STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345258	A. BUILDING _____ B. WING _____	C 06/12/2014

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TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS	**1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083**

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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey of 6/12/14. Event ID #9EWE11.	F 000		
F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that -- (i) Before offering the pneumococcal immunization, each resident, or the resident's	F 334		7/9/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/05/2014

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F 334	Continued From page 1 legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to offer the influenza and pneumococcal vaccine (Resident #134) and failed to administer the influenza and pneumococcal vaccine (Resident #111) to 2 of 5	F 334	1. For residents #111 and #134, there were no adverse effects to not receiving the influenza or pneumococcal vaccine. The physician and responsible party were notified by the Director of Clinical Services	

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F 334	Continued From page 2 sampled residents. The findings included: The facility's policy on pneumococcal vaccine dated 1/1/09 was reviewed. The policy read in part " all residents admitted to the facility will be given the opportunity to receive the pneumococcal vaccine per physician's order. The pneumococcal vaccine should be given to all adults 65 years of age or older. The admitting nurse will research the medical record and resident history to determine if pneumococcal has ever been given. After determining that the vaccine has not been given the pneumococcal vaccine within 5 years, the admitting nurse will inform the physician. The physician will order the vaccine as he/she feels is appropriate. " The facility's policy on influenza vaccine dated 8/1/13 was reviewed. The policy read in part " residents will be offered influenza vaccine according to local health department guidelines. Obtain physician's order. Offer the resident the influenza vaccine if medically indicated. Obtain an informed consent from the resident or legal representative if indicated. Explain the potential risks/side effects of the vaccine. Provide fact sheet. Have the resident/legal representative sign the consent, indicating the desire to receive or the wish to decline. Administer the vaccine and document on the medication administration record. Record the immunization and vaccination of influenza administration on the screening and immunization record and file in the medical record. File the consent in the medical record. " 1. Resident # 111 was admitted to the facility on 9/19/13 with multiple diagnoses including end	F 334	and the Assistant Director of Clinical Services on 7/03/2014. 2. A review has been completed for current residents residing in the facility regarding the influenza and pneumococcal vaccinations and completed by 7/07/2014. Influenza and pneumoccocal vaccinations that were identified as administered were documented on the vaccination log and completed 7/7/2014. The physician and responsible parties have been made aware of the findings as necessary by the Director of Clinical Services and the Assistant Director of Clinical Services and was completed by 7/09/2014. 3. Re-education will be conducted (completed by 7/09/2014 or prior to first working shift if after this date for any Licensed employee) by the Director of Clinical Services/Administrative nurse to the Licensed Nurses currently employed to include PRN and Weekend staff. The education will include information regarding provision of education to the resident or resident's responsible party to the benefits and potential adverse side effects of the vaccinations, obtaining consent for administration of the vaccinations, obtaining a physicians order to administor the vaccinations, administration of the vaccines, documentation of the vaccinations on the vaccination log and filing the consent for the vaccinations in the resident's medical record. Administration of influenza and pneumococcal vaccinations will be	

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F 334	Continued From page 3 stage renal disease (ESRD). The physician's orders were reviewed. The orders included " flu vaccine annually unless contraindicated and pneumococcal vaccine as indicated - all residents over 65 if have not had one. " The medical records for Resident #111 were reviewed. There was no consent for influenza and pneumococcal vaccine found in the medical records. The immunization record was blank. On 6/12/14 at 4:26 PM, unit manager #1 was interviewed. She stated that the DON was responsible for the influenza and pneumococcal immunization for the residents. She stated that she found the consent for the influenza and pneumococcal vaccine for Resident #111. She added the legal representative had consented on 9/20/13 to administer the vaccines to the resident but she could not find documentation that the influenza and pneumococcal vaccines were administered to Resident #111. On 6/12/14 at 4:35 PM, administrative staff #2 was interviewed. She indicated that she was new to the facility as director of nursing. She stated that the DON and ADON were responsible for the immunizations. She was aware that there was no record that Resident #111 had received the influenza and pneumococcal vaccines. She added that she had the system now that the resident or the legal representative would sign the consent on admission and then yearly the consent will be mailed to the legal representative if the resident was unable to sign. She added that she would verify that all consents were returned back or else a telephone consent will be	F 334	documented upon admission on the vaccination log and placed in the residents medical record. It will be the responsibility of the Admissions Coordinator to offer the vaccination upon admsission and annually will be offered by the Administrative Nurse. Administration of influenza and pneumococcal vaccinations along with documentation of these vaccinations, completion of the consent and appropriate placement of the consent and the vaccination log in the medical record will be reviewed and documented on a Quality Assurance/Performance Improvement Monitoring tool. This will be completed by the Director of Clinical Services or Assistant Director of Clinical Services on newly admitted and current residents weekly for four weeks with an audit of 5 residents and then monthly for 11 months of 5 residents per month being reviewed. 4. Results of the Quality Improvement monitoring will be discussed by the Administrator/Director of Clinical Services at the monthly Quality Assurance and Process Improvement (QAPI) committee for 3 months and then quarterly for 3 quarters. The QAPI committee will recommend revisions to the plan as needed to sustain substantial compliance.	

