STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345096	A. BUILDING _____ B. WING _____	C 07/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTERSVILLE OAKS	12019 VERHOEFF DRIVE HUNTERSVILLE, NC 28078

(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 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. 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	F 431		7/27/17

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

Electronically Signed | 07/28/2017

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F 431	Continued From page 1 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 the facility failed to secure a medication cart left unattended outside a resident room on 1 of 4 resident halls. The findings included: An observation was made on 07/12/17 at 8:12 AM of the medication cart parked outside of room 526 with the top drawer open. The nurse was observed in room 526 with the curtain pulled. An interview conducted on 07/12/17 at 8:20 AM with Nurse #1 revealed she was in a hurry and left the top drawer to the medication cart open and the cart unlocked. She stated she should have closed the drawer and locked the medication cart before leaving it unattended. An interview conducted on 07/12/17 at 10:40 with the Assistant Director of Nursing revealed it was her expectation for the medication cart to be locked at all times when unattended. She stated the nurse should never walk away from the cart	F 431	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited. On July 12, a surveyor witnessed a nurse leave her medication cart unlocked and unattended with one drawer left open. The surveyor told the Assistant Director of Nursing (ADON) who immediately provided education and counseling to the nurse involved, to include resident safety and privacy, specifying the correct protocol for locking the medication cart when unattended. (Completion 7/12/17)	

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F 431	Continued From page 2 and leave it unlocked.	F 431	The procedure for implementing the acceptable plan of correction for the specific deficiency cited. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements. The title of the person responsible for implementing the acceptable plan of correction. Dates when corrective action will be completed. The corrective action dates must be acceptable to the State. All nurses are required to be in-serviced by DON, ADON, or Clinical Supervisors on resident safety and privacy, to include locking the medication cart when unattended. Completion of the education by nurses is required by 7/27/17. For any nurse who does not complete the required in-service training, he/she will not be allowed to work a shift until the education is completed. Education on not leaving the medication cart unlocked and unattended will be included in new hire orientation for all newly hired nurses. (Completion 7/27/17) Audits of medication carts to check for proper locking will be completed by the DON, ADON, RN Clinical Supervisors, Assistant Administrator, and the weekend Manager on Duty. Audits will be completed daily on 4 medication carts for 4 weeks on various shifts. After 4 weeks, audits will be completed on 4 medication carts for 5 days per week for 2 weeks.	

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F 431	Continued From page 3	F 431	Then, audits will be completed 3 times per week on 4 medication carts for 2 weeks. Lastly, audits will be completed on 4 medication carts once per month for 1 month. The results of the audits will be brought to the morning clinical meeting held Monday through Friday. Any issues noted will immediately be brought to the attention of the DON/ADON/Administrator/Assistant Administrator□s attention for proper disciplinary action. (Completion 7/17/17) Pharmacy consultant will complete 2 medication cart audits per month. The results of these audits will be shared in QAPI on a quarterly basis. Any issues or deficient practices noted during the audits will immediately be brought to the attention of the DON/ADON/Administrator/Assistant Administrator□s attention for proper disciplinary action. (Completion 7/24/17) All medication carts evaluated and set up with an auto-locking feature. Medication carts will automatically lock after 60 seconds if the nurse does not lock manually. (Completion 7/20/17) Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.	