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

PRINTED: 12/09/2016 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G		TE SURVEY MPLETED
		345433	B. WING		1	C 1/04/2016
NAME OF PROVIDER OR SUPPLIER CLAY COUNTY CARE CENTER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 86 VALLEY HIDEAWAY DRIVE HAYESVILLE, NC 28904			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	S	F 00	00		
F 431 SS=D	complaint investigate 483.60(b), (d), (e) D LABEL/STORE DRU The facility must emalicensed pharmacion frecords of receipt controlled drugs in saccurate reconciliation records are in order controlled drugs is not reconciled. Drugs and biological labeled in accordance professional principle appropriate accessionstructions, and the applicable. In accordance with saccility must store all locked compartment controls, and permit have access to the lateral permanently affixed.	ploy or obtain the services of st who establishes a system and disposition of all sufficient detail to enable an on; and determines that drug and that an account of all naintained and periodically Is used in the facility must be ce with currently accepted es, and include the ory and cautionary expiration date when State and Federal laws, the I drugs and biologicals in its under proper temperature only authorized personnel to	F 43	81		11/28/16
ABODATODY	Comprehensive Dru Control Act of 1976 abuse, except when package drug distrib quantity stored is mi be readily detected.	g Abuse Prevention and and other drugs subject to the facility uses single unit bution systems in which the inimal and a missing dose can		TITLE		(X6) DATE

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

11/22/2016

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.