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F 334	Continued From page 4 obtained. 2. Resident # 134 was admitted to the facility on 10/1/12 with multiple diagnoses including Dementia. The physician's orders were reviewed. The orders included " flu vaccine annually unless contraindicated and pneumococcal vaccine as indicated - all residents over 65 if have not had one. " The medical records for Resident #134 were reviewed. There was no consent for influenza and pneumococcal vaccine found in the medical records. The immunization record was blank. On 6/12/14 at 4:26 PM, unit manager #1 was interviewed. She stated that the DON was responsible for the influenza and pneumococcal immunization for the residents. She indicated that the DON was new to the facility. She stated that she could not documentation that the vaccines were offered to Resident #134. On 6/12/14 at 4:35 PM, administrative staff #2 was interviewed. She indicated that she was new to the facility as director of nursing. She stated that the DON and assistant director of nursing (ADON) were responsible for the immunizations. She was aware that there was no record that Resident #134 was offered the influenza and pneumococcal vaccines. She added that she had the system now that the resident or the legal representative would sign the consent on admission and then yearly the consent will be mailed to the legal representative if the resident	F 334		

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F 334	Continued From page 5 was unable to sign. She added that she would verify that all consents were returned back or else a telephone consent will be obtained.	F 334		
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced	F 356		7/9/14

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F 356	Continued From page 6 by: Based on observation, record review and staff interviews, the facility failed to post the daily facility staffing (Nursing) for three days of the recertification survey on 6/9/14, 6/10/14, 6/11/14 and failed to retain staff postings for the past eighteen (18) months. The findings included: On 6/9/14 at 10:45AM, an initial tour of the facility was conducted. No daily staffing (Nursing) was posted anywhere in the facility. On 6/10/14 at 10:00AM, a tour of the facility was conducted. No daily staffing (Nursing) information was observed to be posted in any location in the building. Another observation of the facility was conducted at 5:00PM. No daily staffing (Nursing) information was posted at any location in the building. On 6/11/14 at 11:35AM, a tour of the facility was conducted. No daily staffing (Nursing) information was posted in the building. On 6/11/14 at 12:15PM, Administrative staff #1 stated he was not sure where the daily staffing (Nursing) information was posted. He said he became Administrator on 5/2/14 and the daily staffing information had been posted at the front of the building in other facilities. A tour of the building was conducted with Administrative staff #1 and the daily staffing (Nursing) information was unable to be located. Administrative staff #1 asked the receptionist at the front of the building about the daily staffing (Nursing) information and she stated she was unaware of any nursing staffing form. On 6/11/14 at 3:27PM, Administrative staff #1	F 356	1. Nursing staffing was posted by the Director of Clinical Services on 6/11/2014. A notebook also was implemented on 6/12/2014 to assure the 18 months of Daily Nurse Staffing forms are maintained. 2. Nursing staffing was posted by the Director of Clinical Services on 6/11/2014 and will continue to be posted by the Director of Clinical Services/Administrative Nurse or Designee each day. The Director of Clinical Services will also maintain the Staffing log book and will assure that at a minimum 5 times per week the forms are logged into the notebook. 3. Re-education was provided by the Administrator to the Director of Clinical Services/Administrative nurse on or before 7/09/2014 regarding the regulation for posting nursing staffing and maintaining 18 months of such posting. Posted nursing staffing will be monitored and documented on a Quality Improvement Monitoring tool by the Adminiatrator each day for four weeks, then five times per week for four weeks, then weekly for four weeks then monthly for 10 months. This audit will also reivew to verify notebook is maintained with the Daily Staffing Forms in order to ultimately maintain 18 months of Staffing Forms. 4. Results of the Quality Improvement Monitoring will be discussed at the monthly Quality Assurance and Process	

