STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345050	A. BUILDING _____ B. WING _____	C 06/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACOB'S CREEK NURSING AND REHABILITATION CENTER	1721 BALD HILL LOOP MADISON, NC 27025

(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey of 6/24/15. Event ID# YL5W11.	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility staff failed to prevent exposure of private body parts for 1 of 1 residents (Resident #40) observed during transport from one residence hallway to another. The findings included: Resident #40 was re-admitted to the facility on 1/21/13. Her cumulative diagnoses included Alzheimer ' s disease. Resident #40 ' s most recent annual Minimum Data Set dated 5/6/15 revealed the resident had severely impaired cognitive skills for daily decision making. The resident required extensive assistance from staff for dressing. An observation was made on 6/23/2015 at 10:40 AM as Nursing Assistant (NA) #10 pushed Resident #40 in her wheelchair through the double doors connecting the 600 Hall to the 500 Hall. Resident #40 was dressed in slacks and a	F 241	Jacob¿s Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Jacob¿s Creek Nursing and Rehabilitation Center¿s response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, JCNRC reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.	7/8/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/03/2015

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 241	Continued From page 1 short sleeve button-down shirt. She was observed to have a denim shirt laying on her lap. Upon entering the 500 Hall, an observation of the resident revealed her right breast was fully exposed. Resident #40 had her arms crossed (and still) as she was propelled down the 500 hallway by NA #10. The resident was observed as she passed 5 residents sitting in the 500 hallway (including two male residents). Approximately mid-way down the 500 hall, NA #10 stopped and went into another resident ' s (Resident #130 ' s) room, closing the door behind her and leaving Resident #40 in her wheelchair in the hallway. Resident #40 remained still with her arms crossed and her right breast fully exposed. At 10:44 AM, Maintenance Staff Member #1 entered the 500 hallway and spoke briefly to Resident #40 from the end of the hall. An observation revealed Housekeeper #3 was cleaning in the 500 Hall. At 10:46 AM, Housekeeper #3 exited a room and walked towards Resident #40. As she approached her, Housekeeper #3 noticed the resident ' s right breast was exposed. She explained to the resident she was going to cover her up and placed the jean shirt lying on the resident ' s lap over her shoulder to cover the exposure. Resident #40 continued to be still; leaving the denim shirt in place over her shoulder. After being covered, two more staff members and three other residents passed Resident #40 as she sat in the hallway. An interview was conducted on 6/23/15 at 10:51 AM with NA #10 after she exited the room she was in and joined Resident #40 in the hallway. When the NA removed the denim shirt from where it had been placed over the resident ' s shoulder, she saw the exposed breast. Upon	F 241	On 6/23/2015 resident #40 was covered up upon discovery by the Housekeeper. On 6/23/2015 resident #40 was assessed by the Director of Nursing and is being provided care in a manner in which enhances dignity and respect including to prevent exposure of private body parts during transport from one residence hallway to another. On 6/24/2015 all residents were reviewed by the Administrator and the Director of Nursing via facility rounds for potential dignity related issues. On 6/24/2015 no other issues were identified during the round. On 6/23/2015 nursing staff retraining was initiated and completed on 7/8/2015 by the Staff Facilitator regarding the importance of providing dignity to all residents when providing care which includes ensuring prevention of exposure during transfer from one residence hallway to another. Any newly hired nursing staff will be trained on providing dignity to all residents during orientation. No staff will be allowed to complete a shift without being trained. Audits will be conducted by the Restorative Nurse, Staff Facilitator and weekend Nurse Manager on 10 residents¿ care delivery, to include transfers from location A to location B, to ensure residents¿ dignity daily for 4 weeks, 10 audits weekly for 4 weeks and 10 audits monthly for 12 weeks utilizing the Safe Work Practice/Resident Care	

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F 241	Continued From page 2 inquiry, the NA stated she would have " covered up " the resident if she had noticed it earlier. NA #10 stated she had brought Resident #40 to the 500 hall for her shower and indicated she had stopped to provide care to another resident on the way down. An interview was not conducted with Resident #40 due to her cognitive status. An interview was conducted on 6/23/2015 at 1:56 PM with Maintenance Staff Member #1. Upon inquiry, the staff member indicated he could not see that the resident was exposed when talking to her from a distance earlier that morning. An interview was conducted on 6/23/2015 at 2:00 PM with Housekeeper #3 regarding her encounter with Resident #40 earlier that morning. During the interview, Housekeeper #3 stated that because she's a housekeeper, she was limited in what she could do with the resident's clothing. She stated, "It was like her shirt was twisted or something and so all I could do was to cover her up ....I know if that was my Mama I wouldn't want her to be like that, even if she had Alzheimer ' s." An interview was conducted on 6/23/2015 at 3:12 PM with the facility ' s Director of Nursing (DON) to discuss the observations made of Resident #40 earlier that day. Upon inquiry as to what her expectation was in regards to this situation, the DON stated, "They (the residents) should be assessed before they are taken out of the room." An interview was conducted on 6/23/15 at 4:45 PM with the facility ' s Administrator. During this interview, the Administrator reported NA #10 was in the process of being re-educated about dignity	F 241	Audit. Any issues identified will be corrected immediately by the Restorative Nurse, Staff Facilitator and weekend Nurse Manager with further re-training and/or accountability as appropriate. Resident Council will be questioned by the Social Worker regarding dignity related issues at the next 5 monthly meetings. Any issues reported will be documented on a Resident Council concern form and forwarded to the Administrator or the Director of Nursing for follow-up. The QA Committee (Administrator, Director of Nursing, Staff Facilitator, Quality Improvement Nurse, MDS Nurse, Dietary Manager, Treatment Nurse, RN Supervisor, Social Worker, Rehab Manager) will review the audits weekly for 8 weeks and monthly for 12 weeks to determine the continued need for and frequency of monitoring. Any recommended changes will be discussed and carried out as agreed upon at that time.	

