PRINTED: 05/02/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345457	B. WING_			04/	06/2017
NAME OF PROVIDER OR SUF			•	20	REET ADDRESS, CITY, STATE, ZIP CODE 65 LYON STREET ASTONIA, NC 28052		
PREFIX (EACH	DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
(g) Accuracy must accura (h) Coordina A registered each assess participation (i) Certification (1) A registe the assessment that portion (ii) Penalty for (1) Under Mowho willfully (ii) Certifies a resident assessment; (iii) Causes a and false sta subject to a \$5,000 for each (2) Clinical domaterial and This REQUIL by:	of Assettely reflection nurse ment with of health on red nurse in the asset of the	ssments. The assessment of the resident's status. ust conduct or coordinate he appropriate in professionals. e must sign and certify that impleted. tho completes a portion of the in and certify the accuracy of sessment. ation ind Medicaid, an individual wingly- I and false statement in a is subject to a civil money man \$1,000 for each addividual to certify a material in a resident assessment is ey penalty or not more than issment.	F2	278	The statements included are not an		5/4/17
facility failed	to accur	ately code the Minimum SUPPLIER REPRESENTATIVE'S SIGNATUR:	=		admission and do not constitute		(X6) DATE

Electronically Signed

04/27/2017

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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345457	B. WING		0	4/06/2017	
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
				2065 LYON STREET			
BELAIRE	HEALTH CARE CENTER	· ·		GASTONIA, NC 28052			
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 278	Continued From page	e 1	F 278	3			
	(PASRR) determination (Resident #28) identification (Resident #28) identification (Resident #28 was ad 03/13/2017 with diagois order and depress to the resident pata Set (MDS) assess indicated the resident state Level II Preadming Resident Review (PA serious mental illness The results of this sort formulating a determination of an afformulating a set of resident results of the r	ming and Resident Review on for 1 of 1 resident fied as PASRR Level II. mitted to the facility on noses including anxiety sion. #28's admission Minimum assment dated 03/20/17 to was not considered by the hission Screening and as and/or intellectual disability. The reening and review are used armination of need, appropriate care setting, and accommendations for		agreement with the alleged deficing herein. The plan of correction is completed in the compliance of sederal regulations as outlined. In compliance with all federal and regulations the center has taken take the actions set forth in the formulation of correction. The following correction constitutes the centers allegation of compliance. All alled deficiencies cited have been or work completed by the dates indicated. F278 How corrective action will be accomplished for each resident for each resident for have been affected by the deficient practice. On April 4, 2017 the formulation is \$# 28 March 20, 2017. Admission day MDS was modified accurately code the correct Lever.	etate and Fo remain It state or will ollowing plan of ged vill be I. ound to ent MDS for		
	care. A review of the PASR determination notifical indicated Resident #2 PASRR Level II. On 04/04/2017 at 5:2 conducted with the S responsible for coding Level II for Resident #28 Level II and she mad coding PASRR Level On 04/04/17 at 8:06 A	ation dated 03/16 /17 28 was determined as 28 PM an interview was W who stated she was g Section A1500 PASRR #28. The SW stated she was was determined as PASRR e an error and missed II.		PASRR. How corrective action will be accomplished for those residents the potential to be affected by the deficient practice Nurse consultation inquired with Discharge Planner apatients with Level II PSARR April 24, 2017 there are were no residents with a Level II PSARF house. No action needed at this Measures to be put in place or sy changes made to ensure practice re-occur - The Nurse Consultant with the MDSC and the DC Plant requirements from the RAI Manu coding ALL sections of the MDS	e same Itant as to as of current Rus in time. //stemic e will not reviewed ner the		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION	(X3) DATE	SURVEY
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	ROVIDER OR SUPPLIER HEALTH CARE CENTER		•	20	TREET ADDRESS, CITY, STATE, ZIP CODE 165 LYON STREET ASTONIA, NC 28052	•	
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F 278	#28's admission MDS 03/20/17 would have reflect Resident #28 v Level II. The DON state determined as PASR the facility. On 04/05/2017 at 8:1 conducted with the Adexpectation was that assessment dated 03 accurately coded to redetermined as PASR	tation was that Resident assessment dated been accurately coded to was determined as PASRR ated Resident #28 was R Level II on admission to 1 AM an interview was dministrator who stated his the admission MDS /20/17 would have been eflect Resident #28 was R Level II		131	accurately, including any resident with documented Level II PASRR must be coded accurately in Section A, A1500, pages A-14 through A-16 in the MDS RAI Manual. The MDS Consultant or designee will audit 5 residents□ with a comprehensive MDS with a Level II PSARR for accuracy in coding of sectic A of the MDS 1X weekly for 4 weeks, 2 monthly for 1 month, and monthly for 1 months. Discharge Planner will keep a active list of current residents requiring Level II PASRR. MDS Consultant or designee will be given a list of resident requiring a Level II PASRR as they are identified to verify in section A of the Comprehensive MDS that the Level II PASRR was correctly coded. Any cod issue identified on the audits will be corrected, upon identification and MDS resubmitted to reflect the change. How facility will monitor corrective action(s) to ensure deficient practice we not re-occur - Results of Audits will be reviewed at the Monthly Quality Assurance Meeting for further analysis and resolution if needed X 12 months.	on 2X 0 an I ss ing	5/4/17
