STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345070	A. BUILDING _____ B. WING _____	C 05/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM NURSING & REHABILITATION CENTER	411 S LASALLE STREET DURHAM, NC 27705

(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 There were no deficiency cited as result of CI, Event ID 8IS511, 5/11/17	F 000		
F 431 SS=E	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. 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	F 431		6/6/17

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

Electronically Signed | 05/31/2017

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F 431	Continued From page 1 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 and staff interviews during a medication pass and medication storage check on 2 of 4 medications carts the facility failed to 1) store a bottle of Tylenol for 1 of 1 sampled resident (Resident #41), 2) dispose of 2 of 2 bottles of expired over the counter medications and failed to date a bottle of eye drops when opened in medication cart #1 (Resident #29) and; 3) failed to refrigerate 2 of 2 unopened insulin vials/pens in medication cart #1 and #4 (Residents #23 and #94). Findings included: 1) During a medication pass observation on 5/10/17 at 9:02 am, Nurse #2 was preparing medications for Resident #41. The resident required Tylenol as part of the medication regimen. The nurse completed pouring the	F 431	All medications are dated when opened, maintained within expiration, stored safely, and appropriately as directed. License Nurse #1 was immediately re-educated on ensuring all medications are stored appropriately and locked in medication carts on 5/10/17. All expired medication was removed off cart #1 on station 1 on 5/11/17. All unopened insulin vials/pens, undated opened medication, and expired drugs in medication cart were discarded, reordered, and refrigerated as directed on 5/11/17. All residents could be affected by this practice, therefore all carts have been audited by the Director of Nurses and	

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F 431	Continued From page 2 medications into a cup and left the bottle of Tylenol on the medication cart and walked away from the cart to the resident ' s room. The medication cart was out of her view. An interview with Nurse #2 at 9:30 am, stated she realized she left the bottle of Tylenol on the medication cart and indicated it was an error. Nurse #2 stated she forgot to put the Tylenol back in the medication cart. 2) During a medication storage observation of medication cart #1 on Station 1 on 5/10/17 at 2:10 pm, two over the counter medications (stock medications) were identified as expired; 1) Fiber capsules (no milligrams indicated on the bottle) expired on 6/27/16, and; 2) Vitamin D 400 IU (international units) expired on 12/16/16. An interview with Nurse #2 at 2:32 pm confirmed the two items were expired and should have been removed from the medication cart. 3) Resident #29 had a prescription for eye drops to administer one drop to the right eye three times daily. The opened eye drop box revealed the product was good for 60 days from date opened. There was no date on the box or the product to indicate when it was opened. An interview with Nurse #2 at 2:35 pm revealed she was not aware of when the container was opened. Nurse #2 confirmed there should have been a date on the bottle to indicate when it was opened. An observation of an insulin pen for Resident #94 was unopened in medication cart #1. The sticker on the insulin pen indicated "keep refrigerated until opened." An interview with Nurse #2 at 2:37 pm confirmed the insulin pen should have been refrigerated until it was opened. Nurse #2	F 431	Asst. Director of Nursing for unsecured, undated, and expired medications. All expired medications were discarded appropriately and reordered as needed. All license Nurses will be re-educated by the Director of Nursing on Safe Medication Storage with the emphasis on, dating medication when opened, and appropriately discard expired medication. This in-service will be included in the orientation program for License Nurses. The Director of Nurses, Asst. Director of Nursing, Unit Managers and Charge Nurses will monitor all medication carts three times a week times four weeks, two times a week times four weeks then weekly thereafter until compliance is achieved. Data results will be analyzed and reviewed at the facility monthly Quality Assurance Improvement Committee for three months with subsequent plan of correction as needed.	

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F 431	Continued From page 3	F 431		

reported she had overlooked the expired medications, the eye drops and the insulin in medication cart #1.

During a medication storage observation on medication cart #4 on Station 2 on 5/11/17 at 12:18 pm,
An observation of an insulin pen for Resident #23 was unopened and the sticker on the insulin vial indicated "keep refrigerated until opened." An interview with Nurse #1 on 5/11/17 at 12:18 pm confirmed the insulin vial had not been opened and it should have been refrigerated until it was opened. Nurse #1 reported the nurses were responsible for checking their medications carts daily each shift for any expired items, to ensure all insulins and other medications were dated when opened and to ensure the carts were kept clean.

During a telephone interview on 5/11/17 at 4:00pm, The Pharmacist stated the charts were checked every 30 days. When a problem was found in one cart she checked the others. The Pharmacist indicated the facility determined how often to check medication storage. The Pharmacist indicated she recommended the carts were checked daily.

An interview with the Director of Nursing (DON) on 5/11/17 at 4:50 pm, stated each nurse was responsible to check their medication cart each shift to ensure there were no expired items and everything was labeled appropriately. She stated her expectations were for the night shift nurses to check each medication cart for expired medications, and ensure all medications were dated and labeled when opened and the carts were clean.

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