

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                 |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345558</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>08/24/2017</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NC STATE VETERANS HOME-BLACK MOUNTAIN</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>62 LAKE EDEN ROAD</b><br><b>BLACK MOUNTAIN, NC 28711</b>  |                      |   |
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| F 000  | INITIAL COMMENTS  | F 000   |   |                      |   |
| F 242<br>SS=D  | <p>483.10(f)(1)-(3) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on record review, resident and staff interviews the facility failed to honor the choice of bath preference for 1 of 3 residents reviewed for choices (Resident # 90).</p> <p>Findings included:<br/>Resident # 90 was admitted to the facility on 2/24/15 with diagnoses that included cerebrovascular disease, hemiplegia, and hypertension.<br/>A care plan dated 5/22/17 for Resident # 90 revealed interventions for a self-care deficit</p> | F 242   | <p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>Describe in detail the event:<br/>On 8/22/17 during our annual state</p> | 9/21/17              |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/11/2017

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.

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| F 242  | <p>Continued From page 1</p> <p>included assistance with bath and shower as scheduled.</p> <p>A doctor's order for Resident # 90 dated 7/11/17 indicated for whirlpool with assistance.</p> <p>Medical record review revealed a quarterly Minimum Data Set (MDS) dated 7/31/17 indicated Resident # 90 was able to express ideas and wants and had a clear comprehension of verbal content. An annual MDS dated 1/30/17 indicated Resident # 90 to be cognitively intact and had no rejection of care. The MDS also indicated it was very important to Resident # 90 to choose between a tub bath, shower, bed bath, or sponge bath. The MDS further revealed Resident # 90 required physical help in part of bathing.</p> <p>A nursing staff resource book indicated Resident # 90 bath days were Sundays and Wednesdays on the 6 AM to 6 PM shift. A hand-written note was attached to the form that indicated Resident # 90 to have a whirlpool on Sundays per doctor's order.</p> <p>On 8/21/17 at 11:42 AM an interview with Resident # 90 revealed staff provided assistance with a shower twice weekly. Resident # 90 stated he had requested whirlpool baths and the nurse aides would tell him that they did not have time to give him a whirlpool bath. The resident further stated he had notified the nurse aides on the hall and the doctor regarding his request for whirlpool baths and they were supposed to notify the nurse.</p> <p>On 08/22/2017 at 3:35 PM an interview with</p> | F 242   | <p>survey, it was determined that a resident was denied his choice of a whirlpool bath and received a shower instead.</p> <p>What Corrective action will be accomplished for the residents found to have been affected by the deficient practice?</p> <p>Resident was interviewed by DHS and RN Supervisor. Grievance initiated, resident stated he would like whirlpool bath at least once weekly. Resident received whirlpool bath on 8/23/17 as requested.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>1.A 100% audit was performed on all resident shower schedule□s on 8/22/17 □ 8//24/17 by the Clinical Competency Coordinator and nursing supervisors to ensure no other residents were affected.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not reoccur?</p> <p>1.Immediate in-service to all licensed and unlicensed nursing staff provided by the Clinical Competency Coordinator and nursing supervisors regarding resident choice for services, including but not limited to: whirlpool bath, shower, sponge bath, or bed bath.<br/>2.Grievance initiated by the Director of</p> |                      |   |