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F 356	Continued From page 7 stated he was not aware that the daily staffing (Nursing) information was not posted. He stated the person who was responsible for the posting of the information no longer worked at the facility and he was not sure when that position had been vacated as it was prior to his tenure. On 6/11/14 at 4:30PM, Administrative staff #2 stated she had been informed that she did not have to worry about the daily staffing (nursing). She stated she really had not noticed that it was not posted in the building. On 6/12/14 at 7:45AM, Administrative staff #1 stated they were unable to locate any of the prior daily staffing (Nursing) information for the past eighteen (18) months.	F 356	Improvement committee meeting for 12 months. The committee will recommend any necessary revisions to the plan to sustain substantial compliance.	
F 428 SS=E	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to act upon the pharmacist recommendations for 4 of 7 sampled residents (Residents #137, #111, #59 & #200). The	F 428	1. For residents #137,#59,#111 and #200 the physician was notified by the Director of Clinical Services on 6/10/2014 to clarify the necessity of implementation of the	7/9/14

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F 428	Continued From page 8 findings included: 1. Resident #137 was admitted to the facility on 9/6/13 with multiple diagnoses including Schizophrenia. The quarterly Minimum Data Set (MDS) assessment dated 3/28/14 indicated that Resident #137 had intact cognition. The assessment also indicated that the resident was on antipsychotic medication. The care plan dated 4/3/14 was reviewed. One of the care plan problems was potential for side effects from psychotropic medications use. The goal was the resident will have no evidence of side effects from psychotropic medications, no signs/symptoms of confusion, constipation, edema, drowsiness, fever, increase urinary frequency, myalgia, nausea/vomiting or tremors thru next review. The approaches included monitor pharmacist drug regimen review for identification of potential drug interaction, notify physician for adverse side effects, evaluate effectiveness and side effects of medications for possible decrease/elimination of psychotropic drugs to ensure the least possible therapeutic dose or possible discontinuation. The physician's orders for June, 2014 were reviewed. The orders included seroquel xr (antipsychotic drug) 350 milligrams (mgs.) daily since 9/6/13 for schizophrenia. The pharmacist's monthly drug regimen reviews were reviewed. The review dated 2/28/14 indicated that the pharmacist had requested for gradual dose reduction (GDR) for seroquel. The review dated 3/25/14 indicated follow the GDR response. The review dated 5/30/14 indicated " reissue GDR seroquel. "	F 428	pharmacy reccomendations. Reccomendations were printed form the pharmacy website and followed through with physicians on 6/12 and 6/13/2014. There were no adverse effects for these residents 2. Other residents currently residing in the facility have the potential to be affected. A review of the pharmacy recommendations for a 3 month period will be completed by the Director of Clinical Services/Administrative nurse on or before 7/9/2014. The physician was notified of findings to clarify the necessity of implementation of misssed pharmacy recommendations as indicated. Any missed pharmacy recommendations have been appropriately implemented as directed by the physician and by the Director of Clinical Services/Assistant Director of Clinical Services on or before 7/08/2014. 3. Re-education will be conducted by the Direcotor of Clinical Srvices with Administrative licensed nurses to include PRN and Weekend staff regarding follow through for pharmacy recommendations by 7/08/2014. Pharmacy recommendations will be reviewed and documented on a quality improvement monitoring tool each month for 12 months by the Director of Clinical Services to ensure that pharmacy recommendations are followed through. 4. Findings from Quality Improvement Monitoring reviews will be discussed by	