SS=E	drugs and biologicals them under an agree §483.70(g) of this par	ide routine and emergency to its residents, or obtain ment described in t. The facility may permit to administer drugs if State under the general	F 4	+31			3/4/1/

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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F 431	Continued From pag	ge 3	F 43	1			
	that assure the accudispensing, and adminispensing, and adminispensing, and adminispensing, and adminispensition of consultate employ or obtain the pharmacist who (2) Establishes a systiation of all condition of all conditio	ices (including procedures rate acquiring, receiving, ninistering of all drugs and the needs of each resident. Ition. The facility must exercises of a licensed stem of records of receipt and trolled drugs in sufficient ccurate reconciliation; and drug records are in order and I controlled drugs is odically reconciled. Is and Biologicals. Is used in the facility must be be with currently accepted es, and include the gry and cautionary expiration date when					
	the facility must stor locked compartment	th State and Federal laws, e all drugs and biologicals in s under proper temperature only authorized personnel to					
	permanently affixed controlled drugs liste	provide separately locked, compartments for storage of ed in Schedule II of the g Abuse Prevention and					

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F 431	abuse, except when package drug distrib quantity stored is mi be readily detected. This REQUIREMEN by: Based on observati interviews the facility insulin pens and 3 N not dated when oper Advair Diskus availar medications carts or to discard 1 opened Vaccine and 1 opened Vaccine and 1 opened Injectable pen from refrigerators on north open and room temps supplement opened of 2 of 4 medication unit. Findings included: A review of the facility Storage and Expiraty Syringes and Needle 01/01/13 indicated that medications and expiration date on the retained longer than manufacturer or supplement of the phological package is supplemented to the phological package is	and other drugs subject to the facility uses single unit ution systems in which the nimal and a missing dose can. T is not met as evidenced on, record review, and staff of failed to remove 3 Lantus dovolog flex pens that were ned and 1 open and expired ble for use in 3 of 4 in north and south units, failed and undated vial of Influenzated and expired Forteo 1 of 2 medication storage in unit and failed to discard 2 perature cartons of liquid and available for use on top carts: #2 and #3 on north Typolicy section 5.3 regarding in of Medications, Biological, the swhich was revised on the facility should ensure delabel, have not been recommended by the plier guidelines and have not for deteriorated, are stored medications until destroyed the process of the facility should in the facility should	F 4	F431 How corrective action will be accomplished for each reside have been affected by the depractice – The insulin device destroyed and new syringes ordered. How corrective action will be accomplished for those resist the potential to be affected be deficient practice – Medicati audited by SDC and Unit May any other medications that with Open Date on April 26, other instances found of medated with an Open Date. Nurses re-in-serviced on steexpiration of drugs and biolosy specifically emphasizing "Opmedications and necessity of containers when they are op DON. In-services were comedicated to the put in place changes made to ensure prore-occur, Prior to shift to shift nurse of	dent found to deficient es were se were de dents having by the same ion carts were anagers for were not dated 2017 with no edications not decay and by the same ion carts were anagers for were not dated 2017 with no edications not decay and by the same ion carts were anagers for were not dated 2017 with no edications not decay and by the same ion carts were anagers and by the same ion carts with the same ion carts will not the same in	
	follow manufacturer/	supplier guidelines with		oncoming nurse will visualiz		

