

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/30/2015
NAME OF PROVIDER OR SUPPLIER MOUNTAIN RIDGE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 611 OLD US HIGHWAY 70 EAST BLACK MOUNTAIN, NC 28711		
(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	F 000			
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to label, date and completely cover foods in the freezer storage.</p> <p>The findings included</p> <p>1. Observations of foods stored in the kitchen ' s walk-in freezer revealed the following:</p> <p>a. An observation of the walk in freezer on 7/27/2015 at 9:50 am revealed there were breaded meat patties in a plastic bag that were not labeled or dated. The dietary manager stated on 07/27/15 at 9:50 am that " sometimes the labels fall off " and it ' s " hard " to keep them on in the freezer. During an interview with the dietary manager 7/27/2015 at 9:50am she stated that all foods should be dated and labeled.</p> <p>b. An observation in the walk-in freezer on</p>	F 371	<p>The residents found to be affected by the alleged deficient practice have been assessed without negative outcome. Dietary Manager inspected all food items in freezer for correct labeling and dating. Dietary Manager also inspected all food items in freezer to ensure that all packaging did not have any tears. Dietary Manager will inspect all food items in freezer for proper dating and labeling as well as ensuring all packaging does not have any tears daily x 3 months then biweekly thereafter. Administrator is responsible for compliance.</p>	7/31/15	

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

TITLE

(X6) DATE

Electronically Signed

08/21/2015

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 371	Continued From page 1 7/29/2015 at 12:05 pm revealed there was a bag of frozen fries which the cook identified as sweet potato fries that was not dated or labeled. The bottom side of the bag had a small tear in it exposing the food. The dietary manager joined us in the freezer and was aware that this item was not labeled and all foods need to be dated and labeled. This includes food that is opened and out of their original packaging. c. During an interview with the Administrator on 7/29/15 at 3:00 pm regarding food storage and handling she stated that her expectation was that all food should be is labeled, dated and storage safely to prevent food born illness.	F 371			
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	F 431		8/21/15	

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F 431	<p>Continued From page 2 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, record review, and staff interview the facility failed to discard expired medications in 2 of 2 medication rooms on East and West Wing.</p> <p>The findings include:</p> <p>Review of the facilities policy on " Medication Storage " stated " outdated, contaminated, discontinued or deteriorated medications and those in containers that are cracked, coiled, or without secure closures are immediately removed from stock, disposed of according to the procedure for medication disposal. "</p> <p>1a. In the East Wing Medication Room: Review of manufacturer insert of the Tuberculin Aplisol states " vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency. "</p> <p>An observation on 7/29/15 at 2:30 pm of the East</p>	F 431	<p>The residents found to be affected by the alleged deficient practice have been assessed without negative outcome. 100% audit has been conducted in East and West med rooms and on all med carts and treatment carts to identify any other similar alleged deficient practice. Nurses have been in-serviced by the DON on checking med rooms, med carts and treatment carts for expired medications. Central supply clerk will rotate medications as she restocks each med room to ensure latest date is used first. Pharmacy will conduct two audits per calendar year on med rooms, med carts and treatment carts. Any discrepancies will be brought to the attention of the Director of Nursing for follow up and analysis of trends/patterns. QA Nurse will audit med rooms, med carts and treatment carts weekly x 3 months then monthly thereafter if compliance is accomplished.</p>		

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F 431	<p>Continued From page 3</p> <p>Wind medication room refrigerator revealed a Tuberculin aplisol 1ml vial that had been opened on 6/15/15.</p> <p>During an interview with Nurse #5 on 7/29/15 at 2:42pm regarding the Tuberculin Aplisol was unsure of how long the vial was good for after being opened.</p> <p>A follow up interview with Nurse #5 on 7/29/15 at 4:25pm revealed that the administrator had called the pharmacy and stated that opened vials of Tuberculin Aplisol are good for 30 days after being opened</p> <p>1b. An observation on 7/29/15 at 3:10 pm of the West Wing medication storage room revealed 2 bottles of glucosamine sulfate that expired June 2015, at bottle of aspirin 325 mg that expired April 2015, and a bottle of Magnesium 250 mg that expired December 2014.</p> <p>During an interview with Nurse #3 on 7/29/15 at 3:35 she revealed that nurses as responsible for checking medication carts and rooms weekly for expired medication. She also stated that Nurse #4 checks behind the nurses to ensure no expired medications are in the medication rooms and carts.</p> <p>An interview with Director of Nursing (DON) on 7/30/15 at 9:52 am reveals that nurse #4 is the quality assurance (QA) and she is responsible for checking the medication carts and rooms weekly. She also stated that the central supply clerk is responsible for checking and rotating house stock medication each time she puts up stock to ensure no expired medications are in the medication</p>	F 431	<p>Any discrepancies will be brought to the attention of the Director of Nursing for follow up and analysis of trends/patterns. Findings from the audits will be reported to the QA Committee for additional oversight and recommendation. Director of Nursing is responsible for compliance.</p>		

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

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