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F 428	Continued From page 9 Unit manager #1 was interviewed on 6/11/14 at 4:35 PM. She stated that the pharmacist had been coming to the facility monthly to review the residents' drug regimen. His recommendations were faxed to the director of nursing (DON) after his visit. The DON handed the recommendations to the unit managers and the unit managers were responsible to have the physician respond to the recommendations. After the recommendations were responded, the form was placed on the resident's medical record. Unit manager #1 stated that she had not seen the recommendations for GDR for seroquel for February and May, 2014 for Resident #137. Administrative staff #2 was interviewed on 6/12/14 at 7:58 AM. She stated that she just started working at the facility as director of nursing a week ago. She added that she had called the physician if he had the pharmacist's recommendations and the physician stated that he had not seen any pharmacist's recommendations since March, 2014. Administrative staff #2 also stated that she had not seen the pharmacist's recommendations in her office for Resident #137. She added that she had called the pharmacist and the recommendations for May 30, 2014 were just e-mailed to her. On 6/12/14 at 12:45 PM, the pharmacist was interviewed. He acknowledged that he had requested a GDR for seroquel in February and May, 2014 and the recommendation had not been responded by the physician. He indicated that he sent his recommendations via e-mail to the DON after his visit. He also stated that the facility had changes in administrative staff, the	F 428	the Administrator/Director of Clinical Services/Administrative nurse in the monthly Quality Assurance and Process Improvement committee meeting for 12 months. The committee will recommend revisions to the plan as indicated to sustain substantial compliance.	

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F 428	Continued From page 10	F 428		

administrator, DON and medical director. He added that he expected the facility to respond to the recommendations in 4-6 weeks.

2. Resident # 59 was admitted to the facility 3/8/13 and last readmitted to the facility 2/6/14. Cumulative diagnoses included: depression.

A Quarterly Minimum Data Assessment (MDS) dated 5/16/14 indicated Resident #59 was moderately impaired in cognition. Medications received during the assessment period indicated Resident #59 received antidepressant medication for seven (7) days.

A care plan dated 3/18/13 and last reviewed 5/24/14 stated Resident #59 had potential for side effects from psychotropic medication use. Approaches included, in part: Monitor pharmacist drug regime.

Pharmacy review notes dated 3/24/14 stated R (recommend): GDR (gradual dose reduction) Zoloft.

Pharmacy review notes dated 4/25/14 did not mention any recommendations regarding GDR Zoloft.

Pharmacy review notes dated 5/29/14 stated reissue GDR Zoloft.

Physician ' s orders for June 2014 were reviewed and revealed a physician ' s order for Sertraline HCL (Zoloft) 25 milligrams (mg) po (by mouth) every morning.

A physician ' s order dated 6/2/14 noted change Zoloft to 50 mg. po every day.

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F 428	Continued From page 11	F 428		

Unit manager #1 was interviewed on 6/11/14 at 4:35 PM. She stated that the pharmacist had been coming to the facility monthly to review the residents ' drug regimen. His recommendations were faxed to the director of nursing (DON) after his visit. The DON handed the recommendations to the unit managers and the unit managers were responsible to have the physician respond to the recommendations. After the recommendations were responded, the form was placed on the resident's medical record.

Administrative staff #2 was interviewed on 6/12/14 at 7:58 AM. She stated that she just started working at the facility as director of nursing a week ago. She added that she had called the physician if he had the pharmacist's recommendations and the physician stated that he had not seen any pharmacist's recommendations since March, 2014. She added that she had called the pharmacist and the recommendations for May 30, 2014 were just e-mailed to her.

On 6/12/14 at 12:40PM, the pharmacist stated he wrote the recommendation for GDR Zoloft in March and emailed the recommendations to the Director of Nursing (DON) 3/25/14 at 2:34PM. He stated he was not the pharmacist that completed the pharmacy reviews in April. When he completed the pharmacy review in May, a recommendation was reissued for a GDR for Zoloft and he emailed the current DON the recommendation on 5/30/14 at 2:09PM. The pharmacist stated he usually emailed the recommendations to the DON the day after he visited the facility and did not flag the email for a notice that the email had been received. He said

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TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS	**1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083**

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F 428	Continued From page 12	F 428		

he would let the DON know of any recommendations that had not been addressed verbally and would email her as well but usually gave the facility a month to six weeks to follow up on the recommendations.