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F 431	the date opened on the when the medication date once opened. A review of the facility Storage Recommend 03/31/2015 indicated vials, Novolog Flex P date opened and are days; refrigerated or Vaccine multi-dose vibe stored in the refrig staff are expected to Vaccination-specifical discard after 28 days should be discarded: are to be protected find A review of the facility Recommended Minin Parameters (based of Oral and/or Enteral M dated 03/31/15 indicated to refer to manufacture storage. A review of the facility Recommended Minin Parameters (based of Oral and/or Enteral M dated 03/31/15 indicated to refer to manufacture storage. A review of the facility Recommended Minin Parameters (based of Inhaled Medications windicated that Advair when removed from the 1 month after remover all blisters have been first.	racility staff should record the medication container thas a shortened expiration of protocol titled Insulin ation with revision dated that Lantus pens, Novolog tens should be labeled with to be discarded after 28 currefrigerated, Influenza als including Afluria are to terator but do not freeze; date the vial of Influenza ally Afluria when opened and and a Forteo Injection pens 28 days after opening and tom light. To protocol titled the mum Medication Storage of manufacturer guidance) are dedications with revision the that liquids in original by mentioned elsewhere) are ter's recommendation for	F4	431	ensure that all insulins are dated with date opened and audit tool completed signed which is a systemic change to make nurses even more aware of the need to check for expired meds and ensuring "Date Opened" is completed when medications are put into service. The Unit Manager or designee will conduct audit of drugs and biologicals each applicable medication carts on Tuesday weekly X 4 weeks, bi-monthly (Every other Tuesday) x1 and monthly (First Tuesday of the Month) x10. Pharmacy Consultant will do cart audit during 1 visit each month for a period of months. Re-education and/or disciplina action will be documented for all infractions found. Results will be reviewed in weekly quality assurance of management meeting for further analyswith minutes provided for verification of process. How facility will monitor corrective action(s) to ensure deficient practice we not re-occur - Results of audits will be reported during Monthly QA to discuss Tag 431 for further analysis and revision needed x4 months.	in s of 4 ary isk sis f	

PRINTED: 05/02/2017 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 431	and Needles revision facility should ensure biologicals are stored temperatures accordi Pharmacopeia guidel The manufacturer lab supplement carton in was supposed to "be shake well, open cap serve, reseal and refr. 1. Resident #32 was a 03/14/17 and diagnos mellitus (DM). A physician's order da Resident #32 receive inject 15 units subcurelated to type II DM. On 04/05/17 at 2:13 Feen was observed on medication cart ready and undated. There won the opened Lantus for date opened and the space was bloom on 04/05/17 at 2:13 Feen was observed on medication cart ready and the space was bloom 04/05/17 at 2:13 Feen was observed and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the space was bloom 04/05/17 at 2:13 Feen was observed on the opened and the	ions, Biologicals, Syringes 01/01/13, indicated that the that medications and at their appropriate ng to the United States ines for temperature ranges. Well on the back of the dicated that the supplement refrigerated prior to serving, pull foil tab, pour and igerate after opening" admitted to the facility on sees included diabetes ated 03/27/17 indicated that Lantus Solostar insulin penutaneously one time a day PM Resident #32's Lantus the #2 north unit of or use and was opened was a yellow sticker located is pen and included a place the date was not indicated ank.	F	431			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 431	him administering the stated that medication the cart and discarde immediately removed from the #2 north unit. On 04/05/17 at 3:33 It conducted with the D who stated that his exit staff would have date Resident #32 when it policy. The DON state that the nursing staff have checked that Rewas dated when open the Lantus pen to Re 04/05/17. The DON state that nursing staff wou Resident #32's Lantu opened and nursing staff wou Resident #32's Lantu opened and nursing staff wow and the insulin prior to ad because without an oway to determine whe expired. The DON pla protocol titled Insulin with revision dated 03 reference/narcotic codrawer of each medic. On 04/05/17 at 4:08 If Medication Administration revealed Resident #3 on 04/05/17 at 8:27 A indicated by Nurse #4 MAR. On 04/06/17 at 10:43	s pen had expired prior to insulin on 04/05/17. He in should be removed from di when it is expired. He it the undated Lantus pen is medication cart. PM an interview was irector of Nursing (DON) expectation was the nursing di the Lantus pen for was opened as per facility end that his expectation was per facility protocol would esident #32's Lantus pen independent #32's Lantus pen independent #32 the morning of stated his expectation was lid have identified that is pen was not dated when staff would have discarded ministration of the insulin pened date there was not en the Lantus pen had aced a copy of the facility Storage Recommendation 8/31/2015 in the staff unt books kept in the bottom eation cart in the facility. PM a review of the	F 4	131			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING	(X3) DATE SURVEY COMPLETED		
