DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR							
CENTERS FOR MEDICARE & MEDICAID SERVICES					0	<u>MB NO.</u>	0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	345024		B. WING	·		11/20/2014	
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
	NURSING CENTER I	NC		5	229 APPOMATTOX ROAD		
ULAFFS				F	PLEASANT GARDEN, NC 27313		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431 SS=D		DRUG RECORDS, UGS & BIOLOGICALS	F۷	431			11/20/14
	a licensed pharmac of records of receip controlled drugs in accurate reconciliar records are in orde	cist who establishes a system of and disposition of all sufficient detail to enable an tion; and determines that drug r and that an account of all maintained and periodically					
	Drugs and biologica labeled in accordar professional princip appropriate access	als used in the facility must be nee with currently accepted bles, and include the ory and cautionary e expiration date when					
	facility must store a locked compartmer	State and Federal laws, the Il drugs and biologicals in hts under proper temperature t only authorized personnel to keys.					
	permanently affixed controlled drugs list Comprehensive Dr Control Act of 1976 abuse, except when package drug distri	ovide separately locked, d compartments for storage of ted in Schedule II of the ug Abuse Prevention and and other drugs subject to in the facility uses single unit bution systems in which the inimal and a missing dose can					
	by:	NT is not met as evidenced tions, record review and			1. Expired medications were remo	ved	
LABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE
							12/11/2014

**Electronically Signed** 

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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		AND HUMAN SERVICES				FORM	01/06/2015 APPROVED 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
345024			B. WING	i		11/20/2014		
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
CLAPPS NURSING CENTER INC				5229 APPOMATTOX ROAD PLEASANT GARDEN, NC 27313				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE	
F 431	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F	431	<ul> <li>from the refrigerator on the Gold Ha Medication Room on 11/20/2014 by Nurse Supervisor. The unopened vi were sent back to the pharmacy on 11/20/2014.</li> <li>2. Nurse Managers inspected both medication rooms, including refriger for outdated medications on 11/20/2 There were no additional outdated medications in the facility.</li> <li>3. Third shift nurses check for outdated medications nightly. Any outdated e medications are sent back to the pharmacy nightly. DON talked with a shift nurses and reviewed Storage of Medications Policy.</li> <li>Nurse Managers check medications including refrigerators, every Monda Pharmacy representative will check outdated medications on both halls, including refrigerators, during month for compliance for 6 months, and th random checks of both refrigerators thereafter during monthly on-site QA information will be provided on the monthly QA report and the DON will receive a copy of findings. Pharmac Consultant will report at monthly QA meetings.</li> <li>4. A QA Expired Medication Log has implemented to document the inspect of outdated medications. Nurse Marma Consultant will report at monthly QA meetings.</li> </ul>	the als rators, 2014. ated xpired all 3rd of ay. A for all 3rd of ay. A for all 3rd of ay. A for all 3rd all 3rd of ay. A for all 3rd all 3rd		

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Facility ID: 953104

If continuation sheet Page 2 of 4

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		I AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	01/06/2015 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
345024		B. WING			11/20/2014		
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
CLAPPS NURSING CENTER INC					229 APPOMATTOX ROAD PLEASANT GARDEN, NC 27313		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431	She did check in the refrigerator, which we medications were lo checked was Sunda checked them night Interview on 11/20/ Director of Nursing expired medications get the expired medi- and return them to done on 11/20/2014 would be talking to pharmacist also che She continued that discussion with the the facility was in St the month. Interview on 12/2/20 pharmacist reveale facility was 11/13/20 expired medications monthly to the facili medication. She di building was checked pharmacist went to charts. Interview on 12/2/20 registered nurse, we pharmacy, revealed the facility was at the Her routine was that gold hall, all of the r medication room ar checked the green and the medication	e butter dish on the door of the was where the out of date ocated. The last time she ay. She then indicated she	F 4	131			

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If continuation sheet Page 3 of 4

	RINTED: 01/06/2015 FORM APPROVED MB NO. 0938-0391					
CENTERS FOR MEDICARE & MEDICAID SERVICESSTATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
345024			B. WING		11/20/2014	
NAME OF F	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
CLAPPS	NURSING CENTER I	NC		5229 APPOMATTOX ROAD PLEASANT GARDEN, NC 27313		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 431	looking at the expir	age 3 and the medication carts ation dates. She could not issed the expired medications.	F 43			

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