DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES			FORM APPROV
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345546	B. WING		03/23/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	
	EWOOD HEALTH CENTE	:P		8710 CYPRESS CLUB DRIVE	
				RALEIGH, NC 27615	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLETIC THE APPROPRIATE DATE
F 278 SS=D	483.20(g)-(j) ASSES ACCURACY/COORE	SMENT DINATION/CERTIFIED	F 27	78	4/17/17
		ssments. The assessment ct the resident's status.			
	(h) Coordination A registered nurse m each assessment wit participation of health				
	(i) Certification(1) A registered nurse the assessment is co	e must sign and certify that mpleted.			
		ho completes a portion of the n and certify the accuracy of sessment.			
	(j) Penalty for Falsific (1) Under Medicare a who willfully and know	nd Medicaid, an individual			
		l and false statement in a is subject to a civil money nan \$1,000 for each			
	and false statement i	ndividual to certify a material n a resident assessment is ey penalty or not more than ssment.			
	material and false sta This REQUIREMENT by:	is not met as evidenced			
		iew and staff interviews, the ately code the Minimum		F-278	
	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE	(X6) DATE 04/11/201

Electronically Signed

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.

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	· · ·	E SURVEY	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3	CON	IPLETED	
		345546	B. WING		0	3/23/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1		
THE ROS	EWOOD HEALTH CENTE	R		8710 CYPRESS CLUB DRIVE RALEIGH, NC 27615			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
F 278	Continued From page	e 1	F 27	8			
	an anticoagulant med the 7-day look back p residents (Resident # medications. The findings included Resident #1 was adm with re-entry from the cumulative diagnoses (an irregular heartbeat A review of Resident Set (MDS) assessme completed. Section N did not indicate the re anticoagulant medica 7-day look back period A review of the reside Administration Recom resident received 15 for oral anticoagulant) gin	hitted to the facility on 7/8/13 hospital on 11/10/16. His is included atrial fibrillation at). #1's annual Minimum Data ent dated 1/27/17 was N (Medications) of the MDS esident received an tion at any time during the ed.		Resident # 1 □ s MDS dated Ja 2017 was corrected and subm CMS and the State of North C April 3, 2017 and accepted. On April 12, 2017 All Resident receive anticoagulant drug the their most recent MDS records by the MDS coordinator and A for accurate MDS coding of Se were accurately coded. The MDS nursing staff were in by the DON on April 12, 2017 proper coding section N of the Weekly times 4 weeks prior to the DON or their designee will completed MDS □ s prior to sul Any section N coding errors w corrected immediately and rep Administrator. Quarterly times two the Admin report audit findings to the Qua Assessment and Improvement Committee. The facility is confident and it a substantial compliance with al as of April 17, 2017.	itted to arolina on s who rapy had s reviewed dministrator ection N. All -serviced regarding MDS. submission audit all pomission. ill be orted to the istrator will ality		
	PM with the facility's inquiry, the MDS Nurse electronic medical red Section N on Resider assessment dated 1/2 reported the assessment this resident received out of 7 days during t	nt #1's annual MDS 27/17, the MDS nurse nent should have indicated an anticoagulant (Xarelto) 7 he assessment period. The S would require modification					

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		ND HUMAN SERVICES				M APPROVE 0. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY PLETED
		345546	B. WING		03/23/2017	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	ΡE	
THE ROSI	EWOOD HEALTH CENTE	B		8710 CYPRESS CLUB DRIVE		
				RALEIGH, NC 27615		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE
F 278	Continued From page	e 2	F 27	78		
		ducted on 3/23/17 at 2:00				
	PM with the facility's	Director of Nursing (DON).				
		the coding of medications				
		S was discussed with the the DON indicated she				
		S assessment to be coded				
	correctly.					
F 356 SS=B	483.35(g)(1)-(4) POS INFORMATION	STED NURSE STAFFING	F 35	56		4/17/17
	483.35					
	(g) Nurse Staffing Inf	ormation				
	(1) Data requirement the following information	nts. The facility must post tion on a daily basis:				
	(i) Facility name.					
	(ii) The current date.					
	by the following cate	and the actual hours worked gories of licensed and taff directly responsible for t:				
	(A) Registered nurse	s.				
	(B) Licensed practica vocational nurses (as	Il nurses or licensed s defined under State law)				
	(C) Certified nurse ai	des.				
	(iv) Resident census.					
	(2) Posting requireme	ents.				
		ost the nurse staffing data h (g)(1) of this section on a jinning of each shift.				