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F 431	placed an opened of protocol. The Admin had initiated re-edu regards to expiration medications on the refrigerators within taken place with the shift on 04/05/17 ar working third shift the would continue untivereducated. The A expectation is that president #32 on 04 checked that the instantial resident with the shift of the continue untivereducated.	at the nursing staff would have late on insulin as per facility nistrator stated that the DON cation to the nursing staff in	F 431			
	12/22/16 and diagn mellitus (DM). A physician's order Resident #80 was to (Lantus) Pen-Inject inject 10 units subcorelated to DM with the Con 04/05/17 at 2:13 pen was observed of medication cart real and undated. There on the opened Lant for date opened and and the space was On 04/05/17 at 2:13	dy for use and was opened was a yellow sticker located us pen and included a place d the date was not indicated				

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F 431	refrigerator and op administered medi morning using the stated that the yell indicated the date not know when Re opened. He stated he was unable to cantus pen had ex insulin on 04/05/17 medication should immediately removnorth unit medication on 04/05/17 at 3:3 conducted with the expectation was the dated the Lantus pen was opened as per that his expectation facility protocol wo #80's Lantus pen wadministering the Lantus pen wadministering the Lantus pen was no nursing staff would prior to administrat without an opened determine when th DON placed a cop Insulin Storage Redated 03/31/2015 is count books kept in medication cart in the On 04/05/17 at 4:0	expired once out of the ened. He stated that he cation to resident #80 this Lantus pen on cart #2. He ow sticker should have opened. He stated that he did sident #80's Lantus pen was that without an opened date determine if Resident #80's pired prior to administering the Y. He stated that expired be discarded and not used. He red the Lantus pen from the #2 on cart. 3 PM an interview was PDON who stated that his e nursing staff would have en for Resident #80 when it reacility policy. The DON stated in was that the nursing staff per uld have checked that Resident was dated when opened prior to cantus pen to Resident #80. It is expectation was that nursing entified that Resident #80's it dated when opened and have discarded the insulingion of the facility protocol titled commendation with revision in the staff reference/narcotic in the bottom drawer of each	F	431			

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F 431	as indicated by Nurshard. On 04/06/17 at 10:4 conducted with the expectation was that placed an opened of protocol. The Admir had initiated re-edu regards to expiration medications on the refrigerators within taken place with the shift on 04/05/17 ar working third shift the would continue until re-educated. The Administering insuling staff should have chopened date as per 3. Resident #177 working third shift would continue until re-educated. The Administering insuling staff should have chopened date as per 3. Resident #177 working third singular working third should have chopened date as per 3. Resident #177 working third singular working third should have chopened date as per 3. Resident #177 working third singular working the working third working the working t	4 AM per physician's orders se #1's documentation on the 43 AM an interview was Administrator who stated his at the nursing staff would have late on insulin as per facility histrator stated that the DON cation to the nursing staff in a dates of opened medication carts and the facility. This education had a nursing staff working second and with the nursing staff had been deministrator stated prior to a to Resident #80, nursing hecked that the insulin had an facility protocol. as admitted to the facility on oses included diabetes dated 08/11/16 indicated that to receive Lantus solostar in Pen - inject 15 units pedtime related to DM Type II.	F 43	,			
	pen was observed of medication cart read and dated but it was was a yellow sticker Lantus pen and incl	B PM Resident #117's Lantus on the #3 north unit dy for use and was opened is smeared and illegible. There is rocated on the opened uded a place for date opened of indicated and the space					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION NG	1, ,	TE SURVEY MPLETED
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F 431	conducted with Nuknow when Lantus refrigerator and or yellow sticker show opened. She states smeared handwritt Resident #177. Swhen Resident #1 She stated that will unable to determine pen had expired. Was scheduled in expired medication residents and show immediately remound north unit medicated. On 04/05/17 at 3:3 conducted with the expectation was the dated the Lantus placed was opened as pened as pene	and PM an interview was arse #2 who stated she did not as expired once out of the bened. She stated that the build have indicated the date at that she could not read the ten date on the Lantus pen for the stated that she did not know 77's Lantus pen was opened. Thou an opened date she was the if Resident #177's Lantus She stated that the next dose the evening and that any in should not be given to build be discarded. She wed the Lantus pen from the #3 ion cart. 33 PM an interview was the pen for Resident #177 when it the facility policy. The DON stated that nursing staff would have been for Resident #177 when it the facility policy. The DON stated that his the nursing staff would have been don't have been do	F	431		

