahrenheit to 32 degrees fahrenheit. The facility did not keep any temperature log records prior to the month of April 2011. There was ice buildup observed in the refrigerator.</p> <p>On 4/13/11 at 2:55pm the following medications were observed in the refrigerator: 2 bottles of Lantus, 1 bottle of Novolin Insulin, 1 bottle of Novolog Insulin, 1 bottle of Xalatan Eye Drops, 5 Phenergan Suppositories, 1 bottle of Novolin 70/30 Insulin, 1 bag of Vancomycin Intravenous and 2 refrigerated ED kits.</p> <p>An interview with the DON at 3:45pm on 4/13/11 revealed that they should have nursing staff checking and documenting the medication</p>	F 431	<p><u>Criteria 3</u> Temperature logs will be kept on all medication refrigerators, and documented daily. The log has been improved, providing acceptable temperature ranges, and clear instructions when temperatures deviate from acceptable parameters. Maintenance will be notified immediately when temperatures are not acceptable.</p> <p><u>Criteria 4</u> Nursing staff inserviced on expectations of checking logs daily. Pharmacy Consultant will also check logs during monthly visits. Temperature log will be monitored daily by nursing designee for 14 days, then weekly for 4 weeks, then monthly for 3 months. Monthly temperature logs will be submitted to the Director of Nursing at the end of each month. Results of the temperature log will be reported to the Quality Assurance Committee monthly, to determine effectiveness of the corrective plan.</p>	5/5/11  5/5/11

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F 431	Continued From page 2 storage temperatures instead of the unit secretary.	F 431		