

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

JAN 29 2013

(01/22/2013)

PRINTED: 01/22/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2013
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NAME OF PROVIDER OR SUPPLIER ROANOKE RIVER NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 119 GATLING STREET WILLIAMSTON, NC 27892
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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 No deficiencies were cited as a result of a complaint investigation survey of 1/10/13. Event ID# PGL811.	F 000	Roanoke River Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.	1/25/13
F 431 SS=D	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	Roanoke River Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Roanoke River reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. F 431 483.60 (b), (d), (e) Drug Records, Label/Store Drugs and Biologicals 1. The 2 outdated insulin's noted in the med cart for rooms 12-35 were discarded by E.Brown on 1/10/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Patricia Clark</i>	TITLE <i>Administration</i>	(X8) DATE 1/24/13
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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 ROANOKE RIVER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 119 GATLING STREET WILLIAMSTON, NC 27892		
(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 431	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to discard 2 outdated vials of insulin on 1(Medication cart for Rooms 12 -35) of 4 medication carts. Findings include: Review of an undated facility policy titled "Medication Expiration Dates" under the section titled "Expiration of Opened Multi-Dose Vials" the policy read in part: "all multi-dose vials shall be dated by the designated staff person at the time that the seal is broken and the first dose drawn. Subsequently the following expiration dates shall be observed: 28 days: Insulin." An observation, on 01/10/13 at 2:30 PM, was made of the medication cart designated for residents in rooms 12 -35 and in the presence of Nurse #1. During the observation, there were 2 bottles of insulin observed to be opened and dated 11/11/12. The dates on the vials were confirmed with Nurse #1 and she indicated the vials should be discarded after 28 days. An interview, on 01/14/13 at 10:41 AM, was conducted with the Director of Nursing (DON). The DON stated the night shift was in charge of checking the medications carts and disposing of expired medication at the time of expiration. She indicated it was her expectation that medications that expired would be discarded as appropriate.	F 431	2. All med carts and med rooms were audited for outdated multidose injectables and discarded by administrative nurses completed on 1/23/13 3. 100% in-servicing for nurses and medication aides on properly labeling and discarding expired multidose injectables to include insulin's was done by the SDC nurse and completed on 1/25/13 . Multidose injectables will be audited by the Administrative nurse's weekly X's 4 weeks using a QI audit tool, then monthly. 4. The Executive QI committee will meet and review audits to identify and address concerns and/or trends, to follow up as necessary and to determine the frequency and need for continued monitoring weekly X4, then monthly X3.		

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NAME OF PROVIDER OR SUPPLIER ROANOKE RIVER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 119 GATLING STREET WILLIAMSTON, NC 27892	
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K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story. Facility does not have a fully automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	Roanoke River Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.	
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: 1. laundry room door on clean side did not close and latch. 2. door to med. records storage room was not	K 029	Roanoke River Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Roanoke River reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. K029 1. The door for the medical records room has been ordered and will be replaced with a fire rated door with self-closer by 2/22/13.	3-16-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Maeto Clark* TITLE: *Administrator* (X6) DATE: *2/13/13*

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NAME OF PROVIDER OR SUPPLIER. ROANOKE RIVER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 119 GATLING STREET WILLIAMSTON, NC 27892	
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K 029	Continued From page 1 self closing and not rated (building is not sprinkled).	K 029	2. An audit by the administrator and the maintenance director will be conducted to ensure other doors in the facility are within the guidance of NFPA 19.3.2.1 by 2/14/13. All door found to be in need of replacing will be ordered by 2/15/13.	
K 062 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19:7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: per sprinkler report from Sunland Sprinkler Co. gauge on sprinkler system needs to be replaced. Also, no wrench was in sprinkler box.	K 062	3. The administrator will inservice the maintenance director on Hazardous Areas and what rating the door must be by 2/14/13. 4. The maintenance director will ensure all doors are at code and will bring to safety meeting monthly for two months.	
K 066 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not	K 066	K062 1. The gauge for the sprinkler system was replaced on 2-1-13 and the wrench was ordered and will be in by 2-22-13. 2. There is no other sprinkler system to audit. 3. The administrator will inservice the maintenance director on this requirement and ensure the maintenance director will have gauge replace timely by 2-13-13. 4. The maintenance director will report at the next safety meeting the correction of this requirement.	2/22/13

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K 066	Continued From page 2 responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4	K 066	K066 1. Ashtrays of noncombustible material have been placed in the smoking areas. A red metal container with self-closing lid has been ordered and will be in place by 2-22-13 2. The administrator will audit both smoking areas to ensure they both meet the life safety codes by 2-11-13. 3. The administrator will inservice the maintenance director on what should be in the smoking areas by 2-13-13. 4. The administrator will audit weekly for four weeks then monthly for three months to ensure materials in the smoking areas are safe and within code and bring the results of the audit to the monthly safety meeting for four months.	2/22/13
K 130 SS=E	42 CFR 483.70(a) NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: employee smoking area is not equipment with noncombustible ash trays and metal container with self closing cover.	K 130		
	This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings			

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K 130	Continued From page 3 Include: excess lint build up behind dry's in laundry room. 42 CFR 483.70(a)	K 130	K130 1. The lint behind the dryers have been blown out. 2. The lint behind the dryers has been audited and the lint behind the dryer will be blown out twice a week by the maintenance department. 3. The administrator will inservice the maintenance director on keeping behind the dryers free from lint build up by 2-13-13. 4. The administrator will audit the lint behind the dryer dally (five days a week) for three weeks to ensure cleaning twice a week is sufficient and get with the maintenance director with any changes to the schedule. The administrator will be brought to the monthly safety meeting.	2/15/13

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NAME OF PROVIDER OR SUPPLIER ROANOKE RIVER NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 119 GATLING STREET WILLIAMSTON, NC 27892
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story. Facility does not have a fully automatic sprinkler system.</p> <p>The deficiencies determined during the survey are as follows: no LSC deficiencies noted at time of survey.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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