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		345457	B. WING		04/06/2017	
		ER	STREET ADDRESS, CITY, STATE, ZIP CODE 2065 LYON STREET GASTONIA, NC 28052			
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION	
F 431	per physician's order received on 04/04/1 Lantus pen on cart #177 per document On 04/06/17 at 10:4 conducted with the expectation was that placed an opened of protocol. The Admin had initiated re-eduregards to expiration medications on the refrigerators within taken place with the shift on 04/05/17 ar working third shift the would continue untiare-educated. The Administering any in nursing staff should had an opened date 4. Resident #54 wa 01/17/17 and diagn mellitus (DM). A physician's order Resident #54 was to insulin 100 units/1 religions scale before On 04/05/17 at 2:13 FlexPen was obser medication cart real and undated. The real on the opened November 10:10 to 10.00 to	ers. The last dose was 17 at 10:41 PM with the same #3 identified for Resident ation on the MAR. 13 AM an interview was Administrator who stated his at the nursing staff would have late on insulin as per facility histrator stated that the DON cation to the nursing staff in n dates of opened medication carts and the the facility. This education had a nursing staff working second and with the nursing staff he morning of 04/06/17 and I all nursing staff had been diministrator stated prior to hisulin to Resident #177, have checked if the insulin as per facility protocol. Is admitted to the facility on coses included diabetes dated 04/03/17 indicated that to receive Novolog FlexPen and subcutaneously as per meals and at bedtime. B PM Resident #54's Novolog and was opened and was a yellow sticker located blog FlexPen and included a led and the date was not	F 431			

l' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		TE SURVEY MPLETED
		345457	B. WING			4/06/2017
	ROVIDER OR SUPPLIER HEALTH CARE CENTER	t	STREET ADDRESS, CITY, STATE, ZIP C 2065 LYON STREET GASTONIA, NC 28052		•	
(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 ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 431	know when Novolog the refrigerator and or yellow sticker should opened. She stated the Resident #54's Novo She stated that without unable to determine its FlexPen had expired medication should not should be discarded. The open and undate #3 north unit medicat. On 04/05/17 at 3:33 conducted with the Dexpectation was the dated the Novolog FlexPened as per facility expectation was that Resident #54's Novo when opened and nudiscarded the insulin date there was no was Novolog FlexPened and nudiscarded the facility properties of the staff reference, the bottom drawer of facility. On 04/05/17 at 4:08 for revealed Resident #5 insulin per sliding scaper physician's order.	PM an interview was e #2 who stated she did not FlexPen expired once out of opened. She stated that the have indicated the date hat she did not know when log FlexPen was opened. Out an opened date she was of Resident #54's Novolog. She stated that expired on the given to residents and She immediately removed of Novolog FlexPen from the cition cart. PM an interview was on the control of the given to residents and she immediately removed of Novolog FlexPen from the cition cart. PM an interview was on the control of the property of the policy. The DON stated his nursing staff would have expen for Resident #54. If from the refrigerator and of policy. The DON stated his nursing staff would identify log FlexPen was not dated or sing staff would have because without an opened at the policy. The DON placed a cotocol titled Insulin Storage of the revision dated 03/31/2015 of the control of the policy. The DON placed a cotocol titled Insulin Storage of the revision dated 03/31/2015 of the policy. The policy in the policy of the MAR of the policy of the policy. The policy of the make of the policy of the make of the policy of the policy of the policy. The policy of the make of the policy of the	F 4:	31		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	_	(X3) DATE SURVEY COMPLETED	
		345457	B. WING _			04/06/2017
	ROVIDER OR SUPPLIER HEALTH CARE CENTE	R	1	STREET ADDRESS, CITY, 2065 LYON STREET GASTONIA, NC 28052		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORF	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA' DEFICIENCY)	
F 431	cart #3. On 04/06/17 at 10:4 conducted with the A expectation was that placed an opened diprotocol. The Admin had initiated re-eductegards to expiration medications on the refrigerators within the taken place with the shift on 04/05/17 and working third shift the would continue until re-educated. The Adadministering any in staff should check the date as per facility publication. Resident #43 was 03/03/17 and diagnorm mellitus (DM), chronidisease (COPD) and 5.a. A physician's or that Resident #43 was FlexPen insulin 100	a AM an interview was Administrator who stated his the nursing staff would have ate on insulin as per facility instrator stated that the DON cation to the nursing staff in a dates of opened medication carts and the he facility. This education had nursing staff working second d with the nursing staff e morning of 04/06/17 and all nursing staff had been dministrator stated prior to sulin to Resident #54, nursing nat the insulin had an opened protocol. Is admitted to the facility on obses included diabetes iic obstructive pulmonary d respiratory failure. Indeed dated 01/09/17 indicated as to receive Novolog units/1 ml subcutaneously as	F4	31		
