STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345392	A. BUILDING _____ B. WING _____	03/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMBASSADOR HEALTH & REHAB OF WADESBORO, LLC	2051 COUNTY CLUB ROAD WADESBORO, NC 28170

(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 3/10/2016. Event ID# YO3611.	F 000		
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.	F 356		

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

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F 356	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to post daily staffing information that was accurate for two of four days of the recertification survey. The findings included: During the initial tour on 3/7/16 at 11:19AM, an observation of the staff posting revealed there was not a census number recorded on the staff posting. Also, the total staff hours worked was not completed for the 11-7 shift and the 7-3 shift. On 3/7/16 at 1:35PM, an observation revealed that the census number had been added at 58. The total staff hours worked remained blank. An observation of the staff posting was conducted on 3/8/16 at 10:54AM. The total staff hours worked for the 11-7 shift was blank. On 3/8/16 at 4:48PM, an interview was conducted with the Director of Nursing. She stated the night nurse (11-7) put up the staffing sheet and completed the information for the 11-7 shift. The staff development coordinator completed the numbers for the staff and census for the day and evening shifts; The Director of Nursing and the staff development coordinator stated they had never filed in the total hours worked and did not realize it should have been completed/ filled in.	F 356		
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	F 431		

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F 431	Continued From page 2	F 431		

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 review of facility record, medical record, observation and staff interviews, the facility failed to discard expired insulin and biscodyl (dulcolax) pills, date an opened vial of insulin and failed to date Iptropium bromide and albuterol inhalation medication that had been removed from the foil pouch in two of two medication carts (East Wing and West Wing).

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F 431	Continued From page 3	F 431		

The findings included:

A facility policy titled "9.11 Medications with special expiration date requirements " stated, in part, " Humalog vial in use, not refrigerated: expiration date 28 days."

Manufacturer's instructions on the foil package of the Ipratropium bromide and albuterol inhalation solution stated "Once removed from the foil pouch, the individual vials should be used within 1 week."

1. a. An observation of the west wing medication cart was conducted on 3/10/16 at 11:00AM and revealed an opened bottle of biscodyl (dulcolax) tablets 5 milligrams. The bottle had a date opened of 3/1/16. The expiration date on the bottle of biscodyl tablets was 11/15.

b. two boxes of Ipratropium bromide and albuterol inhalation solution (used as a bronchodilator) with one vial in one box outside of the foil pouch and four vials in the second box not in the foil pouch.

On 3/10/16 at 11:09AM, an interview was conducted with Nurse #1. She stated nursing staff checked the cart on a regular basis for expired medications and also checked the medication prior to administration for an expiration date. She stated the biscodyl pills should have been discarded. Nurse #1 stated she did not know that the Ipratropium bromide and albuterol inhalation solution should be used within 1 week if not in the foil pouch. Nurse #1 stated she did know that the foil pouch should be dated and the medication kept in the foil pouch.

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F 431	Continued From page 4 2. a. An observation of the east wing medication cart was conducted on 3/10/16 at 11:04AM and revealed an opened vial of Levemir insulin opened and undated and a vial of Humalog insulin opened and dated 2/4/16 and noted to discard 28 days after opening. The vial of Humalog insulin was for Resident #47 who had an order for sliding scale insulin to be administered per results of blood sugars that were done three times a day. A review of the March Medication Administration Record revealed Resident #47 received Humalog insulin four times after the expiration date of 3/2/16. On 3/10/16 at 11:04AM, an interview was conducted with Nurse #2. She stated anything that was opened should be dated with the time and should be initialed by the nurse. She stated she checked the medications prior to administration to see if the medication was expired. Nurse #2 stated she was not aware the Levemir insulin was not dated. Nurse #2 checked the Humalog insulin and indicated it should have been discarded on 3/2/16. On 3/10/2016 at 11:17AM, an interview was conducted with the Director of Nursing. She stated she expected nursing staff to date all bottles or containers when opened. She said she expected nursing staff to discard expired medications and to follow the manufacturer's instructions for the Ipratropium bromide and albuterol inhalation solution.	F 431		