Facility ID: 050891

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345546	B. WING _			03/	23/2017
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
THE ROSE	EWOOD HEALTH CENTE	R			710 CYPRESS CLUB DRIVE ALEIGH, NC 27615		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE C			(X5) COMPLETION DATE
F 356	Continued From page	3	F 3	56			
	(ii) Data must be posted as follows:						
	(A) Clear and readabl	e format.					
	(B) In a prominent pla residents and visitors.	ce readily accessible to					
	The facility must, upo make nurse staffing d	osted nurse staffing data. n oral or written request, ata available to the public ot to exceed the community					
	facility must maintain staffing data for a min required by State law	tion requirements. The the posted daily nurse imum of 18 months, or as , whichever is greater. i is not met as evidenced					
	Based on record revi	ew and observations, the ne correct census for 3 of 3			F 356		
	days during the recent Findings included: The daily staffing hou 3/21/17 during the init staff hours posting da facility's total census of	tification survey. rs posting was observed on tial tour at 10:16 AM. The ted 3/21/17 stated the was 35 and included the			On April 12, 2017 The facility develope and implemented a new staff information posting tool that separates the reportinn Medicare Certified beds and the ACH beds in the combination facility.	on	
	licensed practical nurs clinical leader/register On 3/21/17 at 10:20 A copy of the census for facility's census sheet residents on 3/21/17.	Aurs of the registered nurses, se, nursing assistants and red nurse supervisor hours. AM, the facility provided a r the facility on 3/21/17. The t revealed there were 32			All licensed nursing staff will be in-serviced by the DON or their design on or before April 17, 2017 on proper completion of the new form and the new to separate and individually report cens for the two care setting types. Daily for seven days, then weekly times	ed Sus S	
	3:28 PM. She stated t	osting and it was updated			four thereafter the DON or their design will audit the Nurse Staffing required posting for accuracy of census types a their separation by care setting types.		

Facility ID: 050891

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		ND HUMAN SERVICES MEDICAID SERVICES			FOF	D: 04/27/20 APPROVE 0. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		E SURVEY IPLETED
		345546	B. WING		03	8/23/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				8710 CYPRESS CLUB DRIVE		
THE RUS	EWOOD HEALTH CENTE	-R		RALEIGH, NC 27615		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETIO DATE
F 356	Continued From page	e 4	F 356	5		
F 431	number of residents. residents. An Interview with the 9:22 AM revealed the The daily staffing hou 3/22/17 at 4:00 PM. dated 3/22/17 stated was 35. The Director of Nursi 3/23/17 at 2:45 PM. S hall would fill out the stated the facility's ce that were in certified The daily staffing hou 3/23/17 at 2:50 PM. 3/23/17 at 2:50 PM. 3/23/17 at 2:50 PM. 3/23/17 at 3:11 PM. S for the correct census posted staffing sheet shift. 483.45(b)(2)(3)(g)(h) LABEL/STORE DRU The facility must prov drugs and biologicals them under an agree §483.70(g) of this par unlicensed personne law permits, but only supervision of a licen (a) Procedures. A fa pharmaceutical servit that assure the accur	She stated there were 35 administrator on 3/22/17 at e census was 32. Its posting was observed on The staff hours posting the facility's total census ing was interviewed on She stated the nurse on B staff posting sheet. She ensus included 32 residents beds for the entire week. Its posting was observed on The staff hours posting dated cility's total census was 35. Ing was interviewed again on She stated she would expect is to be recorded on the at the beginning of each DRUG RECORDS, GS & BIOLOGICALS vide routine and emergency is to its residents, or obtain ment described in rt. The facility may permit I to administer drugs if State under the general ised nurse.	F 43	Any non-compliance will be corr immediately and reported to the Administrator. Quarterly time two the Administr report audit findings to the Quali Assessment and Improvement O for review. The facility is confident and atter substantial compliance with all re as of April 17, 2017.	ator will ty Committee sts to its	4/17/17

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/27/2017 MAPPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY PLETED
		345546	B. WING			03/	23/2017
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	· ·	
THE ROS	EWOOD HEALTH CENTE	R			710 CYPRESS CLUB DRIVE RALEIGH, NC 27615		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431	 (b) Service Consultation (b) Service Consultation (c) Establishes a system (c) Determines that different the system (c) Establishes a system (c) Establishes (c) Estab	ion. The facility must services of a licensed tem of records of receipt and rolled drugs in sufficient courate reconciliation; and rug records are in order and controlled drugs is dically reconciled. and Biologicals. a used in the facility must be e with currently accepted s, and include the y and cautionary expiration date when and Biologicals. h State and Federal laws, all drugs and biologicals in a under proper temperature only authorized personnel to eys.	F	431	F 431		

