

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

PRINTED: 11/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER MURPHY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4130 US HWY 64 EAST MURPHY, NC 28906		
(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 431 SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>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.</p> <p>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.</p> <p>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.</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 reviews and staff</p>	F 431	The corrective action will be	11/20/15	

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

TITLE

(X6) DATE

Electronically Signed

11/18/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER MURPHY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4130 US HWY 64 EAST MURPHY, NC 28906		
(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 431	<p>Continued From page 1</p> <p>interview, the facility failed to store and monitor refrigerated medications under proper temperature control between 36 and 46 degrees Fahrenheit (F) in 1 of 1 medication rooms. The findings included:</p> <p>Inspection of the medication storage room on 11/03/2015 at 3:52 PM revealed medication storage in the refrigerator consisting of anti-anxiety medications, suppositories, IV fluids, PPD (tuberculosis skin test) and Fluzone (flu vaccine). The liquid gauge thermometer was noted in the refrigerator door with connections leading outside the refrigerator, magnetized on the right side, for external readings. Review of the refrigerator temperature logs revealed monitoring only for January 1-15, 17-22, 25-28, March 1-31, and May 1, 4-5 of 2015. There were no further temperature logs noted after May 5th, 2015. Upon review of the temperature logs present, the refrigerator temperatures were outside of the 36 to 46 degrees F range for thirty-nine days. Temperatures were documented below 34 degrees for 4 days and above 48 degrees for 5 days. There were no interventions documented on the Refrigerator Intervention Log including notification of maintenance or the pharmacist.</p> <p>Review of a policy titled " Refrigerated Drug Storage " with an issue date of 09/03 and a revised date of 01/10 read in part: " When temperature is found to be out of acceptable range the designated individual inspecting the refrigerator should do the following: "</p> <ul style="list-style-type: none"> · If temperature is 34 to 36 degrees F or 46 to 48 degrees F - Adjust the thermostat and recheck in two hours, If not in range after 2 hours contact maintenance for repair, Notify pharmacist for further instructions regarding drug storage. · If temperature is less than 34 degrees F or 	F 431	<p>accomplished for those residents found to have been affected by the deficient practice:</p> <ol style="list-style-type: none"> 1. No residents were affected by this deficiency. <p>The corrective action will be accomplished for those residents having potential to be affected by the same deficient practice:</p> <ol style="list-style-type: none"> 1. The corrective action for the residents who have the potential to be affected by the deficient practice will be accomplished by re-educating the current nursing staff to perform and document daily temperature checks on the medication refrigerator log and to document any interventions for temperature variances. 2. Plant Operations performed immediate check on the medication refrigerator thermometer probe to ensure it was functioning properly. 3. Placement indicator taped in the bottom of the refrigerator to mark where the probe should be maintained to ensure it is not placed too close to the freezer and to ensure an accurate reading. 4. Logs will be audited weekly by DON or designee for completeness, temperature variances and documentation of associated interventions. 5. Audit findings will be reported monthly to QAPI x 3 months or until substantial compliance achieved. 6. Pharmacy will monitor the medication refrigerator monthly for safe storage of medication. <p>The measures that will be put into place or systemic changes made to ensure that</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER MURPHY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4130 US HWY 64 EAST MURPHY, NC 28906		
(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 431	<p>Continued From page 2</p> <p>greater than 48 degrees F - Contact maintenance for repair. Notify pharmacist for further instructions regarding drug storage.</p> <ul style="list-style-type: none"> All interventions are to be documented on the Refrigerator Intervention Log by the individual identifying the problem. Any refrigerator used to store vaccines will be inspected twice daily. <p>A staff interview with Nurse #1 on 11/03/15 at 3:55 PM revealed the night shift (2nd shift) charge nurse is supposed to be documenting the refrigerator temperatures. Nurse #1 searched for additional temperature logs for 2015 but was unable to locate any logs other than January, February and May of 2015.</p> <p>A staff interview with the Director of Nursing (DON) on 11/03/15 at 4:10 PM revealed there was no further documentation of monitoring of the refrigerator temperatures past May 2015. The DON verbalized the 2nd shift charge nurse had a work list to be completed for each day which included monitoring and documenting the temperature of the facility ' s medication refrigerator. The DON further explained this was a job responsibility of the charge nurse and needed to speak with each of them to understand what had happened.</p> <p>A second staff interview with the DON on 11/04/15 at 10:54 AM revealed that interviews with the charge nurse ' s had indicated that each charge nurse thought the other was checking and documenting the daily refrigerator temperatures for medication storage. The DON verbalized her expectation that the refrigerator temperatures would be documented daily and policy would be followed if temperatures were out of range. The DON confirmed staff were not monitoring or documenting the temperature of the facility ' s medication refrigerator on a daily basis.</p>	F 431	<p>the deficient practice will not occur:</p> <ol style="list-style-type: none"> Charge nurse or designee will document the temperatures of the medication refrigerator daily. Nursing will document any interventions required for temperature variances. Logs will be audited weekly by DON or designee for completeness, temperature variances and documentation of associated interventions. Audit findings will be reported to QAPI X 3 months or until substantial compliance achieved. Education related to refrigerated medication policy will be added to new nurse orientation. Pharmacy will add to the monthly inspection form a place to document that the medication refrigerator temperature log is present and complete. Pharmacy inspection forms will be turned in to the DON or designee monthly for review. <p>The facility plans to monitor its performance to make sure that solutions are sustained and effective by:</p> <ol style="list-style-type: none"> Charge nurse or designee will complete the medication refrigerator temperature log daily and intervention log as indicated for temperatures out of range (36-46F). Logs will be audited weekly by DON or designee for completeness, temperature variances and documentation of associated interventions. Audit findings will be reported to QAPI X 3 months or until substantial compliance 		

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

PRINTED: 11/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER MURPHY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4130 US HWY 64 EAST MURPHY, NC 28906		
(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 431	Continued From page 3 A staff interview by phone with Nurse #2, a 2nd shift supervisor, on 11/04/15 at 3:00 PM, revealed that Nurse #2 was not aware that part of the monitoring for the night shift charge nurse included daily refrigerator temperature checks and documentation of temperatures found.	F 431	achieved. The corrective action will be completed by: 11/20/15	