3. Resident # 111 was admitted to the facility on 09/19/13. The resident's diagnoses included cellulitis of the arm, muscle weakness, deep vein thrombosis, difficulty walking, chronic kidney disease, renal dialysis, diabetes and dementia.

According to the quarterly minimum data set of 5/27/14, the resident had a score of 9 on the Brief Interview for Mental Status (BIMS) indicating moderate cognitive impairment.

Review of the physician orders for the months of December 2013 through June 2014 revealed the resident was not on any thyroid medications. The resident was on renal dialysis.

On 12/02/13, a blood sample was collected and thyroid stimulating hormone (TSH) level was checked to be 0.316 (Low). TSH is a blood test used to check the function of the thyroid gland. The normal range for this laboratory test was 0.34 - 5.6 uIU/ml (milli-international units per liter). The laboratory results were faxed to the physician on 12/03/13 and no new physician orders were issued.

On 12/06/13, a blood sample was collected and the TSH was 0.331 (low). T3 Free was 3.0. The normal range for this laboratory test was 2.4 - 4.8 pg/ml (picograms per milliliter). T4 Free was 0.99. The normal range for this laboratory test was 0.58-1.64 ng/dl (nanogram/deciliter). T3 and

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F 428	Continued From page 13 T4 are blood tests used to check thyroid gland function. There were no new physician orders related to the low TSH blood levels. Review of the pharmacy Progress Notes revealed that on 12/20/13, the consultant pharmacist noted that on 12/6/13, the resident had a low TSH. There were no recommendations related to the low TSH. Review of the Pharmacy Progress Notes revealed on 01/27/14, the consultant pharmacist noted to follow TSH and there were no new pharmacy recommendations at this point. Review of the Pharmacy Progress Notes revealed on 02/27/14, the consultant pharmacist noted that there were no new laboratory tests done and he did not have any new recommendations. Review of the Pharmacy Progress Notes revealed on 03/24/14, the consultant pharmacist noted that there were no new laboratory tests done and he did recommend to check TSH. Review of the Pharmacy Progress Notes revealed on 04/25/14, the consultant pharmacist did not note on TSH. Review of the Pharmacy Progress Notes revealed on 05/29/14, the consultant pharmacist noted that there were no new laboratory tests done and he did recommend to reissue a check for TSH. There was no evidence that the consultant pharmacist recommendations to check TSH were acted upon by the facility.	F 428		

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F 428	Continued From page 14 Administrative Staff #2 was interviewed on 06/12/14 at 7:58 AM. She stated she had called the physician and asked him if he received the pharmacist's recommendations and the physician stated that he had not seen any pharmacist's recommendations since March, 2014. Administrative staff #2 was interviewed again on 06/12/14 at 11:49 am. She said there were no standing orders for laboratory studies. The facility depended on the consultant pharmacist to recommend laboratory tests or on the doctor to initiate orders for laboratory studies during his review. The consultant pharmacist usually emailed his recommendations to Administrative Staff #2 and she will put it in the doctor folder. The physician will act on it and then put it in the resident's medical records under the "consults" section. Administrative staff #2 also stated that she had not seen the pharmacist's recommendations for Resident #111. She added that she had called the pharmacist and the recommendations for 05/29/14 were just e-mailed to her. An interview with the consultant pharmacist on 06/12/14 at 12:45 pm revealed, he sent the director of nursing (DON) an email of his March drug regimen review recommendations on 3/25/14 at 3:34 pm. Another consultant pharmacist did the drug regimen review for April, 2014. The consultant pharmacist did the drug regimen review for May of 2014. He said he came in on 05/29/14 and emailed his recommendations on 05/30/14. He stated he also told the DON that the March recommendations were not addressed.	F 428		