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F 241	Continued From page 3 issues and resident rights.	F 241		
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.	F 431		7/8/15

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F 431	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to: 1) Store medications as specified by the manufacturer and/or identify a shortened expiration date for medications in 2 of 7 medication carts (300 Hall Cart and 400 Hall Cart); 2) Discard an expired medication in 1 of 7 medication carts (600 Hall Cart); and, 3) Store medications labeled with the minimum identifying information, including the resident ' s name and instructions for use, in 1 of 7 medication carts (400 Hall Cart). The findings included: 1a) An observation of the 300 Hall medication cart on 6/23/15 at 2:19 PM revealed one-unopened bottle of FML ophthalmic suspension (a fluorometholone steroid suspension used as an eye drop) labeled for Resident #177 was stored laying down on its side in the drawer of the medication cart. A small label with the resident ' s name was adhered to the bottle, partially covering the manufacturer ' s storage instructions on the FML ophthalmic suspension. The storage instructions read, in part: "Store in upright position."' A review of Resident #177 ' s Physician Orders revealed there was a current order for the FML eye drops to be given as two drops in both eyes four times a day as needed for dry eyes. An interview was conducted on 6/23/15 at 2:30 PM with Nurse #10. Nurse #10 was assigned to the 300 Hall and 300 Hall medication cart. During the interview, Nurse #10 stated she was unfamiliar with the FML eye drops and its storage	F 431	Jacob¿s Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Jacob¿s Creek Nursing and Rehabilitation Center¿s response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, JCNRC reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. On 6/23/2015 upon discovery, the FML ophthalmic suspension for resident #177 was immediately stored in the upright position by the Charge Nurse. On 6/23/2015 upon discovery, the 5 vials of ipratropium/albuterol inhalation solution stored outside of the opened, undated foil pouch and the opened, undated foil pouch for resident #191 were discarded immediately by the Charge Nurse. On 6/23/2015 upon discovery, the 4 vials of ipratropium/albuterol inhalation solution stored outside of the opened, undated foil	

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F 431	Continued From page 5 requirements. An interview was conducted on 6/23/15 at 4:20 PM with the facility ' s Director of Nursing (DON). During the interview, the DON stated she expected the facility's nursing staff to store the FML eye drops upright on the medication cart as recommended by the manufacturer. She reported the nursing staff would be educated on the FML storage requirements. 1b) An observation of the 300 Hall medication cart on 6/23/15 at 2:19 PM revealed 5 vials of ipratropium/albuterol inhalation solution (a combination medication used via a nebulizer for the management of chronic obstructive pulmonary disease) labeled for Resident #191 were stored outside of an opened, undated foil pouch. The manufacturer ' s product labeling on the package of the ipratropium/albuterol solution indicated the unit-dose vials should remain stored in the protective foil pouch at all times. The storage instructions also noted that once removed from the foil pouch, the individual vials should be used within one week. The opened foil pouch was not dated as to when it had been opened. A review of Resident #191 ' s June 2015 Physician ' s Orders revealed there was a current medication order for ipratropium/albuterol solution to be used via nebulizer four times daily as needed for shortness of breath/wheezing. During an interview with Nurse #10 on 6/23/15 at 2:30 PM, the nurse indicated that the ipratropium/albuterol foil pouch needed to be dated when opened and the vials needed to be kept inside of the foil pouch. She acknowledged	F 431	pouch and the opened, undated foil pouch for resident #77 were discarded immediately by the Charge Nurse. On 6/23/2015 upon discovery, the expired bisacodyl suppository on the 600 hall medication cart was discarded immediately by the Charge Nurse. On 6/23/2015 upon discovery, the 6 unopened foil pouches and 2 individual vials of ipratropium/albuterol inhalation solution stored in the 400 hall medication cart for resident not able to identify were discarded by the Charge Nurse. On 6/25/2015 through 6/26/2015 all medication carts and storage areas, including refrigerators and medication rooms, were checked by the Director of Nursing to ensure that all medications to include FML ophthalmic suspension and ipratropium/albuterol inhalation solution were labeled and stored appropriately according to manufacturer recommendations. No concerns were noted. On 6/23/2015 nursing staff retraining was initiated and completed on 7/8/2015 by the Staff Facilitator with all nurses and medication aides on proper labeling and storage of medications. Any newly hired nurse or medication aide will receive training on proper labeling and storage of medications by the Staff Facilitator during orientation. No staff will be allowed to complete a shift without being trained. Audits will be conducted by the Director of Nursing and/or the QI Nurse to include	