	and was discontinued order dated 03/03/11 was to receive Nove subcutaneously as pand at bedtime. On 04/06/17 at 8:45 FlexPen was observed.	ore meals and at bedtime ed on 01/29/17. A physician 7 indicated that Resident #43 blog 100 units/ml (vial) per sliding scale before meals AM Resident #43's Novolog yed on cart #1 on south unit as opened and undated even				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	AME OF PROVIDER OR SUPPLIER SELAIRE HEALTH CARE CENTER (X4) ID PREFIX TAG Continued From page 15 though there was a physician order to discontinue the Novolog FlexPen on 01/29/17. There was a yellow sticker located on the opened Novolog FlexPen and included a place for date opened and the date was not indicated and the space was blank. On 04/06/17 at 8:45 AM an interview was conducted with Nurse #3 who stated she had not administered Novolog FlexPen insulin to Resident #43 on this day. She stated that she had not looked for the opened date on Residents #43's Novolog FlexPen and was unsure when it would expire. She stated that the nurse who had opened the Novolog FlexPen should have indicated an opened date. She stated that the yellow sticker located on the opened Novolog FlexPen should have indicated an opened date she was unable to determine if Resident#43's insulin had expired. She stated that expired medication should not be given to residents and should be discarded appropriately immediately. She removed the undated Novolog FlexPen from the #1 south unit medication cart. On 04/06/16 at 9:00 AM, a review of the MAR revealed that Resident #43 was to receive Novolog 100 units/1 ml subcutaneously per sliding scale before meals and at bedtime. On 04/06/17 at 9:15 AM an interview was conducted with Nurse #3 who stated that she had found an opened and dated vial of Novolog in the refrigerator on south unit medication storage	R	2	STREET ADDRESS, CITY, STATE, ZIP CODE 1065 LYON STREET GASTONIA, NC 28052		
PRÉFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 431	though there was a the Novolog FlexPeyellow sticker locate FlexPen and include and the date was now was blank. On 04/06/17 at 8:45 conducted with Nurse administered Novolog #43 on this day. She looked for the open Novolog FlexPen are expire. She stated to opened the Novolog indicated an opened yellow sticker locate FlexPen should have stated without an opened the to residents a appropriately immediated Novolog FlexPen should have stated without an opened and the stated that expegiven to residents a appropriately immediated Novolog FlexPen should have stated that expegiven to residents a appropriately immediated Novolog FlexPen should have stated that expegiven to residents a propriately immediated Novolog FlexPen should have stated that Resid Novolog 100 units/1 sliding scale before On 04/06/16 at 9:00 revealed that Resid Novolog 100 units/1 sliding scale before On 04/06/17 at 9:15 conducted with Nurse found an opened ar refrigerator on south room that was utilized to administer Novolog the state of t	physician order to discontinue in on 01/29/17. There was a sed on the opened Novolog and a place for date opened of indicated and the space. AM an interview was see #3 who stated she had not see that she had not extend that she had not extend that she had not extend date on Residents #43's and was unsure when it would that the nurse who had great FlexPen should have did date. She stated that the extend on the opened Novolog extended and the analysis insulin had expired. First medication should not be not should be discarded diately. She removed the expension of the MAR ent #43 was to receive ml subcutaneously per meals and at bedtime. AM an interview was see #3 who stated that she had and dated vial of Novolog in the	F 431			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345457	B. WING		04/06/2017
	ROVIDER OR SUPPLIER HEALTH CARE CENTE	R	2	TREET ADDRESS, CITY, STATE, ZIP CODE 065 LYON STREET GASTONIA, NC 28052	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLÉTION
F 431	that Resident #43 w Aerosol powder breamicrogram(mcg)/dos On 04/06/16 at 8:45 Diskus was observe ready for use, openewas expired 3 days on 04/06/17 at 9:15 10 doses left in the #3 had administered On 04/06/17 at 8:45 conducted with Nursiadministered Advair order to Resident #4 she was not aware of Advair Diskus once Nurse #3 stated that the box for Advair Diskus once Nurse #3 stated that the Advair Diskus for Advair Diskus from cart #1 replaced immediatel On 04/06/17 at 9:00 revealed Resident #Diskus 1 puff two tind 4:00 PM on 04/04/11 puff at 8:00 AM or On 04/06/17 at 10:3	der dated 03/03/17 indicated as to receive Advair Diskus ath activated 250-50 se 1 puff two times a day. AM Resident #43's Advair d on cart #1 on south unit ed and dated 03/04/17 which per protocol. The observation AM indicated that there were Advair Diskus and that Nurse I a dose to resident. AM an interview was se #3 who stated she had Diskus 1 puff per physician's 13 at 8:00 AM. She stated that of the expiration date of the it was out of the foil package. It she did see a date written on iskus of 03/04/17. She stated the facility policy she could Diskus expired 30 days after the foil packet. She stated discard Resident #43's Advair on south unit and have it y per pharmacy guidelines. AM, a review of the MAR 43 had received Advair nes a day at 8:00 AM and 17, 04/05/17 and had received 104/06/17.	F 431		
