

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

PRINTED: 03/06/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/29/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB/EDEN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>226 N OAKLAND AVENUE EDEN, NC 27288</b>		
(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	<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 and interviews made on</p>	F 431	F431 a.	2/26/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/16/2015

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>1/29/2015 between 9:30 AM and 12:30 PM, the facility failed to dispose of expired medications in two of two medication rooms (located on the 400 hall and on the 500 hall) and one of four medication carts (the 300 hall cart). Failed to properly date one opened vial of medication on one of four medication carts (the 300 hall cart). Failed to properly store one medication in one of four carts (the 500 hall cart).</p> <p>The findings include observations made on 01/29/2015 between 9:30 AM and 12:30 PM:</p> <p>a. Medication Room serving the 100,200 and 400 Halls: An influenza vaccine vial marked as having been opened on 11/1/14 was found in the refrigerator. Nicotine transdermal system 21 milligram (mg) patches expired 12/14 and Nicotine transdermal system 7 mg patches expired 12/14 were found in a bin on the counter.</p> <p>b. Medication Room serving the 300 and 500 Halls: Nicotine transdermal system 21 mg patches expired 12/14 and Nicotine transdermal system 7 mg patches expired 12/14 were found in a bin on the counter. Lubri-Fresh PM ophthalmic ointment expired 12/14 was found in a cabinet. Two bottles of vitamin E-400 expired 9/14 were found in a cabinet. One bottle of vitamin B-1 expired 12/14 was found in a cabinet.</p> <p>c. 300 Hall Medication Cart: Patanol eye drops had been marked as opened on 12/17/14. A vial of Haloperidol injectable with no date marked when it had been opened.</p> <p>d. 500 Hall Medication Cart: One bottle of Neomycin-polymyxin ear drops without a cap on and this had been placed inside an orange</p>	F 431	<p>1. The expired meds were discarded immediately following identification.</p> <p>2. All medication storage areas and medication carts were checked for unlabeled and/or expired medications and if found were disposed of appropriately.</p> <p>3. The DON and/or designee will re-educate licensed nurses on the policy and procedure for labeling and storing medication by February 26, 2015. This education will be done verbally at a mandatory meeting and include time frames for discarding meds after opening. Placed in front of each medication record is a time frame of discarding medication removal after open date. Each assigned nurse is responsible for discarding and removing medication daily. The DON and/or designee will do audits of carts and medication rooms weekly x 4, then monthly to ensure that medication has been discarded. These audits will be documented on the monitoring tools. Opportunities will be corrected daily and/or as necessary while conducting these audits.</p> <p>4. The results of the audit will be reported by the DON monthly in Quality Assurance and Performance Improvement Committee for three months. The Committee will evaluate and make further recommendations as indicated.</p> <p>b.</p> <p>1. The expired meds were discarded immediately following identification.</p> <p>2. All medication storage areas and medication carts were checked for unlabeled and/or expired medications and</p>		

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F 431	Continued From page 2 prescription bottle.  During an interview with the DON on 01/29/2015 12:30 PM the DON stated her expectation for expired medications would be to send prescription medications back to pharmacy and to destroy over the counter medications.	F 431	<p>if found were disposed of appropriately.</p> <p>3. The DON and/or designee will re-educate licensed nurses on the policy and procedure for labeling and storing medication by February 26, 2015. This education will be done verbally at a mandatory meeting and include time frames for discarding meds after opening. Placed in front of each medication record is a time frame of discarding medication removal after open date. Each assigned nurse is responsible for discarding and removing medication daily. The DON and/or designee will do audits of carts and medication rooms weekly x 4, then monthly to ensure that medication has been discarded. These audits will be documented on the monitoring tools. Opportunities will be corrected daily and/or as necessary while conducting these audits.</p> <p>4. The results of the audit will be reported by the DON monthly in Quality Assurance and Performance Improvement Committee for three months. The Committee will evaluate and make further recommendations as indicated.</p> <p>c.</p> <p>1. The expired meds and unlabeled meds were discarded immediately following identification.</p> <p>2. All medication storage areas and medication carts were checked for unlabeled and/or expired medications and if found were disposed of appropriately.</p> <p>3. The DON and/or designee will re-educate licensed nurses on the policy and procedure for labeling and storing</p>		

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F 431	Continued From page 3	F 431	<p>medication by February 26, 2015. This education will be done verbally at a mandatory meeting and include time frames for discarding meds after opening. Placed in front of each medication record is a time frame of discarding medication removal after open date. Each assigned nurse is responsible for discarding and removing medication daily. The DON and/or designee will do audits of carts and medication rooms weekly x 4, then monthly to ensure that medication has been discarded. These audits will be documented on the monitoring tools. Opportunities will be corrected daily and/or as necessary while conducting these audits.</p> <p>4. The results of the audit will be reported by the DON monthly in Quality Assurance and Performance Improvement Committee for three months. The Committee will evaluate and make further recommendations as indicated.</p> <p>d.</p> <p>1. The medication stored inappropriately was discarded immediately following identification.</p> <p>2. All medication storage areas and medication carts were checked for unlabeled and improperly stored medications and if found were disposed of appropriately.</p> <p>3. The DON and/or designee will re-educate licensed nurses on the policy and procedure for labeling and storing medication by February 26, 2015. This education will be done verbally at a mandatory meeting and include the policy</p>		

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F 431	Continued From page 4	F 431	for appropriate storage of meds after opening. The DON and/ or designee will do audits of med carts weekly x 4, then monthly to ensure that medications are being stored according to policy. These audits will be documented on the monitoring tools. Opportunities will be corrected daily and/or as necessary while conducting these audits. 4. The results of the audit will be reported by the DON monthly in Quality Assurance and Performance Improvement Committee for three months. The Committee will evaluate and make further recommendations as indicated.		