

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

PRINTED: 08/22/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 08/08/2013
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NAME OF PROVIDER OR SUPPLIER  WILLOW RIDGE OF NC LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 237 TRYON ROAD RUTHERFORDTON, NC 28139
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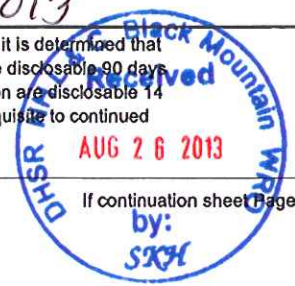
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{F 431} SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs 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> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff</p>	{F 431}	<p><b>THIS RESPONSE AND PLAN OF CORRECTION IS BEING SUBMITTED PURSUANT TO THE APPLICABLE FEDERAL AND STATE REGULATIONS. NOTHING CONTAINED HEREIN SHALL BE CONSTRUED AS AN ADMISSION THAT THE FACILITY VIOLATED ANY FEDERAL OR STATE REGULATION, OR FAILED TO FOLLOW ANY APPLICABLE STANDARD OF CARE.</b></p> <p><b>F 431</b></p> <p>1- Corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice by: A) Medication carts and medication room were immediately inspected for expired and/or undated medication. Any expired medication found was immediately destroyed.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Herna McEntire, Administrator* 8 23 2013

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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{F 431}	<p>Continued From page 1</p> <p>interviews, the facility failed to remove expired medications from 1 of 3 medication storage rooms and 1 of 5 medication carts, failed to label a unit dose package of medication in 2 of 5 medication carts, and failed to maintain the cleanliness for 2 of 5 medication carts from liquid spillage.</p> <p>The findings included:</p> <p>A review of the facility's policy on Medication Storage revealed the following statement: "No discontinued, outdated, or deteriorated medications are available for use in this facility. All such medications are destroyed." A review of the manufacturer's instructions for Tuberculin Aplisol vials indicated vials in use for more than 30 days should be discarded.</p> <ul style="list-style-type: none"> <li>An observation on 08/07/13 at 9:30 AM of the B-1 Hall medication cart revealed a total of 7 Phenergan 12.5 milligram (mg) suppositories with an expiration date of April 2013. Three were lying loose in the top left drawer of the cart and 4 were lying loose in the top right drawer of the cart, none of which were labeled with a resident's name or directions for use.</li> <li>Further observation on 08/07/13 at 9:30 AM of the B-1 Hall medication cart revealed Lantus Insulin multi-use vial did not have a label indicating when it was opened. In addition, B-1 Hall medication cart 3rd left drawer contained liquid medication with spillage and stickiness in the bottom of the drawer.</li> <li>An observation on 08/07/13 at 10:30 AM of the C Hall medication room and refrigerator revealed a Tuberculin Aplisol 1 milliliter (ml) vial</li> </ul>	{F 431}	<p>2- Corrective action has been / will be accomplished for those residents having the potential to be affected by the same alleged deficient practice by:</p> <p>A) Medication carts and medication rooms were immediately inspected for expired and/or undated medication. Any expired and/or undated medication found was immediately destroyed.</p> <p>3- Measures will be put into place or systemic changes made to ensure that the alleged deficient practice will not occur:</p> <p>A) The Director of Nursing and/or designee has/will in-service licensed nurses on the importance of dating medication when opened and destroying expired medication immediately.</p>		

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{F 431}	<p>Continued From page 2</p> <p>with a label which indicated it was opened on 07/02/13. Approximately 0.5 ml of solution was remaining in the vial.</p> <p>An observation on 08/07/13 at 10:40 AM of the C Hall medication cart revealed Lidocaine multi-use vial did not have a label indicating when it was opened. Further observation of medication cart revealed liquid medication spillage in 4th right drawer of the medication cart.</p> <p>An interview on 08/07/13 at 2:10 PM with Nurse #1 regarding the Phenergan suppositories on the B-1 medication cart revealed she was unaware of any resident on her hall who was currently receiving Phenergan. Nurse #1 stated each nurse should check the medication carts before their shift for expired medications and/or before administering a medication to a resident. She further stated when a nurse opened a medication they were responsible for writing an opened date on the medication immediately. Nurse #1 further indicated the liquid spillage in the medication cart drawer should have been cleaned immediately or by the end of her shift.</p> <p>An interview on 08/07/13 at 3:05 PM with Nurse #2 regarding the expiration date of Tuberculin Aplisol revealed it was good for 30 days from the date it was opened. She explained the supply clerk and any nurse who removed medications from the medication room were responsible for checking expired medications in the medication storage rooms and refrigerators.</p> <p>An interview on 08/07/13 at 3:10 PM with Nurse #3 regarding multi-use vials stated the medication should be discarded when found laying loose with no resident's name, directions for</p>	{F 431}	<p>B) Licensed nurses will be in-serviced by the Director of Nursing and/or designee on the proper procedure of administering medication, what to look for before giving a medication to resident and the proper procedure of disposing of medication immediately when found to be expired or un-dated, un-labeled. A QA audit sheet will be used by the licensed medication nurse at the change of shift to audit for expired meds or un-dated meds on the med cart.</p> <p>C) Using a QA audit sheet the Unit Managers will do an audit of the medication carts and the medication room on Tuesday and Thursday. Using a QA audit sheet the third shift nurse responsible for administering medication will audit the medication cart and medication room nightly. Times 12 months</p> <p>D) Using a QA audit sheet the nurse responsible for the medication cart will transfer cart contents to a clean cart. Medication audit will be done at this time. Used cart will be taken for cleaning. Times 12 months</p> <p>E) Using a QA audit sheet once weekly at random, the DON/designee will audit the medication cart and/or the medication room for compliance. Times 12 months</p>		