		OON who stated that his nursing staff would have			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		STREET ADDRESS, CITY, STATE, ZIP CODE 2065 LYON STREET GASTONIA, NC 28052		·	
PRÉFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION
F 431	removed and discar Flex Pen and expire #43 per facility polic expectation was that protocol would have Diskus expired once DON placed a copy Insulin Storage Recedated 03/31/2015 a titled Recommende Storage Parameters guidance) Inhaled MO3/31/15 in the staff books kept in the bomedication cart in the Conducted with the expectation was that discarded expired A protocol. The Admir had initiated re-educated with the refrigerators within taken place with the shift on 04/05/17 and working third shift the would continue until re-educated. The Administering Advainursing staff should per facility protocol. 6. Resident #65 was 02/11/15 and diagnor A physician order date.	anded the discontinued Novolog and Advair Diskus for Resident by. The DON stated that his at the nursing staff per facility a known when an Advair a out of the foil packet. The of the facility protocol titled commendation with revision and one of the facility protocol discommendation with revision and one of the facility protocol discount of the facility protocol discount on the facility protocol discount of the facility protocol discount of the facility. As AM an interview was and the nursing staff would have advair Diskus as per facility instrator stated that the DON cation to the nursing staff in a dates of opened medication carts and the the facility. This education had a nursing staff working second and with the nursing staff had been deministrator stated prior to a Diskus to Resident #43, check the expiration date as	F 431		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
		345457	B. WING _			04/06/2017
	ROVIDER OR SUPPLIER HEALTH CARE CENTE	R		STREET ADDRESS, CITY, STATE, ZIP COD 2065 LYON STREET GASTONIA, NC 28052)E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY 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 E APPROPRIATE	(X5) COMPLETION DATE
F 431	time a day related to was discontinued or On 04/05/17 at 2:13 medication refrigera north unit revealed a Resident #65 inside inside of a labeled z On 04/05/17 at 2:13 conducted with Nurs stated that Resident facility. Nurse #1 states the Forteo injection Nurse #2 stated that received that medica could not state who expired medications refrigerators or why removed from the rediscontinued. Nurse the Forteo injection refrigerator ready for the Forteo injection refrigerator and need policy. On 04/05/17 at 3:33 conducted with the I Forteo injection for F 03/2017 and was in ready for resident us expectation that nur remove any expired refrigerator per facility por the facility por t	O mcg subcutaneously one osteoporosis and the order o5/12/16. PM an observation of the tor in medication storage on an expired Forteo injection for of the original medication box iptop bag. PM an interview was see #1 and Nurse #2 who #65 was currently residing at ted that he was not sure why was still in the refrigerator. Resident #65 no longer ation. Nurse #1 and Nurse #2 was responsible to remove from the medication was not afrigerator when it was #1 and Nurse #2 stated that for Resident #65 was in the ruse. Nurse #1 agreed that should be removed from the ded to be discarded per PM an interview was DON who verified that the Resident #65 had expired the medication refrigerator see. The DON stated it was his sing staff would check for and medication from the unit ty policy. The DON placed a rotocol titled Recommended in Storage Parameters (based	F	331		

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		345457	B. WING _			04/06/2017
	ROVIDER OR SUPPLIER HEALTH CARE CENTE	र	STREET ADDRESS, CITY, STATE, ZIP COI 2065 LYON STREET GASTONIA, NC 28052		DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 431	Continued From pag	e 19	F 4	31		
F 431	Medications with revistaff reference/narco bottom drawer of each facility. On 04/06/17 at 10:43 conducted with the Alexpectation was that discarded expired For protocol. The Adminishad initiated re-educing regards to expiration medications on their refrigerators within the shift on 04/05/17 and working third shift the would continue until re-educated. The Admirsing staff should expired medication for medication storage at 7. Resident #24 was 03/08/17 and diagnor #24 had an unplanned of 03/22/17. A physician order da Resident #24 was to 100 units/1 ml as per section of each facility.	ision dated 03/31/15 in the object count books kept in the chine c	F 4	31		
	medication cart #3 o opened and undated discharged Resident	#24.				
