STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345473	A. BUILDING _____ B. WING _____	08/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILORA LAKE HEALTHCARE CENTER	6001 WILORA LAKE ROAD CHARLOTTE, NC 28212

(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 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. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the	F 431	**" Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."** 1. Corrective action has been accomplished for the alleged deficient practice in regards to expired house stock Novolog and Lantus insulin. The two vials of house stock insulin were removed from the 200 medication cart and discarded on August 27, 2013. An order was placed and received for replacement stock on August 27, 2013. No specific residents were cited. 2. Facility residents who receive insulin products have the potential to be affected by the same alleged deficient practice. The DON(Director of Nursing) and/ or Unit Managers conducted a cart audit on August 27, 2013 to identify other potential expired insulin on the facility's remaining medication carts. There were no other opened vials of expired insulin noted. Administrative nursing staff and/or pharmacy consultant/nurse will conduct on-going medication room and medication cart observations to identify expired items at least weekly. Appropriate action will be completed when variances are identified. 3. Measures put into place to ensure that the alleged deficient practice does not recur include: mandatory inservice for the licensed nursing staff regarding the	9/27/13

DHSR CMS Black Mountain WRO Received SEP 20 2013 by:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jane Jackson	Administrator	9/19/13

'eficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ...r 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.

original signature 9-16-13

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WILORA LAKE HEALTHCARE CENTER	6001 WILORA LAKE ROAD CHARLOTTE, NC 28212

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F 431	Continued From page 1 facility failed to discard expired insulin in 1 of 3 medication carts. The findings include: On 08/27/13 at 3:15 PM, the medication cart on 200 hall was observed. There was a bottle of Novolog insulin with an opened date of 07/27/13 written on a label on the bottom of the bottle. There was also a bottle of Lantus insulin with an opened date of 07/27/13 written on the label on the bottom of the bottle. At 3:25 PM, Nurse #1 was interviewed. Nurse #1 stated all nurses were responsible for removing expired medications from the medication cart which was checked daily with medication administration. Nurse # 1 explained the expired insulin was house stock which was opened when awaiting ordered insulin delivery. Nurse #1 also added the insulin was only good for 28 days after being opened and she was uncertain when the insulin was last used. Review of pharmacy storage instructions for insulin provided by the Director of Nursing (DON) on 08/28/13 at 3:00 PM revealed Novolog and Lantus insulin were to be discarded once in use after 28 days. Interview with the DON on 08/28/13 at 4:50 PM revealed she expected the nurses to have discarded the insulin within 28 days of it being opened.	F 431	importance of maintaining drugs and biologicals to meet the needs of each resident, ensuring efficacy of the medication, as well as storage of medication. Multi-dose vials are to be dated clearly on the vial when opened and monitored to ensure expired is discarded once expired. Licensed nurses are to check insulin vials and other multi-dose vials on the medication cart at the beginning of their shift. Administrative nursing staff and/ or pharmacy consultant will conduct on-going medication room and medication cart observations to identify expired items daily for 1 week, then randomly at least twice weekly for 1 month. Appropriate action will be taken including additional education and discipline when discrepancies are identified to ensure continued compliance. 4. The Director of Nursing, consultant pharmacist or designee will review data obtained during planned and random observations, analyzing for patterns / trends and reporting in QA&A meeting. The QA&A Committee will evaluate the effectiveness of the above plan and will adjust the plan based on trends identified to ensure continued compliance.	