Facility ID: 050891

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			000 100		OMB NO. 0938	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	PLE CONSTRUCTION	(X3) DATE SURVE COMPLETED	Y
		345546	B. WING		03/23/20	17
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
THE ROS	EWOOD HEALTH CENTE	ER		8710 CYPRESS CLUB DRIVE RALEIGH, NC 27615		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMP IE APPROPRIATE D,	X5) PLETION ATE
F 431	Continued From page	e 6	F 43	31		
	interviews, the facility as specified by the m medication carts (200 The findings included 1) An observation of on 3/22/17 at 12:10 F bottle of prednisolone suspension eye drop stored in the manufac side in a drawer of th drops were labeled for handwritten notation drops indicated it had The pharmacy label p box covered the man instructions. Howeve printed directly on the inside the box was via in upright position." A review of Resident orders revealed the re medication order for ophthalmic suspensio one drop in the left ey An interview was con PM with Nurse #1. N 200 Hall medication of reported she was not storage instructions v medication needed to	 <i>x</i> failed to store medications nanufacturer in 1 of 3 <i>x</i> Hall medication cart). <i>x</i> the 200 Hall medication cart PM revealed an opened exectate 1% ophthalmic s (a steroid medication) was cturer's box lying down on its e medication cart. The eye or use by Resident #52. A on the bottle of the eye d been opened on 1/8/17. <i>x</i> blaced on the outside of the nufacturer's storage er, the storage instructions e eye drop bottle stored sible and read in part, "Store <i>x</i> #52's March 2017 physician esident had a current prednisolone acetate 1% on eye drops to be given as ye once daily. <i>x</i> ducted on 3/22/17 at 12:18 lurse #1 was assigned to the cart. Upon inquiry, Nurse #1 is aware of the manufacturer's which specified this o be stored upright. The uld need to find another 		 On March 23, 2017 Member Member #52 Medications the stored per manufactures gui disposed of by the Director of Replacement medications w on March 23, 2017 and are la following individual manufact recommendations. On March 28, 2017 All media areas were inspected by the designee and all medication stored per manufactures recommendations. The facility has modified the administration carts to segree medications that need to be upright position. The segree has been labeled for upright On or before April 17, 2017 to their designee will in-service nursing staff regarding the p of medications, including stor medications per manufacture recommendations. Daily times 30 days the DON designee will audit all medication per manufactures recommentation Weekly times four weeks a r of the pharmacy will audit all storage areas to ensure all r are stored per manufactures 	at were not delines were of Nursing. rere received being stored tures cation storage DON or their s are being medication egate stored in an gated area storage only. the DON or e all licensed roper storage oring all es N or their ation storage pons are stored ndations. representative I medication nedication	
		ducted on 3/23/17 at 9:15 Director of Nursing (DON).		Any non-compliance areas v		

