DEPART	MENT OF HEALTH	AND HUMAN SERVICES			·	FORM	APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	MB NO	0938-0391
STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			CON	E SURVEY IPLETED
		345358	B. WING				C 27/2015
NAME OF F	PROVIDER OR SUPPLIER		·		TREET ADDRESS, CITY, STATE, ZIP CODE	00/	21/2015
				20	02 SMOKETREE WAY		
LOUISBU	JRG NURSING CENT	EK		L	OUISBURG, NC 27549		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	ſS	F 0	00			
		iciencies cited as a result of stigation survey of 08/27/15.					
F 431 SS=D		DRUG RECORDS, UGS & BIOLOGICALS	F 4	31			9/5/15
	a licensed pharmac of records of receip controlled drugs in accurate reconciliat records are in order	nploy or obtain the services of cist who establishes a system and disposition of all sufficient detail to enable an tion; and determines that drug r and that an account of all maintained and periodically					
	labeled in accordan professional princip appropriate access	als used in the facility must be ice with currently accepted eles, 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 Dru Control Act of 1976 abuse, except when package drug distri	ovide separately locked, I 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					
		DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		TITLE		(X6) DATE
Electronically Signed 09/							09/08/2015

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 & MEDICAID SERVICES				FORM	09/21/2015 APPROVED 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C			
		345358	B. WING				_ 27/2015		
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	•			
LOUISBURG NURSING CENTER				202 SMOKETREE WAY LOUISBURG, NC 27549					
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 431	Continued From pa	ge 1	F4	131					
	by: Based on observation interviews the facilities at recommended ter- medication refrigera Review of the Refrigera Review of the Refrigeration Review of the Tube Derivative (PPD) morevealed under Stord degrees C (Celsius (Farenheit). Do not product if exposed Review of the Uniterative of the Uniterative Administration literative the product labels for manufacturers, it is stored in a refrigerative 46°F. Avoid freezing insulin that has bee Review of the Medi showed the medicative refrigerator betweet Do not use Forter Review of the Vacc showed Hepatitis B should be "stored at loss of potency occ temperatures." Review of the undata Policy revealed, "Reference of the stored at policy revealed, "Reference of the stored at policy revealed, "Reference of the stored at the policy revealed, "Reference of the stored at the policy revealed".	Based on observation, record review and staff interviews the facility failed to store medications at recommended temperatures for 1 of 1 inedication refrigerators. Findings included: Review of the Refrigerator Medication Room Record for August 2015 showed 16 of 26 ecorded temperatures below 35 degrees. Review of the Tuberculin Purified Protein Derivative (PPD) manufacturer instructions evealed under Storage: "Store at 2 degrees to 8 Regrees C (Celsius) (35 degrees to 46 degrees F Farenheit). Do not freeze (bold letters). Discard product if exposed to freezing." Review of the United States Food and Drug Administration literature revealed "According to he product labels from all three U.S. insulin nanufacturers, it is recommended that insulin be stored in a refrigerator at approximately 36°F to 6°F. Avoid freezing the insulin. Do not use hsulin that has been frozen." Review of the Medication Guide for Forteo showed the medication should be kept "in the efrigerator between 36 to 46 F. Do not freeze Do not use Forteo if it has been frozen." Review of the Vaccine Storage Temperatures showed Hepatitis B and pneumococcal vaccines should be "stored at 35-46 degrees. Irreversible poss of potency occurs with exposure to freezing emperatures." Review of the undated Refrigerator Temperatures Policy revealed, "Refrigerator temperatures will be monitored to ensure (they are) maintained at		F 431F431Standard Disclaimer: This plan of correction is provided as a necessary requirement of continued participation in the Medicare and Medica program(s) and does not, in any manner, constitute an admission to the validity of the alleged deficient practice.The Medication Room refrigerator has been replaced with a new unit on August 27, 2015 prior to DHSR Survey Team exit Licensed Nursing Staff have been instructed on appropriate refrigerator temperatures and updated log has been implemented with temperature range noted on log.The 11-7 Licensed Nurses check refrigeration temperatures q night and report any variances noted to DON in AWThe DON, and/or Administrator shall ensure compliance by randomly monitoring refrigerator temps on a weekl basis x 4 weeks and monthly thereafter to ensure compliance with storage of refrigerated medications. Any identified discrepancies shall be remediated.					

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	CENTERS FOR MEDICARE & MEDICAID SERVICES ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTI	IPLE CONSTRUCTION		0MB NO. 0938-039 (X3) DATE SURVEY	
· ,		IDENTIFICATION NUMBER:		IG	COMF	COMPLETED	
					(2	
345358		B. WING _		08/2	08/27/2015		
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	ZIP CODE		
LOUISBURG NURSING CENTER				202 SMOKETREE WAY LOUISBURG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETIC DATE	
F 431	Continued From pa	age 2	F 43	31			
		medication refrigerator read		Quality Assurance Con	mittee meeting		
	30 degrees. The m	edication refrigerator		minutes. Additionally, the Administra			
		able pen of Forteo (a		and/or DON shall report			
		eoporosis), a vial of Tuberculin		non-compliance with st			
		rivative, multiple vials of nultiple vials of hepatitis B		refrigerated medication Quality Assurance Con			
		ble vials of pneumonia vaccine.		three months and then			
		08/26/15 at 4:10 PM the		thereafter.	quarterry		
		(DON) stated the Pharmacist					
		nted out to her the previous					
		erator temperature was too					
		cated the Pharmacist					
		d her the medications may					
		ed or returned to the					
	was done. The DO	icated neither of these actions					
		e 11-7 nurses to record the					
	medication refriger						
		rview on 08/26/15 at 4:22 PM					
	the Consultant Pha	irmacist stated she had been					
		hursday (8/20/15). She					
		he DON that 32 degrees was					
		g. She indicated medications					
		ween 36-46 degrees. The acist stated medications that					
	had been frozen sh						
		on 08/26/15 at 4:55 PM the					
		ator temperature was 30					
	degrees.						
		08/26/15 at 4:56 PM the					
		d the interior freezer door on					
		igerator had broken off					
		eeks ago. She indicated r was on order but had not yet					
	In a telephone inter	rview on 08/26/15 at 5:15 PM					
	the Pharmacist Co	nsultant stated Forteo, insulins,					
		rculin PPD should not be					
	trozen. She indicate	ed the medications should be					

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		AND HUMAN SERVICES				FORM	: 09/21/2015 APPROVED . 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		• •		LE CONSTRUCTION	(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
	345358		B. WING	;		C 08/27/2015	
NAME OF	PROVIDER OR SUPPLIER	·			STREET ADDRESS, CITY, STATE, ZIP CODE		
LOUISBURG NURSING CENTER					202 SMOKETREE WAY LOUISBURG, NC 27549		
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 431	sent back to the ph In a telephone inter Nurse #1 who work purpose of recordin temperatures was t were stored within t indicated medicatio 34-46 degrees. She door had been miss about one month. S month the tempera accurate. Nurse #2 left on the glass she lower. She indicate DON or the pharma refrigerator tempera maintained. In a telephone inter Nurse #2 who work now knew the medi temperatures shoul the night before she should just be abov she did not inform a temperatures were	armacy. view on 08/27/15 at 5:05 AM sed the 11-7 shift, stated the og the medication refrigerator to make sure medications the correct ranges. She ons should be stored between e indicated the interior freezer sing from the refrigerator for She indicated over the last ture readings had not been stated if the thermometer was elf the temperature would read d she had not informed the acy that the medication atures could not be view on 08/27/15 at 5:15 AM ted the 11-7 shift, stated she	F	431			

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