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

PRINTED: 10/31/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
345123		B. WING		09	/28/2017	
NAME OF PROVIDER OR SUPPLIER			•	STREET ADDRESS, CITY, STATE, ZIP CODE		
CAROLINA	A VILLAGE INC			600 CAROLINA VILLAGE ROAD SUITE Z		
OAROLIN	A VILLAGE IIIO			HENDERSONVILLE, NC 28792		
(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		(X5) COMPLETION DATE
				DEFICIENCY)		
F 332 SS=D	483.45(f)(1) FREE OI RATES OF 5% OR M	F MEDICATION ERROR ORE	F 33	2		10/13/17
	(f) Medication Errors. that its-	The facility must ensure				
	greater; This REQUIREMENT	ates are not 5 percent or is not met as evidenced				
	interviews, the facility medication error rate evidenced by 2 medic opportunities resulting of 6.66% for 2 of 6 res #114) observed during. Findings included: 1. On 9/27/2017 at 8: observed preparing madministration to Res pulled for administration aspirin 81 milligrams observed as she admaspirin to Resident #3	aation errors out of 30 g in a medication error rate sidents (Resident #32 and g medication pass. 43 AM, nurse #1 was nedications for ident #32. The medication on included chewable (mg). The nurse was inistered the chewable 32.		1. On 9/27/2017 the primary care provider for resident #32 and resider #114 was notified of the September physician orders for enteric coated a 81 mg, take one daily and the administration of chewable aspirin 8 for resident #32 and resident #114. provider provided a clarification telep order for resident #32 and resident # to include aspirin 81 mg chewable to take one tablet daily. On 9/28/2017 facility wide chart aud were completed for aspirin orders. A Aspirin orders were compared to sig physician's orders, electronic medical administration records, and medicat cards to ensure accuracy.	2017 Ispirin I mg The Dhone 114 Iblet, Its II Ined Intion	
	2017 physician orders enteric coated aspirin daily. An interview with nurs 9/27/17 at 12:52 PM. September 2017 phys 2017 medication adm and the aspirin packa had administered che #32 instead of the enterior coated as a specific packa and the september 2017 medication administered che #32 instead of the enterior coated as a specific packa and administered che #32 instead of the enterior coated as part of the september 2017 physical packa and the september 2017 physical physic	#32's signed September included a current order for 81 mg, take one tablet se #1 was conducted on After reviewing the sician orders, the September inistration record (MAR) ging, the nurse stated she wable aspirin to Resident seric coated aspirin that had supplier representative's signature		Staff education was provided for nur and health care coordinators to ensu that when medication orders are bei transcribed into the electronic health records the appropriate type of med is being entered (enteric coated/chewable). The facility staff v provided with education regarding the rights of medication administration to ensure that the resident is receiving	re ng cation vere le six	(X6) DATE

10/06/2017

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

FORM CMS-2567(02-99) Previous Versions Obsolete

Electronically Signed

program participation.