	On 04/05/17 at 2:13	PM an interview was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345457	B. WING _			04/06/2017	
	ROVIDER OR SUPPLIER HEALTH CARE CENTE	R		STREET ADDRESS, CITY, STATE, ZIP COD 2065 LYON STREET GASTONIA, NC 28052		·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 431	Resident #24 was refacility. Nurse #2 stawhy the Novolog via She could not state or remove expired medication carts when residents stated that the Novo in the medication cart stated that the Novo from medication cart be discarded per policy. On 04/05/17 at 3:33 conducted with the ENOVOLOGY vial for Residischarged from the cart #3 and ready for stated it was his experimedication carts and per facility policy. The facility protocol titled Recommendation with the staff reference the bottom drawer of facility. On 04/06/17 at 10:43 conducted with the Alexandre expectation was that have discarded the Normer Resident #24 per facility protocol. The DON had initiate staff in regards to expedications on the redications on the resident of the Normer Resident #24 per facility protocol.	e #2 who stated that scently discharged from the ted that she was not sure I was still in medication cart. who was responsible to lications from the medication were discharged. She log vial for Resident #24 was rt and ready for use. She log vial should be removed at #3 immediately and should icy. PM an interview was DON who verified that the ident #24 who was facility, was in medication or resident use. The DON ectation that nursing staff remove any medication that ged residents from the I discard them immediately e DON placed a copy of the	F4	31			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345457	B. WING		04/06/2017	
	ROVIDER OR SUPPLIER HEALTH CARE CENTE	₹	STREET ADDRESS, CITY, STATE, ZIP CODE 2065 LYON STREET GASTONIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION	
F 431	second shift on 04/0 staff working third shand would continue to been re-educated. The nursing staff should expired medication of discommedication storage at the state of the	the nursing staff working 5/17 and with the nursing iff the morning of 04/06/17 until all nursing staff had he Administrator stated that check for and remove any rom the refrigerators as well charged residents in areas as per facility protocol. 13 PM, 1 vial of opened and accine was observed in 1 of 2 fors in a clear plastic ziptop unit medication storage area. PM an interview was e #1 and Nurse #2 who e not sure why the Influenza and undated and still in the th stated that the nurse who a Vaccine vial was when the vial was opened. Influenza Vaccine was in the resident use. They both that the Influenza Vaccine from the refrigerator and vial was not dated when	F 43			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345457	B. WING		04/06/2017
	ROVIDER OR SUPPLIER HEALTH CARE CENTE	ER	20	TREET ADDRESS, CITY, STATE, ZIP CODE 065 LYON STREET (ASTONIA, NC 28052	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION
F 431	on manufacturer gu Medications with re staff reference/narc bottom drawer of ea facility. On 04/06/17 at 10:4 conducted with the expectation was that discarded opened a vial as per facility p stated that the DON the nursing staff in as well as expiration medication carts and the facility. This edu the nursing staff wound with the nursing morning of 04/06/17 nursing staff had be Administrator stated check for and remo expired medication medication storage 9. On 04/05/17 at 2 carts #2 and #3 we each had 1 carton (supplement labeled and sitting at room cart. On 04/05/17 at 2:13 conducted with Nur stated that both liqued Plus 2.0 had been desince early in their stated to the state of th	n Storage Parameters (based iidance) Injectable vision dated 03/31/15 in the votic count books kept in the each medication cart in the as Administrator who stated his at the nursing staff would have and undated Influenza Vaccine rotocol. The Administrator I had initiated re-education to regards to open and undated in dates of medications on the id in the refrigerators within ucation had taken place with wrking second shift on 04/05/17 g staff working third shift the rand would continue until all een re-educated. The id that nursing staff should we any opened, unlabeled and from the refrigerators in areas as per facility protocol. 13 PM on 2 of 2 medication re observed on north unit, 32 fluid oz.) of liquid I Med Plus 2.0 vanilla opened temperature on top of each see #1 and Nurse #2 who aid supplement cartons of Med on their carts (cart #2 and #3)	F 431		

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	ROVIDER OR SUPPLIER HEALTH CARE CENTER	₹	STREET ADDRESS, CITY, STATE, ZIP CC 2065 LYON STREET GASTONIA, NC 28052		DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 431	allowed be out of the that they had not real instructions for storage both verified and stafflabel on the back of the indicated that the surple refrigerated prior cap, pull foil tab, pour refrigerate after oper stated that the 2 cart on top of cart #2 and resident consumption boxes were not chilled be discarded. They be portions of the supple be discarded per factor on 04/05/17 at 3:33 conducted with the Discarded with the Discarded it was his staff would refrigerate per manufacturer lab portions immediately placed a copy of the Recommended Mining Parameters (based of Oral and/or Enteral Middled 03/31/15 in the count books kept in the Con 04/06/17 at 10:43 conducted with the All expectation was that	ing the supplement was a refrigerator. They stated do the manufacturer's ge of the supplement. They sted that the manufacturer the supplement carton opplement was supposed to to serving, shake well, open or and serve, reseal and sing". They verified and sons of supplement were still #3 and were ready for an and confirmed that the ed or refrigerated and should both agreed that the unused ement in the cartons should eithly policy. PM an interview was soon was opened, room top of cart #2 and #3 on the esident consumption. The sexpectation that nursing the or chill the Med Plus 2.0 well and discard unused per facility policy. The DON facility protocol titled mum Medication Storage on manufacturer guidance) Medications with revision the staff reference/narcotic the bottom drawer of each	F 43				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345457	B. WING		04/06/2017	
NAME OF PROVIDER OR SUPPLIER BELAIRE HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2065 LYON STREET GASTONIA, NC 28052		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETION	
F 431	that the DON had init nursing staff in regard medications, liquids a policy. This educatio nursing staff working and with the nursing s morning of 04/06/17 a nursing staff had bee Administrator stated to check for and remove expired medications, the medication carts a	I. The Administrator stated inted re-education to the ist to refrigerating and injections per facility in had taken place with the second shift on 04/05/17 staff working third shift the and would continue until all in re-educated. The hat nursing staff should any opened, unlabeled and liquids and injections from	F 43			