STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345209	A. BUILDING _____ B. WING _____	04/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKRIDGE RETIREMENT COMMUNITY	1199 HAYES FOREST DRIVE WINSTON-SALEM, NC 27106

(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	F 000		
F 431 SS=E	no deficiency was cited as result of CI 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		5/1/16

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

Electronically Signed | 04/28/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 431	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to remove expired medications from 2 out of 2 refrigerators in the medication storage rooms. The expired medications included 6 out of 6 pneumococcal vaccine vials and 6 out 21 Tylenol suppositories, which are to be stored in the refrigerator. Findings Included: 1.During an observation on 4/6/16 with Nurse #1 at 10:23 am, there was noted to be 6 out of 6 expired pneumococcal vaccine vials in the refrigerator in the medication storage room located on the 600 west hall. The expiration date on the vaccines was 3/16/16. An interview with Nurse #1 at this time revealed the night shift nurse is responsible for checking the medication storage room and refrigerators for expired items. 2.During an observation on 4/6/16 with Nurse #2 at 11:09 am, there was noted to be two Tylenol suppositories expired on 12/15/15 and four expired Tylenol suppositories on 7/27/15. The six expired suppositories were found in a box with fifteen other non-expired suppositories located in the refrigerator in the medication storage room on the 600 east hall. An interview with Nurse #2 at this time revealed the night shift supervisor or nurse is responsible for checking for expired medications as a nightly task.	F 431	For the resident affected: No residents were affected by the deficient practice. For the residents with the potential to be affected: The expired pneumococcal vaccine vials and the expired Tylenol suppositories were disposed of immediately Measures put in place: All nurses have been re-educated on the requirement of checking for expired medications on night shift every night. This in-service was completed on or before 05/01/2016. Monitoring: The DON, MDS Coordinator or designee will audit the medication rooms weekly x 4 to ensure no expired medications are found. If substantial compliance is found, the audit will then resume to monthly on-going. This plan of correction will be brought to the Quarterly QA committee Meeting and any deficient practices will be addressed accordingly.	

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F 431	Continued From page 2 An interview with the Director of Nursing on 4/6/16 at 11:30 am revealed the expectation was that no expired items be left in the medication storage rooms or the refrigerators. The night nurse is expected to check all medication storage rooms and refrigerators on a nightly basis.	F 431		