

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

PRINTED: 08/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/12/2018
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301		
(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	F 000			
F 761 SS=D	<p>No deficiencies were cited as a result of the complaint investigation. Event ID# EBWP11.</p> <p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(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.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(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>§483.45(h)(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, staff interviews, and facility policy review, the facility failed to dispose/discard expired medications in 1 of 2 medication storage rooms (100/200 hall) and 1 of 5 medication cart (300/400/500 medication cart)</p>	F 761	<p>1. The plan to correct the specific deficiency. Include the process that lead to the deficiency cited.</p> <p>a. During annual certification, on 7/11/18, the surveyor discovered 7</p>	8/8/18	

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

TITLE

(X6) DATE

Electronically Signed

08/03/2018

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 761	<p>Continued From page 1 observed for medication storage.</p> <p>Findings included:</p> <p>A review of the facility policy titled, "Medication Storage In The Facility" with an effective date of 10/1/17, that was provided by the Director of Nursing (DON) read in part: Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal.</p> <p>1. An observation of the 100/200 hall facility medication storage room was conducted on 7/11/18 at 9:05 am. During the observation, there were seven boxes of 5 milliliter (ml) multi dose Influenza Vaccine vials, noted to have an expiration date of 6/30/18 in the medication refrigerator.</p> <p>During an interview with Nurse #1 at 9:09 AM on 7/11/18, the nurse verified that the vials were expired. She said that she had looked through the refrigerator earlier in the week, and had missed seeing those vials. She said the vials should have been discarded.</p> <p>2. The nurse medication cart for 300/400/500 hall was observed with an expired open vial of acetylcysteine 10% for nebulizer treatment. The vial was opened on 6/22/18 and the medication instruction stated it's only good for 96 hours. Nurse #2 was interviewed right after the medication cart audit and she stated that the medication should have been removed from the cart.</p>	F 761	<p>expired flu vaccines in the medication refrigerator. The vials expired 6/30/18. The vials were immediately removed and placed in the DON office to ensure proper disposal.</p> <p>b. After review of the deficient practice by the administrative staff (with QAPI committee members) it was determined that the cause for the expired drugs stored in the medication room was that person assigned (Clinical Care Coordinator-CCC) was human error. When assigned the task to check for expired drugs in the refrigerator, the Clinical Care Coordinator has to seek the charge nurse on duty to open the medication refrigerator, the Clinical Care Coordinator had intention of completing the task but was distracted from questions and needs for other patients.</p> <p>c. After review of deficient practice in regards to expired medications on the medication cart, the QAPI team determined the cause for expired medication (acetylcysteine 0%) was the this item was not labeled appropriately.</p> <p>2. The procedure for implementing the acceptable plan of correction for the specific deficiency cited.</p> <p>a. The CCC will be in-serviced, regarding the importance of checking refrigerators and completing task unless emergency occurs.</p> <p>b. All med carts will be provided with cards notifying of Medication Expiration and Storage and charge nurses and med aides will be in-serviced on such.</p> <p>c. Charge nurses and med-aides will be in-serviced on ensuring medications</p>		

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F 761	Continued From page 2 An interview was conducted with the Director of Nursing (DON) on 7/12/18 at 3:40 PM. The DON validated that the vials were expired, and should have been discarded.	F 761	<p>are dated and initiated when opened.</p> <p>c. Charge nurses and med-aides will also be in-serviced on the importance of checking med rooms, refrigerators, and medication carts for expired drugs and biologicals. The charge nurse will follow procedure and complete Drug Destruction log and place expired drugs in the delivery tote from pharmacy. not</p> <p>d Medication Room and Medication Cart Audits will be revised to include ensuring items are dated.</p> <p>e. The Clinical Care Coordinator will be provided with a key to the refrigerator eliminating the need to seek the charge nurse.</p> <p>f. Lock boxes will be anchored to the refrigerators for storage of controlled substances to maintain security of controlled substances, only the charge nurse nurse will have the key.</p> <p>g. Medication cart audits and medication rooms will be done weekly X 4 weeks, and as needed. Any non-compliance will be promptly addressed.</p> <p>h. Monthly audits of medication carts and medications rooms will be conducted by pharmacy ongoing.</p> <p>i. Monthly audits of the medication carts and medication rooms will be conducted x 3 months.</p> <p>j. Outcomes of the monthly audits to the facility monthly QAPI meeting x 3 months.</p> <p>3. The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and / or in compliance with the</p>		

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F 761	Continued From page 3	F 761	<p>regulatory requirements</p> <p>a. Findings/results of the medication audits and med cart audits will be reviewed and will re-inservice/discipline staff as warranted.</p> <p>b. Compliance with random medication audits will be brought to the morning clinical meeting weekly X 4 weeks, and as needed, for review by team</p> <p>c. Compliance with Medication Room and Medication Cart audits will be brought to the facility monthly QAPI meeting X 3 months, for review of said program by the committee members.</p> <p>e. Any discussion of compliance, outcomes, and revisions, if needed will be included in the QAPI meeting minutes.</p> <p>f. Re-inservicing will be provided to staff if any revision to said plan occur.</p> <p>g. Any revision to said plan will require monitoring to begin again at 2(g).</p> <p>4. The title of the person responsible for implementing the acceptable plan of correction.</p> <p>a. The facility Executive Director, in conjunction with the facility QAPI committee, will be responsible for implementing, directing, and monitoring the above said program.</p> <p>b. The facility DON, in conjunction with the facility QAPI committee, will serve as the alternate responsible person in the Executive Director's absence</p>		