Event ID: 2NBB11

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		345123	B. WING		09/2	28/2017
NAME OF PROVIDER OR SUPPLIER CAROLINA VILLAGE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 600 CAROLINA VILLAGE ROAD SUITE Z HENDERSONVILLE, NC 28792		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	I	(X5) COMPLETION DATE
F 332	was conducted on 9/2 stated it was her experience administered medicate package label against the MAR for accuracy 2. On 9/27/2017 at 8: observed preparing madministration to Resipulled for administration aspirin 81 milligrams observed as she admaspirin to Resident #1 A review of Resident #1 A review of Resident #1 A review of Resident #1 2017 physician orders enteric coated aspirin daily. An interview with nurs 9/27/17 at 12:52 PM. September 2017 phys 2017 medication admand the aspirin packa had administered che #114 instead of the enhad been ordered. An interview with the was conducted on 9/2 stated it was her expended in was her expended in was her expended in the endicated medicated medicated in the state of the enhad been ordered.	Director of Nursing (DON) 27/17 at 2:34 PM. The DON ectation of the nurse who ion to check the medication the medication order on 7. 59 AM, nurse #1 was nedications for ident #114. The medication on included chewable (mg). The nurse was inistered the chewable 114. #114's signed September is included a current order for 81 mg, take one tablet se #1 was conducted on After reviewing the sician orders, the September inistration record (MAR) ging, the nurse stated she wable aspirin to Resident interic coated aspirin that Director of Nursing (DON) 27/17 at 2:34 PM. The DON ectation of the nurse who ion to check the medication the medication order on 7.	F 332	correct medication. The Director of Nursing or designee w complete audits to monitor aspirin order to ensure compliance for appropriate transcription onto electronic health records and delivery of medication. The audits will be conducted weekly for three weeks, biweekly for three weeks, then monthly for three months. The finding the audits will be presented at the qualessurance meetings. The contracting pharmacy, Director of nursing, or designee will perform ongoing medication pass observations for primicare nurses to ensure accurate medication preparation and delivery.	e ee s of lity	10/13/17
F 431	483.45(D)(2)(3)(g)(h)	DRUG RECORDS,	F 431			10/13/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER CAROLINA VILLAGE INC			•	STREET ADDRESS, CITY, STATE, ZIP CO 600 CAROLINA VILLAGE ROAD SUIT HENDERSONVILLE, NC 28792	DDE		
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F 431 SS=D	The facility must produgs and biologicals them under an agree §483.70(g) of this paunlicensed personne law permits, but only supervision of a licer (a) Procedures. A fapharmaceutical servithat assure the accurdispensing, and admibiologicals) to meet to the pharmacist who (b) Service Consultatemploy or obtain the pharmacist who (2) Establishes a systiation of all contidetail to enable an according to the pharmacist who	vide routine and emergency is to its residents, or obtain ement described in rt. The facility may permit all to administer drugs if State under the general used nurse. cility must provide ces (including procedures rate acquiring, receiving, inistering of all drugs and the needs of each resident. tion. The facility must services of a licensed tem of records of receipt and trolled drugs in sufficient ccurate reconciliation; and	F 43				
	labeled in accordance professional principle appropriate accessor instructions, and the applicable. (h) Storage of Drugs	s used in the facility must be e with currently accepted es, and include the ry and cautionary expiration date when					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER CAROLINA VILLAGE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 600 CAROLINA VILLAGE ROAD SUITE Z HENDERSONVILLE, NC 28792			
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F 431	locked compartme controls, and perm	ore all drugs and biologicals in nts under proper temperature it only authorized personnel to	F 43	31		
	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 observation, record review, and staff interview the facility failed to store medication according to manufacturer's recommendations for 2 of 4 medications observed in the station 2 medication refrigerator, and failed to keep an unattended medication cart locked for 1 of 4 medication carts observed for medication storage			1. All Compro 25 milligram supposited and Biacodyl 10 milligram supposited that were being stored in the medical refrigerator were removed on 9/27/1 stored per manufacturer and pharm recommendations.	ories ation 17 and	
	suppository manufactories and the stored at 68° During observation storage refrigerator refrigerator contain suppositories. The 36°F.	acility's Compro 25mg acturer's recommendations 5 revealed the medication was F to 77°F. n of the station 2 medication or on 9/27/17 at 1:15 PM the ned 6 doses of Compro 25mg refrigerator temperature was of on 9/27/17 at 5:08 PM the		2. The nursing staff were provided weducation regarding appropriate storecommendations for Compro and Bisacodyl suppositories. The staff we provided with education regarding referring to the package insert or consulting with the pharmacy if they unsure of how to store medications. consulting pharmacy will provide medication specific labeling for any special storage recommendations. In nursing staff were provided with educating the importance of not leave medication cart unlocked when not attended or in use. The staff education	rage vas vare The Che ucation ving	

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F 431	involved in the storacility. She further had kept the Comprefrigerator to make its shape. She furth work with the phare not always get the recommendations that it was her expinstructions would that she and the farmanufacturer's recommendations. During an interview Director of Nursing with the storage of that it was her expinstructions would that she and the farmanufacturer's recommendations. Puring an interview of the factor of Suppository manuful dated 3/2012 revestored "at room ter During observations storage refrigerator contain 10mg suppositorie was 36°F. During an interview Quality Assurance involved in the storacility. She further had kept the Bisactions.	Nurse stated that she was rage of medications at the stated in her experience they pro 25mg suppositories in the ele sure it stayed cold and kept ther stated that they will need to macy because the facility does manufacturer's from the pharmacy. She added ectation that manufacturer's be followed. She further stated acility were not aware of the commendations for the storage of the stated she was not familiar a formula for the manufacturer's ectation that medications be to the manufacturer's	F 4	regarding medication cart very completed by October 13, 23. 3. The Director of Nursing of complete audits to ensure if medications are stored per recommendations. The auronducted five times a week weeks, two times a week for then monthly for three monocompliance. The facility find presented at the quality assemeetings. The Director of Nursing or complete audits to ensure if carts are locked when they attended or in use. The auronducted five times a week weeks, two times a week for then monthly for three monocompliance. The facility find presented at the quality assemeetings.	or designee will that appropriate manufacturer udits will be ek for three or three weeks, aths to ensure addings will be surance designee will that medication are not being udits will be ek for three weeks, aths to ensure addings will be		

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F 431	work with the pharmanot always get the marcommendations from that it was her expedinstructions would be that she and the faci manufacturer's record. During an interview of Director of Nursing some the facility had always suppositories in the restated that it was here medications be store manufacturer's record. 3.) On 9/27/2017 at 1 was observed parked medication cart lock unlocked position. Nobserved in the area #2 returned to the match the lock. An interview with nure 9/27/2017 at 7:57 Amedication cart had had activated the lock cart. The nurse state not be left unlocked. An interview with the was conducted on 9/DON stated it was here	r stated that they will need to acy because the facility does anufacturer's om the pharmacy. She added tation that manufacturer's e followed. She further stated thy were not aware of the mmendations for Bisacodyl. on 9/27/17 at 5:14 PM the tated that to her knowledge is kept the Bisacodyl 10mg refrigerator. She further expectation that d according to the mmendations. 7:55 AM medication cart 1B d outside of room 125. The was observed in the	F 4	31			