STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345340	A. BUILDING _____ B. WING _____	01/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE LEAF HEALTH CARE	1101 MAPLE CARE LANE STATESVILLE, NC 28625

(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=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. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff	F 431	All expired drugs were discarded	2/12/16

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

Electronically Signed | 02/12/2016

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 431	Continued From page 1 interviews, the facility failed to remove expired medications and treatment medications from 2 of 2 treatment carts. The findings included: A review of the facilities policy dated 12/01/07 read in part "The facility should ensure that medications and biologicals have not been retained longer then recommended by manufacture or supplier guidelines." An observation of the main treatment cart located in the main medication room on 01/22/16 at 11:36 AM revealed three packs of petroleum jelly that expired 10/2014. An observation of the secondary treatment cart located in the main medication room on 01/22/16 at 11:36 AM revealed: · 1 bottle of fluocinolone acetonide (medicated shampoo) that contained an expiration date of 05/2015. · 1 bottle of wart remover that contained an expiration date of 08/2015. · 1 tube of silversorb gel that contained an expiration date of 10/2015. · 1 tube of thera-honey gel that contained an expiration date of 08/2014 · 2 packs of petroleum jelly that contained an expiration date of 11/2015. An interview with Director of Nursing (DON) on 01/21/16 at 3:08 PM revealed that the third shift nurses on Sunday evenings were responsible for checking medication rooms, medication carts, and treatment carts for expired medications. She further stated that the pharmacy staff was in the building every other month to check the medication room, medication carts, and treatment carts and were last in the building November 2015. She explained that the Area staff	F 431	immediately by the Director Nursing on January 21, 2016 following identification. All residents have the potential to be affected by this alleged deficient practice. An audit of all treatment carts was conducted and completed on February 9, 2016 by the Director of Nursing and the Assistant Director of Nursing. All expired items identified were discarded immediately. The Director of Nursing, Assistant Director of Nursing and Unit Manager will re-educate Licensed Nurses regarding the policy and procedure for labeling and storing medications by February 10, 2016. The Director of Nursing, Assistant Director of Nursing and Unit Manager will audit all treatment carts weekly for 12 weeks to verify medication storage per policy. Opportunities will be corrected as identified. The results of the audits will reported monthly in the QAPI meeting by the Director of Nursing. The committee will evaluate and make further recommendations as indicated. Date of Compliance: Feburary 12, 2016.	

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F 431	Continued From page 2 development manager was also in the building every other month but could not state when she had gone through the medication room, medication carts, or treatment carts. The DON stated that she was not aware that petroleum had an expiration date and she believed the nurses were not aware either. The DON stated that she would have expected the third shift nurses to inspect the medication rooms, medication carts, and treatment carts and find any expired medications or treatment supplies and return them to the pharmacy per the facility policy.	F 431		