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F 431	Continued From page 6 that once the vials were removed from the foil pouch, the vials needed to be used within 7 days in accordance with the manufacturer ' s storage recommendations. During an interview with the Director of Nursing (DON) on 6/23/15 at 3:13 PM, the DON stated that her expectation would be for ipratropium/albuterol solution vials to be stored inside the foil pouch and the foil pouch to be dated when opened. The DON also indicated the shortened expiration date of these vials needed to be observed in accordance with the manufacturer ' s labeling. 1c) An observation of the 400 Hall medication cart on 6/23/15 at 10:08 AM revealed 4 vials of ipratropium/albuterol inhalation solution (a combination medication used via a nebulizer for the management of chronic obstructive pulmonary disease) labeled for Resident #77 were stored partially exposed outside of an opened, undated foil pouch. The manufacturer ' s product labeling on the package of the ipratropium/albuterol solution indicated the unit-dose vials should remain stored in the protective foil pouch at all times. The storage instructions also noted that once removed from the foil pouch, the individual vials should be used within one week. The opened foil pouch was not dated as to when it had been opened. During an interview with Nurse #9 on 6/23/15 at 10:15 AM, the nurse indicated that the ipratropium/albuterol solution vials needed to be stored inside the foil pouch in accordance with the manufacturer ' s storage recommendations. He also acknowledged the foil pouch needed to be dated when opened so the shortened	F 431	medication carts and storage areas, including refrigerators and medication rooms, to ensure medications are labeled and stored appropriately according to manufacturer recommendations weekly for 4 weeks, every other week for 4 weeks and monthly for 12 weeks utilizing the Medication Storage QI tool. Any issues identified will be corrected immediately by the Director of Nursing with further re-training and/or accountability as appropriate. The QA Committee (Administrator, Director of Nursing, Staff Facilitator, Quality Improvement Nurse, MDS Nurse, Dietary Manager, Treatment Nurse, RN Supervisor, Social Worker, Rehab Manager) will review the audits weekly for 8 weeks and monthly for 12 weeks to determine the continued need for and frequency of monitoring. Any recommended changes will be discussed and carried out as agreed upon at that time.	

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F 431	Continued From page 7	F 431		

expiration date could be determined and observed.

During an interview with the Director of Nursing (DON) on 6/23/15 at 3:13 PM, the DON stated that her expectation would be for ipratropium/albuterol solution vials to be stored inside the foil pouch and the foil pouch to be dated when opened. The DON also indicated the shortened expiration date of these vials needed to be observed in accordance with the manufacturer ' s labeling.

2) An observation of the 600 Hall medication cart was made on 6/23/15 at 9:27 AM. This observation revealed one bisacodyl suppository was kept on the cart past the manufacturer ' s expiration date of May 2015.

An interview was conducted with the nurse assigned to the 600 Hall med cart (Nurse #10) on 6/23/15 at 9:40 AM. Nurse #10 indicated the medication needed to be discarded because it was expired.

An interview was conducted with the facility ' s Director of Nursing (DON) on 6/24/150 at 3:37 PM. During this interview, the DON indicated her expectation was for all expired medications to have been identified, pulled from the med cart, and returned to the pharmacy.

3) An observation of the 400 Hall medication cart on 6/23/15 at 10:08 AM revealed there were six unopened foil pouches and two individual vials of ipratropium/albuterol inhalation solution (a combination medication used via a nebulizer for the management of chronic obstructive pulmonary disease) stored in the manufacturer ' s

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F 431	Continued From page 8 box on the medication cart. The top flap of the box was missing. Neither the foil pouches nor the box had resident-specific labeling attached to indicate either the resident ' s name or detailed instructions for use. During an interview with Nurse #9 on 6/23/15 at 10:15 AM, the nurse confirmed no resident-specific labeling was attached to the box of the ipratropium/albuterol inhalation solution. He indicated that the unlabeled medication would need to be sent back to the pharmacy. During an interview with the Director of Nursing (DON) on 6/24/15 at 3:37 PM, the DON stated her expectation would be for all medications to be labeled with the required identifying information, including the resident ' s name and instructions for use.	F 431		