STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345168	A. BUILDING _____ B. WING _____	C 03/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - GREENVILLE	**2910 MACGREGOR DOWNS GREENVILLE, NC 27834**

(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 3/5/15. Event ID# TRXR11.	F 000		
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		3/24/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/18/2015

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F 431	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to discard 4 of 4 open and partially used Tuberculin Purified Protein Derivative (PPD), vials based on manufacturer's instructions. Findings included: Review of the Manufacturer's Storage instructions showed Tuberculin PPD "Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency." An observation of the medication storage refrigerator in nursing station 2 on 03/05/15 at 12:15 PM showed four open and partially used Tuberculin PPD vials. Vial one had a handwritten opened date of "1/" with the remainder of the date being unreadable. Vial two had a faint unreadable handwritten opened date. Vial three had a handwritten opened date of 09/18/14. Vial four had a handwritten opened date of 11/03/14. In an interview on 03/05/15 at 12:20 PM the Director of Nursing (DON) verified that the opened date on vial one was only partially readable and that the handwritten opened date on vial two was not readable at all. She verified the handwritten opened dates on vials three and four were 09/18/14 and 11/03/14 respectively. In an interview on 03/05/15 at 12:45 PM the Assistant DON stated the night shift nurses were responsible for checking the medication refrigerators for expired medications. She stated it was her expectation that the night shift nurses were performing this task. It was also her expectation that when a vial of medication was first opened, the date was to be written on the vial	F 431	Please accept this Plan of Correction as Golden Living Center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement with the findings of noncompliance. This plan of Correction is being provided pursuant to Federal and State requirements which require an acceptable plan of correction as a condition of continued certification. F 431: The facility will continue to ensure that drugs used in the Facility are stored in accordance with acceptable professionial principles, and include cautionary instructions and the expiration date when applicable. 1. The 4 vials of expired Tuberculin PPD were removed from the refrigerator on Station Two, and discarded on 3/5/2015. 2. Any resisents receiving medication have the potential to be affected by the alleged deficient practice, therefore all medication storage rooms and refrigerators in the Facility will be checked for expired medications. All expired medications will be removed and discarded. Medication rooms and	

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F 431	Continued From page 2 so expiration dates could be read and monitored. The Assistant DON also stated the medication refrigerators were checked by the facility pharmacist for expired medications. In an interview on 03/05/15 at 2:46 PM the facility Pharmacist stated part of her role as the facility Pharmacist was to spot check medication storage to include medication rooms and medication carts. She indicated she did not check each medication room or medication cart every month and could not remember when she had last checked the medication refrigerators. The pharmacist stated that since the Tuberculin PPD was used for medical testing, if used past the recommended 30 day discard date the test may be inaccurate and should be redone.	F 431	refrigerators in the Facility were audited on 3/16/2015 with no expired medications noted,and no undated open vials of PPD vaccine noted. Residents on Station Two that were vaccinated between September, 2014 and March 5, 2015 will be re-tested with new vials of PPD vaccine to ensure results are accurate. 3. Licensed Nurses will be re-inserviced on the process of the identification of and disposal of expired medications. The 11-7 nurses, Unit managers, and Director of Nursing will audit medication room storage areas for expired medications weekly times 1 month, then monthly. A copy of the audit will be delivered to the Director of Nursing until deemed unnecessary. 4. The Director of Nursing, unit managers, and designees will report findings the the monthly QAA Committee for 3 months, or until the QAA Committee recommends it is not necessary to report these monitoring results.	