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F 428	Continued From page 15 4. Resident #200 was admitted to the facility on 3/6/14 and readmitted on 4/27/14 with diagnoses including anxiety, depression and chronic obstructive pulmonary disease. The admission Minimum Data Set (MDS) assessment dated 3/13/14 indicated that Resident #200 had intact cognition. The assessment also indicated that the resident was on antianxiety and antidepressant medication. The care plan dated 3/6/14 and continued on 5/22/14 was reviewed. One of the care plan problems was potential for side effects from psychotropic medications use for anxiety and depression. The goal was the resident will have no evidence of side effects from psychotropic medications, no signs/symptoms of confusion, constipation, edema, drowsiness, fever, increase urinary frequency, myalgia, nausea/vomiting or tremors thru next review. The approaches included monitor pharmacist drug regimen review for identification of potential drug interaction, notify physician for adverse side effects, evaluate effectiveness and side effects of medications for possible decrease/elimination of psychotropic drugs to ensure the least possible therapeutic dose or possible discontinuation. The physician's orders for June, 2014 were reviewed. The orders included clonazepam (Klonopin an antianxiety medication) 0.5 milligrams (mgs.) three times a day since 4/8/14. The associated diagnoses was not included in the order. There was also an order for HydrOXYzine (atarax an antianxiety medication) HCL 50 mg at bedtime since 3/6/14. The associated diagnoses was not included with the order The pharmacist's monthly drug regimen reviews were reviewed. The review dated 3/25/14 indicated that the pharmacist had requested	F 428		

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F 428	Continued From page 16 potential discontinuation of klonopin or atarax as both medications are antianxiety medications. The review dated 5/29/14 indicated follow the GDR response. The review dated 5/30/14 indicated "reissue March rec (recommendations) " . Unit manager #1 was interviewed on 6/11/14 at 4:35 PM. She stated that the pharmacist had been coming to the facility monthly to review the residents' drug regimen. His recommendations were faxed to the director of nursing (DON) after his visit. The DON handed the recommendations to the unit managers and the unit managers were responsible to have the physician respond to the recommendations. After the recommendations were responded, the form was placed on the resident's medical record. Administrative staff #2 was interviewed on 6/12/14 at 7:58 AM. She stated that she just started working at the facility as director of nursing a week ago. She added that she had called the physician if he had the pharmacist's recommendations and the physician stated that he had not seen any pharmacist's recommendations since March, 2014. She added that she had called the pharmacist and the recommendations for May 30, 2014 were just e-mailed to her. On 6/12/14 at 12:45 PM, the pharmacist was interviewed. He acknowledged that he had requested that the physician review whether Resident #200 required two different antianxiety medications in March and that this had not been responded by the physician. He indicated that he sent his recommendations via e-mail to the DON after his visit. He also stated that the facility had changes in administrative staff, the administrator, DON and medical director. He added that he expected the facility to respond to the	F 428		

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F 428	Continued From page 17 recommendations in 4-6 weeks.	F 428		
F 431 SS=E	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		7/9/14

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F 431	Continued From page 18 This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to discard expired medications and failed to date multi dose medications in 3 of 3 medication rooms and 4 of 5 medication carts. The findings included: The facility's policy on storage recommendations dated 3/31/14 was reviewed. The policy indicated that Lantus insulin was good for 28 days on room temperature. The policy also indicated to date tuberculin purified protein derivatives (PPD) when opened and to discard unused portion after 30 days. The manufacturer's specification for symbicort (treatment for asthma and chronic obstructive pulmonary disease (COPD) read " expired 3 months after foil package opened. " The manufacturer's specification for advair discus (treatment for asthma and COPD) read " safely discard advair discus 1 month after you remove it from the foil pouch or after the date indicator reads " 0 " whichever comes first. " 1. On 6/11/14 at 4:45 PM, the 100/300 hall medication room was observed. A bag of cubicin (antibiotic drug) 500 mgs in 50 milliliter sodium chloride (NACL) was observed with an expiration date on 6/8/14. Interview with the unit manager #1 revealed that the cubicin bag should have been returned to the pharmacy. 2. On 6/11/14 at 4:47 PM, 200 hall medication room refrigerator was observed. A bottle of opened tuberculin purified protein derivatives (PPD) was observed with no date of opening.	F 431	1. The expired Cubicin was removed from the 100/300 hall medication room and discarded by the Director of Clinical Services on 6/12/2014. The Tuberculin Purified Protein Derivative vial that was opened and not dated was removed from the 200 hall Medication room refrigerator and discarded by the Director of Clinical Services on 6/12/2014. The lomotil and Ativan that were in the 400/500/600 hall medication administration room have been sent back to the pharmacy by the Directpr pf Clinical Services/Administrative nurse on 6/11/2014. The Symbicort that was opened and not dated was removed and discarded by the Director of Clinical Services on 6/12/2014. The expired multivitamins in the 200 Hall Medication Cart were removed and discarded by the Director of Clinical Services on 6/12/2014. For the 300 Hall Medication Cart, the expired salicylate liquid, the expired Bisacodyl enteric coated tablets and the opened multi-dose vial of Lantus that was not dated were removed and discarded by the Director of Clinical Services on 6/12/2014. 2. Other existing medication carts and medication rooms were checked on 6/12/2014 by the Administrative Nurse to ensure that there were no remaining expired medications or undated multi dose vials or inhalers. 3. Re-education was provided to the	

