STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345567	A. BUILDING _____ B. WING _____	C 01/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF CORNELIUS	**19530 MOUNT ZION PARKWAY CORNELIUS, NC 28031**

(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 On 02/06/17 it was discovered that Tag 0000 stating "No deficiencies were cited as a result of the complaint investigation Event ID #N4XQ11" was omitted from the original 2567. An amended 2567 was sent to the facility this date and the Administrator was notified via phone of this omission.	F 000		
F 431 SS=D	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals.	F 431		1/25/17

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

Electronically Signed | 01/25/2017

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F 431	Continued From page 1 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. (h) Storage of Drugs and Biologicals. (1) 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. (2) 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, staff interviews, facility policy review, and review of manufacturer specifications, the facility failed to remove from use expired medication in 1 of 4 medication storage refrigerators. Findings included: A review of the Facility Policy entitled Storage and Expiration of Medications, Biologicals, Syringes, and Needles revealed " Once any medication or biological is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. " A review of the Manufacture/Supplier Guidance	F 431	The statements made in this plan of correction are not an admission to and do not constitute an agreement with alleged deficiency F431. To remain in compliance with all Federal and State regulations the facility has taken the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been corrected by 1/6/17. 1. A 100% audit of all areas of medication storage including medication rooms,	

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F 431	Continued From page 2 for Fluval, indicated " once entered, a multi-dose vial should be discarded after 28 days " . An observation on 1/5/17 at 6:16 pm of the refrigerator medication storage on Hall 500/600 revealed a stored Fluval multi-dose vial opened, half empty and dated 11/14/16. An interview was conducted on 1/5/17 at 6:20 pm with Nurse # 1 on Hall 500/600. Nurse #1 acknowledged that a Fluval 5 ml 10-dose vial was opened and dated 11/14/16 and stored in the refrigerator. During this interview, Nurse No. 1 stated the Fluval vial was expired. She further stated that according to the policy, Fluval expired 28 days after opening. Nurse No. 1 stated she was not designated to check for expired medication, and no one nurse was designated to check for expired medication. She further stated, nursing checks for expired medication whenever they have time. Nurse No. 1 stated according to facility policy, Fluval vial expired 28 days after opening, and further stated the Fluval dated 11/14/2016 expired 12/13/16. An interview was conducted on 1/6/17 at 9:27 am with the Director of Nursing (DON) regarding the expired Fluval multi-dose vial opened/dated 11/14/16 on Hall 500/600 medication storage room refrigerator. The DON stated her expectation for medication storage and expiration discard is that Staff Nurses are to check daily and Administration Nurses are to check weekly for expired medication and discard accordingly. DON further stated all opened bottles are to be dated when opened. If the bottle is in a box, the bottle is to be dated. DON provided a copy of Facility Policy 5.3 Storage and Expiration of Medications, Biologicals, Syringes, and Needles Effective 12/01/07.	F 431	refrigerators and medication carts was completed by the director of nursing on 1/6/17. 2. All residents have the potential to be effected. Licensed nursing staff have been in serviced by director of nursing and assistant director of nursing on proper storage and handling of medications including checking for expiration dates on starting on 1/6/17 and ending on 1/9/17. 3. Licensed floor nurses will perform weekly audit on night shift of unit medication carts and medication prep rooms. All medications expired or no longer needed will be returned to pharmacy/discarded per policy. 4. Director of nursing/nursing management will complete audits of medication storage areas weekly x4 weeks and monthly x2 months to identify any expired medications and proper storage. 5. Director of nursing will present findings of audits to the quality assurance performance improvement committee x3 months for ongoing monitoring and recommendation.	

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