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 09/03/2015

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 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to ensure that it was free of medication error rates of 5% or greater. Findings included: The facility had a medication error rate of 8% following the Medication Administration Observation and Reconciliation of Physician Orders. 1. Resident #5 was admitted to the facility on 08/28/15 with cumulative diagnoses of right fibula fracture, hypertension, metabolic encephalopathy, and acute kidney failure. Resident #5's general note dated 08/31/15 revealed the resident was alert and oriented to person, place, time, and communicated needs to staff effectively. Review of the September 2015 Physician Orders revealed Resident #5 had order for Cilostazol medication to be given twice per day before meals. A medication administration observation for Resident #5 by Nurse #5 was conducted on 09/3/15 at 9:20 AM. Cilostazol, a medication used in the alleviation of the symptom of intermittent claudication in individuals with peripheral vascular disease (PVD) was ordered to be given two times per day before meals, and was given after breakfast at 09:27 AM. Resident #5 interview on 09/3/15 at 3:50 PM revealed that the morning medications were given	F 332	Please accept this Plan of Correction as Golden Living Center's credible allegation of compliance. This Plan of Correction shall not be construed as an admission of fault nor agreement with the finding of non-compliance. The Plan of Correction is provided pursuant to Federal requirements which require an acceptable Plan of Correction as a condition of continued certification. 1) Individual nurses will be assessed for medication administration and time compliance by the Director of Nursing or designee. Nurse #5 was immediately re-educated regarding medication administration, with emphasis placed on ensuring timely compliance with medication delivery to the resident. This education was completed by the Unit Manager on September 3, 2015 , as soon as the concern was noted. 2)All residents are at risk, and have potential to be affected by the alledged deficient practice. All Licensed Nurses will be re-educated on medication administration to include timeliness, and timelines. All education will be completed	10/1/15

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

Electronically Signed | 09/14/2015

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F 332	Continued From page 1 late today due to the residents' getting up late. In an interview on 09/3/15 at 11:14 AM Nurse #5 stated Resident #5 had already eaten breakfast at the time the medication was administered and the medication should have been given before breakfast. In an interview on 09/3/15 at 11:00 AM the Director of Nursing (DON) stated it was her expectation that the facility medication error rate be below 5% and medications be given as ordered. In an interview on 09/3/15 at 12:05 PM the Administrator stated it was his expectation that the facility medication error rate be below 5% and medications be given as ordered. 2. Resident #6 was re-admitted to the facility on 03/27/15 with cumulative diagnoses of symbolic dysfunction, cardiac pacemaker, atrio-ventricular block, and closed fracture of the intertrochanteric section of femur. Resident #6's 08/17/15 Minimum Data Set (MDS) showed she was moderately cognitively aware. Review of the September 2015 Physician Orders revealed Resident #6 had an order for Dilantin medication to be given at 8:00 AM. A medication administration observation for Resident #6 by Nurse #5 was conducted on 09/3/15 at 9:40 AM. Review of facility policy/procedure dated 05/2012 titled "Medication Administration - General Guidelines" read in part under section #10 "Medications are administered within 60 minutes of scheduled time." In an interview on 09/3/15 at 11:14 AM Nurse #5 stated Resident #6's Dilantin medication needed to be given on time. Nurse #5 said Dilantin blood levels may drop and cause an increase chance of seizures, if not given on time. In an interview on 09/3/15 at 11:00 AM the	F 332	by the Director of Nursing and/or designee by October 1, 2015. 3)The Director of Nursing, and/or designee willre-educate all Licensed Nurses, and randomly audit Medication Administration Records, and perform random medication skills check off with nurses to ensure compliance with time guidelines. 4) The Director of Nursing, and/or designee will randomly audit Medication Administration Records, and perform random medication skills check off with nurses to ensure compliance with time guidelines. Audits will be conducted three times per week for two weeks, then one time per week for one month, then monthly for one month. The results of the audits will be reviewed in the monthly QAPI meetings, with recommendations for improvement.The results will be reviewed in the monthly QAPI meeting until deemed no longer necessary.	

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F 332	Continued From page 2 Director of Nursing (DON) stated it was her expectation that the facility medication error rate be below 5% and medications be given as ordered. In an interview on 09/3/15 at 12:05 PM the Administrator stated it was his expectation that the facility medication error rate be below 5% and medications be given as ordered.	F 332		