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| F 242  | <p>Continued From page 2</p> <p>Nurse # 1 revealed she gave Resident # 90 a shower on Sunday. Nurse # 1 stated there was a note in the book for Resident # 90 to receive a whirlpool bath on Sundays and she thought therapy was supposed to give the resident a whirlpool bath on Sundays. Nurse # 1 also stated she did not recall Resident # 90 requesting a whirlpool bath on Sunday. Nurse # 1 went on to say that Resident # 90 was alert and oriented and able to make his needs known. Nurse # 1 revealed the whirlpool bath was in working condition.</p> <p>On 08/23/2017 8:34 AM an interview with Nurse Aide # 1 stated Resident # 90 received a shower or a bath on Wednesdays and Sundays. Nurse Aide # 1 also stated there was an order for Resident # 90 to receive a whirlpool bath on Sundays. Nurse Aide # 1 went on to say she had not given Resident # 90 a whirlpool bath on Sundays. Nurse Aide # 1 stated Resident # 90 had requested a whirlpool bath on a Wednesday and complained to her that he was not getting his whirlpool baths. Nurse Aide # 1 stated she did not give Resident # 90 a whirlpool bath at that time and gave him a shower instead because she had given another resident a whirlpool bath. Nurse Aide # 1 further stated she told the nurse that Resident # 90 had complained that he was not getting a whirlpool bath and the nurse was supposed to put a note in the book for the weekend staff to make sure he received a whirlpool bath on Sundays. Nurse Aide # 1 went on to say Resident # 90 was alert and oriented and able to make needs known.</p> <p>On 08/23/2017 at 9:40 AM an interview with the Rehab Manager revealed the therapy department did not give Resident # 90 whirlpool baths.</p> | F 242   | <p>Health Services on 8/22/17.</p> <p>3. Medical Director immediately notified. Obtained physician order stating resident may have whirlpool bath, shower, sponge bath, or bed bath.</p> <p>4. A 100% audit performed on all resident shower schedule's for 8/22/17 - 8/24/17, all residents received showers, whirlpool baths, sponge baths, or bed baths per their choice.</p> <p>5. The LPNs and/or RN supervisors will continue to document all bathing on the 24 hour report and/or the CNA assignment sheets, including compliance, refusal, and the type of bathing the resident receives. The CNAs will continue to document bathing in ADL Smart Charting. New employees will be oriented.</p> <p>6. The Director of Health Services and/or her designee will monitor for compliance daily for one week, twice weekly for two weeks, weekly for 90 days.</p> <p>How will the corrective action be monitored to assure that the deficient practice will not reoccur, i.e., what quality assurance program will be put in place for monitoring to assure continued compliance.</p> <p>The Director of Health Services and/or her designee will monitor for compliance and discuss with the IDT during daily rounds and weekly clinical meetings. QAPI will discuss, review, and monitor for compliance during monthly QAPI meetings for three months.</p> |                      |   |

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| F 242  | Continued From page 3<br><br>An observation on 08/23/2017 at 12:40 PM with Nurse # 1 revealed a whirlpool bath in working condition on the unit.<br><br>On 08/23/2017 at 9:58 AM an interview with the Director of Health Services (DHS) revealed Resident # 90 bath days were on Sundays and Wednesdays. The DHS stated Resident # 90 had requested to receive a whirlpool bath one day a week and to her knowledge he had received whirlpool baths when requested. The DHS indicated that Resident # 90 was alert and oriented and able to make his needs known. The DHS further stated she expected for the staff to give Resident # 90 whirlpool baths when requested.<br><br>On 08/23/2017 at 12:40 PM an interview with the Medical Director (MD) stated Resident # 90 requested whirlpool baths and he wrote an order for whirlpool with assistance. The MD revealed Resident # 90 wanted his permission to receive a whirlpool bath and he had no problem with Resident # 90 getting a whirlpool bath.<br><br>On 08/23/2017 at 3:05 PM an interview with Nurse Aide # 2 stated Resident # 90 received showers and not whirlpool baths because the residents were supposed to have an order to receive a whirlpool bath. Nurse Aide # 2 revealed she was not sure if Resident # 90 had an order to receive a whirlpool bath.<br><br>On 08/23/2017 at 4:10 PM an interview with the Administrator stated his expectations were for the nursing staff to accommodate for resident's request for whirlpool baths. | F 242   |   |                      |   |

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| F 431<br>F 431<br>SS=D   | Continued From page 4<br>483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS<br><br>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.<br><br>(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.<br><br>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--<br><br>(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and<br><br>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br><br>(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.<br><br>(h) Storage of Drugs and Biologicals. | F 431<br>F 431  |   | 9/21/17              |   |

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| F 431  | <p>Continued From page 5</p> <p>(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.</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observations, record review, staff interviews, manufacturer specifications, and facility policy, the facility failed to date 2 bottles of eye drops after both were opened for use on 1 of 4 medication carts.</p> <p>Findings included:</p> <p>Manufacturer specifications for Latanoprost 0.005% eye drop storage per package insert included, "Protect from light. Store unopened bottle(s) under refrigeration at 36 to 46 Fahrenheit (F). Once the bottle is opened for use, it may be stored at room temperature up to 77 F for 6 weeks."</p> <p>A review of the facility's Medication Storage Policy revised 01/23/15 under "Medication Storage in the Healthcare Centers" guidelines indicated, "Multi-dose containers of injectable, ophthalmic and otic preparations and inhalers are to be dated and initialed when opened."</p> | F 431   | <p>Describe in detail the event:</p> <p>On 8/23/17 during our annual state survey, it was determined that an eye drop bottle that was noted in the medication cart was not labeled with an open date.</p> <p>What Corrective action will be accomplished by the deficient practice?</p> <p>The medication was removed from the medication cart and sent back to the pharmacy later that day. A new medication bottle was provided and dated.</p> <p>How will you identify other deficient practices and what corrective action will be taken?</p> <p>A 100% audit was performed on all medication carts and medication storage</p> |                      |   |