Facility ID: 050891

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(EACH DEFICIENCY REGULATORY OR L Continued From page The manufacturer's st prednisolone acetate eye drops were discus	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	A. BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE RALEIGH, NC 27615 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	ECTION HOULD BE	E SURVEY PLETED 2/23/2017 (X5) COMPLETION DATE
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page The manufacturer's st prednisolone acetate eye drops were discus	R ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 8710 CYPRESS CLUB DRIVE RALEIGH, NC 27615 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	ECTION HOULD BE	(X5) COMPLETION
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page The manufacturer's st prednisolone acetate eye drops were discus	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	8710 CYPRESS CLUB DRIVE RALEIGH, NC 27615 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	IOULD BE	COMPLETION
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page The manufacturer's st prednisolone acetate eye drops were discus	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	RALEIGH, NC 27615 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	IOULD BE	COMPLETION
(EACH DEFICIENCY REGULATORY OR L Continued From page The manufacturer's st prednisolone acetate eye drops were discus	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	IOULD BE	COMPLETION
The manufacturer's storednisolone acetate eye drops were discus		E 43			
orednisolone acetate eye drops were discus	torage instructions for the	F 43	31		
	1% ophthalmic suspension ssed. The DON stated she		corrected immediately, and the Administrator will be notified.		
A follow-up interview	of this storage requirement. was conducted on 3/23/17		Quarterly the Administrator will r audit findings to the Quality Assu Performance Improvement Com	urance	
			The facility is confident and attes substantial compliance with all re		
on 3/22/17 at 12:10 P nhaler (an inhaled co mcg) per actuation w nanufacturer's box ly drawer of the medicat abeled for use by Re- rom the pharmacy or storage instructions p	M revealed a QVAR aerosol rticosteroid) 40 micrograms ras stored in the ing down on its side in a tion cart. The inhaler was sident #9 and dispensed 1/14/17. Manufacturer rinted on the box containing				
orders revealed the re medication order for C	esident had a current QVAR 40 mcg per actuation				
PM with Nurse #1. No 200 Hall medication of reported she was not storage instructions we medication needed to nurse stated she wou	urse #1 was assigned to the art. Upon inquiry, Nurse #1 aware of the manufacturer's which specified this be stored upright. The Id need to find another				
	th 3:00 PM with the D tated she expected r orrectly. 2) An observation of t on 3/22/17 at 12:10 P inhaler (an inhaled co mcg) per actuation w nanufacturer's box ly lrawer of the medicat abeled for use by Re- rom the pharmacy or torage instructions p ne QVAR inhaler rea- rientation." A review of Resident is orders revealed the re- nedication order for C inhaler to be given as laily. An interview was come PM with Nurse #1. N 100 Hall medication co eported she was not torage instructions w nedication needed to surse stated she wou lace on the cart to st an interview was come	tt 3:00 PM with the DON. Upon inquiry, the DON tated she expected medications to be stored correctly. 2) An observation of the 200 Hall medication cart in 3/22/17 at 12:10 PM revealed a QVAR aerosol inhaler (an inhaled corticosteroid) 40 micrograms mcg) per actuation was stored in the nanufacturer's box lying down on its side in a lrawer of the medication cart. The inhaler was abeled for use by Resident #9 and dispensed rom the pharmacy on 1/14/17. Manufacturer torage instructions printed on the box containing ne QVAR inhaler read, in part: "Store in upright irientation."	t 3:00 PM with the DON. Upon inquiry, the DON tated she expected medications to be stored orrectly. 2) An observation of the 200 Hall medication cart in 3/22/17 at 12:10 PM revealed a QVAR aerosol inhaler (an inhaled corticosteroid) 40 micrograms mcg) per actuation was stored in the nanufacturer's box lying down on its side in a lrawer of the medication cart. The inhaler was abeled for use by Resident #9 and dispensed rom the pharmacy on 1/14/17. Manufacturer torage instructions printed on the box containing the QVAR inhaler read, in part: "Store in upright irrentation." A review of Resident #9's March 2017 physician index revealed the resident had a current nedication order for QVAR 40 mcg per actuation inhaler to be given as two inhalations two times laily. An interview was conducted on 3/22/17 at 12:18 PM with Nurse #1. Nurse #1 was assigned to the 200 Hall medication cart. Upon inquiry, Nurse #1 eported she was not aware of the manufacturer's torage instructions which specified this nedication needed to be stored upright. The invest stated she would need to find another lace on the cart to store the medication.	t 3:00 PM with the DON. Upon inquiry, the DON tated she expected medications to be stored orrectly. " Physicial compliance with all medication cart in 3/22/17 at 12:10 PM revealed a QVAR aerosol thaler (an inhaled corticosteroid) 40 micrograms mcg) per actuation was stored in the nanufacturer's box lying down on its side in a trawer of the medication cart. The inhaler was abeled for use by Resident #9 and dispensed rom the pharmacy on 1/14/17. Manufacturer torage instructions printed on the box containing ne QVAR inhaler read, in part: "Store in upright rientation." A review of Resident #9's March 2017 physician rders revealed the resident had a current nedication order for QVAR 40 mcg per actuation thaler to be given as two inhalations two times laily. An interview was conducted on 3/22/17 at 12:18 PM with Nurse #1. Nurse #1 was assigned to the 100 Hall medication cart. Upon inquiry, Nurse #1 eported she was not aware of the manufacturer's torage instructions which specified this nedication needed to be stored upright. The uurse stated she would need to find another lace on the cart to store the medication. An interview was conducted on 3/23/17 at 9:15	t 3:00 PM with the DON. Upon inquiry, the DON tated she expected medications to be stored orrectly. The facility is confident and attests to its substantial compliance with all regulations as of April 17, 2017. The facility is confident and attests to its substantial compliance with all regulations as of April 17, 2017.