Electronically Signed

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FICIENCIES RECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	345433	B. WING			C 11/04/2016	
DER OR SUPPLIER	0.0.00	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		11/04/2016	
			86 VALLEY HIDEAWAY DRIVE			
CLAY COUNTY CARE CENTER		HAYESVILLE, NC 28904				
(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	HOULD BE	(X5) COMPLETION DATE	
ntinued From page	1	F 4	31			
ased on observation erviews, manufacturity policy, the facility policy, the facility policy, the facility ened Humalog and to were kept at roomys from 1 of 4 medidings included: nufacturer specific chage insert included build be stored at robrenheit (F) and midded discarded, even malog." Manufacture look of the facility ened of the facility energy en	ns, record review, staff arer specifications, and ity failed to follow ications to discard one one opened Novolog vial in temperature for over 28 cation carts. ations for Humalog per the ed, "In-use Humalog vials som temperature, below 86° ust be used within 28 days if they still contain arer specifications for age insert included, is days without refrigeration in use, Novolog must be kept below 86°F for up to 28 g vials should be thrown wen if they still have insulin 's Medication Storage Policy ted "The facility should ations and biologics have ger than recommended by lier guidelines. Once any in the facility should follow in guidelines with respect to be need medications. The or return all lications in accordance with ruction guidelines and other		immediately from the cart by the nurse. All medication/treatment carts w checked for expired insulin/med on 11-2-2016 by the Director of Services. The Director of clinical Services serviced licensed staff 11-2-201 11-18-2016, regarding checking expiration dates and dating of al medications. Director of Clinica and/or Nursing supervisor will propose Quality Improvement Monitoring expired medications three times for one month, then two times wone month, then one time a weemonth and then monthly thereaf year. The results of the Quality Monitobe reported to the Quality Assurperformance Improvement Commonthly by the Director of Clinic services. The Quality Assurance Performance Improvement Commembers consists of but not lime Executive Director, Director of Conservices, Unit Manager, Staff Development, Activities, Medical Social Services, Maintenance Director of Services, Maintenance Directors of Services of Se	e licensed erere ications Clinical in 6 thru for II I Services rovide I for I week reekly for ek for one refer for one oring will ance mittee ited to the clinical II Director, irector,		
and the state of t	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Intinued From page Intinued From page	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 1 In SREQUIREMENT is not met as evidenced ased on observations, record review, staff erviews, manufacturer specifications, and illity policy, the facility failed to follow nufacturer's specifications to discard one ened Humalog and one opened Novolog vial to were kept at room temperature for over 28 ys from 1 of 4 medication carts. didings included: nufacturer specifications for Humalog per the ckage insert included, "In-use Humalog vials build be stored at room temperature, below 86° mencheit (F) and must be used within 28 days be discarded, even if they still contain malog." Manufacturer specifications for volog per the package insert included, boolog lasts up to 28 days without refrigeration er first use. Once in use, Novolog must be kept from temperature below 86°F for up to 28 ys. Opened Novolog vials should be thrown any after 28 days, even if they still have insulin in them." Eview of the facility's Medication Storage Policy and O1/01/13 indicated "The facility should sure that all medications and biologics have been retained longer than recommended by nufacturer or supplier guidelines. Once any dication is opened, the facility should follow nufacturer/supplier guidelines with respect to biration dates for opened medications. The illity should destroy or return all dated/expired medications in accordance with armacy return/destruction guidelines and other	DER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Thinued From page 1 S REQUIREMENT is not met as evidenced assed on observations, record review, staff serviews, manufacturer specifications, and slifty policy, the facility failed to follow nufacturer's specifications to discard one ened Humalog and one opened Novolog vial at were kept at room temperature for over 28 /s from 1 of 4 medication carts. dings included: nunfacturer specifications for Humalog per the ckage insert included, "In-use Humalog vials and be stored at room temperature, below 86° menheit (F) and must be used within 28 days be discarded, even if they still contain malog." Manufacturer specifications for volog per the package insert included, ovolog lasts up to 28 days without refrigeration er first use. 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Fing an observation on 11/02/16 at 3:48 PM, an	DER OR SUPPLIER ZORR CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S REQUIREMENT is not met as evidenced sized on observations, record review, staff erviews, manufacturer specifications, and litty policy, the facility failed to follow nufacturer's specifications to discard one ened Humalog and one opened Novolog vial twere kept at room temperature for over 28 rs from 1 of 4 medication carts. dings included: nurfacturer specifications for Humalog per the skage insert included, "In-use Humalog vials build be stored at room temperature, below 86° trenethet (F) and must be used within 28 days be discarded, even if they still contain malog." Manufacturer specifications for yoolog per the package insert included, povolog lasts up to 28 days without refrigeration er first use. Once in use, Novolog must be kept own temperature below 86° for up to 28 rs. 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To Deficit provides a subject to preformance improvement Commembers consists of but not limit Executive Director, Director of Clinical Services, The Quality Assurance Performance Improvement Commembers consists of but not limit Executive Director, Director of Clinical Services, Maintenance D Dietary Manager and the MDS of Dietary Manager an	A BUILDING 345433 BER OR SUPPLIER 4 CARE CENTER SUMMAY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE REPECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG STREET ADDRESS, CITY, STATE, ZIP CODE 86 VALLEY HIDEAWAY DRIVE HAYESVILLE, NC 28904 PROVIDERS PLAN OF CORRECTION (EACH CORRECTION ACTION SHOULD BE (EACH CORRECTION AC	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			7 50.25			١ ,	С
		345433	B. WING				04/2016
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>	l	5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	04/2010
				8	6 VALLEY HIDEAWAY DRIVE		
CLAY COL	JNTY CARE CENTER				HAYESVILLE, NC 28904		
(V4) ID	SUMMADV ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)		(X5) COMPLETION DATE
F 431	Continued From pag	e 2	F	431			
		a manufacturer expiration					
		an opened vial of Novolog					
		date of 09/07/16 and a					
		ion date of 04/30/18 were					
	-	cart #2. Nurse # 1 confirmed					
	that both insulin vials	were for Resident #23.					
	Review of the physic	ian orders dated 06/01/14					
		23 was prescribed sliding					
		ed subcutaneously before					
	meals and at bedtime for diagnosis of Diabetes						
		w of a physician order dated					
		esident #23 was also					
	prescribed scheduled	• .					
	,	nits with breakfast, 5 units					
	glucose (CBG) was b	er. Hold if capillary blood					
	, , ,	ation Administration Record					
		#23 indicated that both					
		vere administered as ordered					
		rom 09/01/16 through					
	-	Resident #23's CBG from					
		02/16 revealed that her					
	CBGs had remained						
	significant changes in	n CBG had been observed					
	from September to C	october 2016.					
	In an interview condu	ucted on 11/02/16 at 3:48					
	PM, Nurse #1 admitt	ed that she had administered					
		s to Resident #23 on					
		ning and noon doses. Nurse					
		sulins should be dated when					
		ould have been discarded					
		cart at the time of expiration					
		se #1 acknowledged that					
		itdated and they should be					
	removed from the me						
		ucted on 11/02/16 at 3:58					
		lursing (DON) stated that the					
		sponsible for checking all the dications in medication cart					

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NAME OF PROVIDER OR SUPPLIER CLAY COUNTY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP C 86 VALLEY HIDEAWAY DRIVE HAYESVILLE, NC 28904	;ODE			
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F 431	who administered me medication cart were expired/outdated me administration. The Description was for a stored in the medical until they were needed Once an insulin was The DON specified to discard opened vials insulin 28 days from accordance with the recommendations. In an interview conduction AM, the Administrator who was responsible expired/outdated me The Administrator agents.	week. However, nursing staff edications from the expected to check for dication each time before DON indicated her all unopened insulins to be tion store room refrigerator ed on the medication cart. opened, it should be dated. That the facility's policy was to of Humalog and Novolog the date opened in manufacturer's for checking dications left 2 weeks ago.	F	.31			