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| F 431  | <p>Continued From page 6</p> <p>An observation of the medication cart at Delta Hall on 08/23/17 at 9:44 AM revealed 2 bottles of Latanoprost 0.005% 2.5 Milliliter (ml) eye drop for Resident #18 and Resident #36 were opened and stored at room temperature. Both bottles were undated. One of the two bottles was attached with a label contained an instruction of "Discard 42 days from date opened."</p> <p>Review of Medication Administration Record revealed that both undated Latanoprost eye drop were last administered to Resident #18 and Resident #36 on 08/22/17 evening.</p> <p>Interview on 08/23/17 at 9:38 AM with Nurse #1 reveal that the third shift nurses were supposed to check their respective medication cart nightly and all the nurses were instructed to check for expired medication before administration. She had no idea who had opened the 2 bottles of Latanoprost that had to be dated and initialed.</p> <p>In an interview conducted on 08/23/17 at 9:51 AM, Nurse #2 who was nurse supervisor acknowledged that Latanoprost was supposed to store in refrigerator before it was opened. Once it was opened, it must be dated and initialed and it could be stored in the room temperature for up to 42 days. The nurse supervisor stated that the facility had a system set up to check for expired medication. Other than instructing the third shift nurses to check their respective medication cart nightly and ordering all nurses to check each medication for expiration before administration, the consultant pharmacist checked monthly for expired medication as well. Nurse #2 further stated it was impossible to know how long the two bottles of Latanoprost had been in the medication</p> | F 431   | <p>areas by the corporate pharmacist on 8/23/17. In addition, 100% audit was performed on all medication carts and medication storage areas by the night shift charge nurses. No other issues were identified.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not reoccur?</p> <ol style="list-style-type: none"> <li>1. Medication storage in-services were provided to all licensed nursing staff on 8/23/17 by the Clinical Competency Coordinator and nursing supervisors.</li> <li>2. All charge nurses and/or nursing supervisors are responsible for auditing medication carts and medication storage areas daily and/or as necessary.</li> <li>3. The night shift charge nurse and/or nursing supervisor will be responsible for performing scheduled weekly audits on medication carts and medication storage areas.</li> <li>4. The night shift charge nurse and/or nursing supervisor will be responsible for removing expired, non-dated, and/or discontinued medications from these areas and send back to the pharmacy. The weekly audits will be documented on a weekly audit form and turned in to the Director of Health Services every week for 90 days.</li> </ol> <p>How will the corrective action be monitored to assure that the deficient practice will not reoccur, i.e., what quality assurance program will be put in place for</p> |                      |   |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 431  | <p>Continued From page 7<br/>cart as both were not dated.</p> <p>An attempt to interview Resident #18 on 08/23/17 at 1:42 Pm was unsuccessful.</p> <p>Interview on 08/23/17 at 1:58 PM with Resident #36 revealed that she had received Latanoprost one drop to both eye once nightly. She denied having any abnormal reaction to her both eye when receiving the eye drops.</p> <p>In an interview conducted on 08/24/17 at 11:40 AM, the Director of Nursing (DON) stated that the facility had a system in place to check for expired medication and the above incident was an isolated case of human error. It was her expectation for the nursing staff to follow the facility's medication storage policy to date and initial the Latanoprost accordingly when they opened it. She added both undated Latanoprost had been removed from the medication cart and returned to pharmacy.</p> | F 431  | <p>monitoring to assure continued compliance.</p> <p>The Director of Health Services and nursing supervisors will monitor for compliance and discuss with the IDT during daily rounds and weekly clinical meetings. QAPI will discuss, review, and monitor for compliance during monthly QAPI meetings for three months.</p> |   |