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CENTER	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 04/27/2017 APPROVED 0: 0938-0391
	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			` '	LETED
		345546	B. WING			03/	23/2017
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
THE ROS	EWOOD HEALTH CENTE	R			8710 CYPRESS CLUB DRIVE RALEIGH, NC 27615		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 431	The manufacturer's s QVAR inhaler were di DON stated she was inhaler needing to be contacted the facility's about it. A review of the full pro- QVAR Inhalation Aero included information of and Handling" (Section "Storage and Handlin inhaler read in part: "3 Aerosol when not bein rests on the concave plastic actuator on top A review of a docume contracted pharmacy Minimum Medication revised 9/29/16) was listed "Storage Recor inhaler which read, in resting on the concave the plastic actuator or A follow-up interview at 3:00 PM with the D stated she expected r correctly. 3) An observation of to inhaler (an inhaled co (mcg) per actuation w lying down on its side medication cart. This inhaler stored on the	torage instructions for the iscussed at that time. The not aware of the QVAR stored upright and had is pharmacy to inquire more escribing information for bool (revised July 2014) on "How Supplied/Storage on 16). Section 16.2 on the ig" of the QVAR aerosol Store QVAR Inhalation ng used, so that the product end of the canister with p." ent from the facility's entitled, "Recommended Storage Parameters" (last completed. The document nmendations" for a QVAR part: "Store the inhaler re end of the canister with n top" was conducted on 3/23/17 OON. Upon inquiry, the DON medications to be stored the 200 Hall medication cart PM revealed a QVAR aerosol orticosteroid) 40 micrograms vas stored in a plastic bag	F	431			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/27/2017 APPROVED D: 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345546	B. WING			03/	23/2017
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
THE ROS	EWOOD HEALTH CENTE	R			8710 CYPRESS CLUB DRIVE RALEIGH, NC 27615		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 431	dispensed from the pl pharmacy auxiliary lai containing the QVAR mouthpiece up." A review of Resident a orders revealed the re- medication order for O inhaler to be given as daily. An interview was com- PM with Nurse #1. N 200 Hall medication or reported she was not storage instructions w medication needed to nurse stated she wou place on the cart to st An interview was com- AM with the facility's I The manufacturer's st QVAR inhaler were di DON stated she was inhaler needing to be contacted the facility's about it. A review of the full pre QVAR Inhalation Aero included information o and Handling" (Section "Storage and Handlin inhaler read in part: "S Aerosol when not bein	harmacy on 3/17/17. A bel placed on the plastic bag inhaler read: "Store upright, #9's March 2017 physician esident had a current QVAR 40 mcg per actuation two inhalations two times ducted on 3/22/17 at 12:18 urse #1 was assigned to the eart. Upon inquiry, Nurse #1 aware of the manufacturer's which specified this b be stored upright. The fid need to find another tore the medication. ducted on 3/23/17 at 9:15 Director of Nursing (DON). torage instructions for the iscussed at that time. The not aware of the QVAR stored upright and had s pharmacy to inquire more escribing information for psol (revised July 2014) on "How Supplied/Storage on 16). Section 16.2 on the ig" of the QVAR aerosol Store QVAR Inhalation ng used, so that the product end of the canister with	F	431			

If continuation sheet Page 10 of 11

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	ED: 04/27/2017 MAPPROVED O. 0938-0391		
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION		E SURVEY IPLETED		
		345546	B. WINC	G		0;	3/23/2017		
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE						
THE ROSI	EWOOD HEALTH CENTE	R			8710 CYPRESS CLUB DRIVE				
		ATEMENT OF DEFICIENCIES			RALEIGH, NC 27615 PROVIDER'S PLAN OF CORRECT		(XE)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IC PRE TA	FIX	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETION DATE		
F 431	Continued From page	e 10	F	⁻ 431	ı l				
	Minimum Medication revised 9/29/16) was listed "Storage Recor inhaler which read, in resting on the concav the plastic actuator of A follow-up interview at 3:00 PM with the D	entitled, "Recommended Storage Parameters" (last completed. The document nmendations" for a QVAR part: "Store the inhaler re end of the canister with							
FORM CMS-256	7(02-99) Previous Versions Obs	:olete Event ID:ZG	QF11	Få	acility ID: 050891 [f c	ontinuation sh	eet Page 11 of 11		