

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

PRINTED: 06/15/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/07/2012
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NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF FOREST CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH RD FOREST CITY, NC 28043
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(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 431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>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>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>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>	F 431	<p>Preparation and submission of This Plan of Correction does Not constitute an admission or Agreement of the facts alleged On the correctness of this statement of deficiencies. The Plan of Correction is prepared and Submitted solely because of Requirements under the State and Federal Law.</p> <p>Resident #1 Miacalcin nasal spray Dated 4/25/12 discarded, Pharmacy Contacted and Miacalcin Spray for Resident #1 re-ordered</p> <p>100% Audit of all Residents receiving Miacalcin Nasal Spray to ensure Compliance with after opening Miacalcin Spray, discard after 30 days</p>	<p>6/06/12</p> <p>6/06/12</p>

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

*Alice P. Dixon*

TITLE

*Administrator*

(X6) DATE

*6/21/12*

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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NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF FOREST CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH RD FOREST CITY, NC 28043		
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F 431	Continued From page 1  This REQUIREMENT is not met as evidenced by: Based on observations, medical record reviews and staff interviews the facility failed to dispose of an expired medication in one (1) of four (4) medication carts observed during medication storage inspection. (Resident #1)  The findings are:  An observation of the "C" medication cart on 06/06/12 at 11:49 AM revealed one (1) bottle of Miacalcin nasal spray (nasal spray medication used to treat osteoporosis), for Resident #1, opened and dated 04/25/12. A "refrigerate" label was placed on the product and the storage container.  A phone interview with a facility consultant Pharmacist on 06/06/12 at 2:58 PM revealed that Miacalcin nasal spray is stored in the refrigerator prior to opening. Once opened, the product can be stored at room temperature for thirty (30) days and should be disposed of 30 days after opened.  An interview on 06/07/12 at 10:34 AM with the 1st shift Charge Nurse (CN) revealed that 3rd shift nurses checked the medication storerooms, refrigerator and medication carts for outdated and expired medications. The date a medication is opened is written on the label and the medication is discarded when expired based on the date opened or the manufacturer's expiration date. Staff nurses on each cart should also check for expired medications prior to administration.	F 431	Assistant Director of Nursing in-serviced Licensed Nurses "Miacalcin Spray expires 30 days after opened." Expiration Listing Of common medications were placed on every medication cart. Miacalcin Spray is on this list and reads expires 30 days after opening.  100% audit of all residents receiving Miacalcin Nasal Spray to ensure compliance with "discard 30 days after opening" 2X /weekly X4 weeks then random audits by Assistant Director of Nursing weekly times two months. Random Audits will be 100% of Miacalcin Nasal Spray on first shift  Assistant Director of Nursing is responsible For monitoring compliance Assistant Director Of Nursing reports findings to Quality Assurance Committee Quarterly.	6/08/12	7/11/12



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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF FOREST CITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>830 BETHANY CHURCH RD</b> <b>FOREST CITY, NC 28043</b>		
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F 431	Continued From page 2  An interview on 06/07/12 at 11:17 AM with licensed nurse (LN) #1 revealed Miacalcin nasal spray expired 30 days after opened. LN #1 stated she did not check the date opened on the bottle of nasal spray before she administered the medication on 06/06/12 to Resident #1.  An interview on 06/07/12 at 11:57 AM with the Director of Nursing (DON) revealed it was her expectation that licensed nurses checked all medications for expiration dates prior to administration and expired medications were disposed of properly.	F 431			