

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

PRINTED: 01/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345294</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/18/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF SHALLOTTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>237 MULBERRY STREET</b> <b>SHALLOTTE, NC 28459</b>		
(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>A compliant investigation was conducted 12/17/19-12/18/19. Event ID#CFIU11. 2 of 2 complaint allegations were unsubstantiated.</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 observations and staff interviews the facility failed to keep unattended medications stored in a locked medication cart for 1 of 3 medication carts observed.</p>	F 761	<p>1. The 200 hall medication cart was immediately locked.</p> <p>2. All current residents are identified to be</p>	1/7/20	

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

TITLE

(X6) DATE

Electronically Signed

01/06/2020

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	Continued From page 1  Findings included:  In an observation on 12/17/19 at 4:40 PM the medication cart for the 200 hall was observed unlocked and unsupervised. The medication cart was located midway down the 200 hall and the lock was not engaged. A resident was sitting in front of the unlocked medication cart. A continuous observation was conducted when Nurse #1, the nurse assigned to the med cart was observed coming out of a resident's room which was located further down the hallway and out of sight of the medication cart.  In an interview on 12/17/19 at 4:44 PM with the assigned nurse (Nurse#1) she confirmed that the medication cart was left unlocked and unsupervised. She stated she thought she had locked the cart before entering the resident's room and that it was an error on her part. She stated she typically double checked to make sure the cart was locked before leaving it unattended.  An interview was conducted with the Director of Nursing on 12/17/19 at 5:30 PM. He indicated that nurses are responsible for keeping the medication carts locked and secured. He agreed that Nurse #1 failed to secure the medication cart and reported that Nurse #1 had notified him and stated in servicing on medication storage was done at that time.	F 761	at risk if the medication cart is left unlocked.  3. Licensed nurses educated regarding the expectation for securing medication cart when unattended.  4. An audit will be conducted of medication carts 5 days a week for 2 weeks, 3 days a week for 4 weeks, ten weekly for 4 weeks. The DON or designee will report the audit results to the QAPI committee.  5. Corrective action date January 7, 2020.		