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{F 431}	<p>Continued From page 3</p> <p>use, or the package was not labeled. Nurse #3 further indicated the liquid spillage in the medication cart drawer should have been cleaned immediately or by the end of the shift. In addition, Nurse #3 stated the expectation for the cleanliness of the medication carts should be done by the end of the nurse's shift.</p> <p>An interview on 08/07/13 at 3:20 PM with Unit Manager #1 revealed the Lidocaine multi-use vial should not have been on the medication cart without an opened date noted and should have been discarded.</p> <p>An interview on 08/07/13 at 3:27 PM with Unit Manager #2 revealed her expectation for the Phenergan 12.5 mg suppositories in the medication cart should have been discarded without a resident's name or directions for use. Further interview revealed the Lantus Insulin should have been labeled with the opened date and should have been discarded without the date noted.</p> <p>An interview on 08/07/13 at 4:15 PM with Nurse 4 and Nurse 5 revealed an in-service was conducted in July 2013. They explained it was the expectation for all nurses to check the medication carts and medication storage rooms for expired medicines. A further expectation was all vials and/or bottles must be labeled with an opened date.</p> <p>An interview on 08/08/13 at 9:20 AM with the Nurse Manager (NM) #1 stated after the facilities recertification they had an in-service about medication storage. The facility started the Quality Assurance (QA) tool for the medication carts and medication storage rooms/refrigerators</p>	{F 431}	<p>4- Monitoring of the facility's performance to make sure the solution is sustained will be accomplished by:</p> <p>A) The QA tools will be reviewed at morning QA meeting with the IDT team. Copy of audits will be handed to the Director of Nursing and the Administrator for review and questions to assure further education and/or monitoring is not needed.</p> <p>B) QA audit sheets will be presented to the Monthly QA meeting of the IDT. IDT will review education needed discrepancies and monitoring needs.</p> <p>C) QA audit sheets will be brought to monthly QA meeting for review for 12 months, then quarterly thereafter.</p> <p>The Director of Nursing/designee will be responsible for compliance.</p> <p><b><u>Completion Date: September 11, 2013</u></b></p>	

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{F 431}	<p>Continued From page 4</p> <p>to be checked every 7 days by the Unit Managers. The floor nurses were expected to check their medication carts, med storage rooms/refrigerators daily and were taught what to do with expired medications. The NM further stated they put into place medication audit logs which revealed the facility was continually finding problems. Further interview with the NM revealed floor nurses were expected to clean their medication carts as needed and environmental services was expected to pressure wash the medication carts as needed.</p> <p>An interview on 08/08/13 at 9:56 AM with Environmental Services Director stated he was unaware of the responsibility for pressure washing and/or cleaning of medication carts.</p> <p>An interview on 08/08/13 at 10:55 AM with Director of Nursing (DON) states she was unaware of any review of trends or patterns with cleaning and/or checking medication carts. She stated her expectation was the floor nurse should have removed the expired medications from the med cart and discarded in the sharps container. She further stated she expected the medication carts to be cleaned from all spills and the vials/bottles to be labeled with the date opened immediately.</p> <p>An interview on 08/08/13 at 11:06 AM with the Administrator revealed her expectation was for the Unit Managers to check the medication rooms and refrigerators weekly for expired medications. She stated she also expected the Unit Managers to check the medication carts after the floor nurses once weekly. She further stated since the recertification the audit tool information was discussed at the morning meetings and she was</p>	{F 431}			

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{F 431}	Continued From page 5 unaware the problems had not been corrected.	{F 431}			