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F 431	Continued From page 19 Interview with the unit manager #1 revealed that tuberculin should have been dated when opened. 3. On 6/11/14 at 4:49 PM, 400/500/600 medication room was observed. A bottle of lomotil (laxatives) 2.5 mgs tablets (142 tablets) with an expiration date of 7/25/12 and a bottle of lorazepam (antianxiety drug) 0.5 mgs tablets (33 tablets) with an expiration date of 4/5/13 were observed. Interview with Nurse #1 revealed that the lomotil and the lorazepam should have been returned to the pharmacy. 4, On 6/11/14 at 5:01 PM, 100 hall medication cart was observed. A foil package of symbicort was observed opened with no date of opening. Interview with Nurse #2 revealed that the package should have been dated when opened. 5. On 6/11/14 at 5:05 PM, 200 hall medication cart was observed, A bottle of multivitamin tablets was observed with an expiration date of 4/14. Nurse #2 was interviewed and revealed that the nurses were responsible for checking the expiration dates on the bottle. 6. On 6/11/14 at 5:10 PM, the 300 hall medication cart was observed. A bottle of salicylate 262 mgs liquid was observed with an expiration date of 5/14, an opened vial of Lantus insulin with no date of opening and a bottle of bisacodyl enteric coated 5 mgs tablets with an expiration date of 3/14. Nurse #3 was interviewed and revealed that the nurses were responsible for checking the expiration dates on the bottle and insulin vial should have been dated when opened. 7. On 6/11/14 at 5:15 PM, 400 hall medication cart was observed, A used advair discus was	F 431	currently employed Licensed Nurses by the Director of Clinical Nurses to include PRN and weekend staff on or before 7/09/2014 regarding labeling/dating multi-dose vials and inhalers when opened as well as discarding expired medications. At a minimum any staff unable to attend inservices or new nurisng staff will be educated prior to beginning shift work in the facility after 7/09/2014. Observations will be conducted on the medication rooms and the medication carts as a Quality Improvement Monitoring review by the Director of Clinical Services/Administrative Nurse 3 times per week for four weeks then weekly for one month then 2 times per month for 2 months then monthly for 8 months to ensure that multi-dose vials and inhalers are labeled and dated by the Licensed Nurse when opened and that the expired medications are discarded from the medication room and medication cart. 4. Findings from the medication room/mediction cart observations will be discussed by the Administrator/Director of Clinical Services/Administrative Nurse at the monthly Quality Assurance and Process Improvement committee meetings for 3 months and then quartelry for 3 quarters. The committee will recommend revisions to the plan as indicated to sustain substantial compliance.	

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F 431	Continued From page 20 observed with no date of opening. Nurse #4 was interviewed and revealed that advair should have been dated when first opened. On 6/12/14 at 4:40 PM, administrative staff #1 was interviewed. She indicated that she was informed of the expired medications and the undated multi dose medication found in the medication rooms and medication carts. She added that her expectation was for nurses to date multi dose medication when opened and to check the expiration date of the medications during their shift.	F 431		