

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

AUG 07 2012

PRINTED: 07/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING & REHABILITATION-HENDERSON	STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH BECKFORD DR HENDERSON, NC 27536
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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
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F 000	INITIAL COMMENTS	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 431 SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & 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><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <ol style="list-style-type: none"> Expired medications, tube feeding liquids and wound adhesive closures found were immediately discarded. No residents were found to be affected by these items based on reviewing medical records of current MD orders. No other expired medications were found based on audit of central supply closet, treatment cart, medication carts and medication storage areas. DNS and SDC in-serviced all designated staff (licensed nurses and central supply clerk) on medication storage policy and expiration date check policy. Designated staff (licensed nurses and central supply clerk) will perform daily audits of Central supply closet, medication rooms, treatment and medication carts x 1 week: weekly checks will be performed on a on-going basis. Results of these audits will be reviewed by the facility's Performance Improvement Committee monthly x 3 months for further recommendation. 	F431 8/2/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Gregory Mitchell* TITLE *Executive Director* (X6) DATE *8/3/12*

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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F 431	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed remove expired medications, tube feeding liquids and wound adhesive closures from 3 of 7 storage areas. Findings Include: A copy of the facility's medication storage policies and procedures (Storage of Medications - PRO 62000-06) was reviewed and read in part on page 2 in item # 17 - Remove and dispose of according to procedures all medications that are outdated. On 07/11/2012 4:35 p.m., an observation was made of the facility's wound care treatment cart with the facility's wound care nurse (staff member #1). The following expired medication was observed in the cart's second drawer from the top, available for staff use: 1 - 1.5 oz. tube of Miconazole Nitrate 2% Anti-fungal cream (Lot # 007124 expired on 06/2012). The tube was observed to be 3/4 full and had a date in permanent marker written on it of 06/16/2012. There was no Rx label on the tube or box to indicate which resident(s) the medication was being used for. An interview was conducted with staff member #1 on 07/11/2012 at 4:45 p.m. The nurse indicated the Miconazole 2% Anti-fungal cream was a house stock medication used for any resident that may have an order for it's use. The wound care nurse could not state which facility resident(s)	F 431		

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F 431	<p>Continued From page 2</p> <p>was/were receiving the medication or had received the medication in the past.</p> <p>On 07/12/2011 9:10 a.m. an observation was made of the facility's medication storage room at station 2 with the facility's DON. The following wound dressings were found expired:</p> <p>3 packages of Wound adhesive closures (Kendall Curi Strips 1/2 x 4 inches) Lot # FN06411 expired 06/2011.</p> <p>On 07/12/2011 9:20 a.m. an observation was made of the facility's central supply closet. The following enteral feeding liquids were observed on the left side middle wooden shelf and found expired:</p> <p>Perative Specialized nutrition (Hydrolyzed protein) for tube feeding - 1 unopened case (24 cans) and 6 cans on the adjacent shelf (all cans - Lot # 04849X70, expired 05/01/2012)</p> <p>An interview was conducted with the facility's DON on 07/12/2012 at 9:37 a.m. concerning her expectations for management of expired medications, bandages, and enteral feeding supplies. The DON stated, "It is my expectation the charge nurses and wound care nurse on the units check the medication/treatment carts and medication/supply storage rooms daily to ensure there are no expired medications, bandages, or tube feeding supplies stored or available for use."</p>	F 431			

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RECEIVED
PRINTED: 08/13/2012
FORM APPROVED
OMB NO: 0938-0391
AUG 24 2012
DATE SURVEY COMPLETED
CONSTRUCTION SECTION
08/08/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____
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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038	K038 It is the practice of the facility to ensure that exits are readily accessible at all times. The hanging chain and padlock not in use found on egress fence was immediately removed from the area. Maintenance Director will check fence exits weekly x 4 weeks: then routinely to ensure fence exits are accessible per life safety code standards.	08/08/2012
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052	Findings will be discussed during monthly Performance Improvement meeting x3 months: then ongoing if further discussion required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Executive Director DATE: 8/22/12

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K 052	Continued From page 1	K 052	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	08/21/12	
K 056 SS=D	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/8/12 at approximately noon the following fire alarm system was non-compliant, specific findings include, A. The fire alarm panel was not on a dedicated circuit. The telephone for nurses station #2 lost power during testing the same condillon for the fire alarm system. B. The annual certification dated 8/3/12 indicated that the batteries to the fire alarm control panel failed a load test and was in need of replacement. The facility had acquired and obtained a contract for replacement. NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the	K 056	K052 It is the practice of the facility to ensure that a fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The Maintenance Director has contracted with an outside vendor and the Fire Alarm Panel has been placed on a dedicated circuit separate from telephone system. The Maintenance Director has contracted with an outside vendor and the batteries to the fire alarm control panel has been replaced The Maintenance Director will perform tests daily x 1 week; then weekly to ensure there is no interruption to telephone system during fire alarm tests. The batteries to the fire alarm control panel will be inspected and tested quarterly through an outside vendor. Findings will be discussed during monthly Performance Improvement meetings x 3 months; then ongoing if further discussion required.		

gm 8/22/12

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K 056	Continued From page 2 building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/8/12 at approximately noon the following automatic sprinkler system was non-compliant, specific findings include, there was a valve on the sprinkler accelerator that was not electrically tampered. A distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system.	K 056	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> K056 It is the practice of the facility to ensure that the automatic sprinkler system is installed in accordance with Safety Standards. An outside contractor has been contracted and will install a tamper switch on accelerator supply line on the sprinkler system. Maintenance Director will perform inspections daily x 1 week; then weekly to ensure safe operation of the tamper switch. The tamper switch will be inspected and tested quarterly with outside vendor. Findings will be discussed during monthly Performance Improvement meetings x 3 months: then ongoing if further discussion required.	09/20/2012 8/21/12 PER PHONE CONVERSATION E-MAIL JACKIE MITCHELL

gm 8/22/12

Woollen, Della

From: Mitchell, Jacqueline M [Jacqueline.Mitchell@kindred.com]
Sent: Monday, August 27, 2012 12:50 PM
To: Woollen, Della
Subject: Kindred Nursing and Rehabilitation - Plan of correction update

Hello Ms. Woollen

I am writing to provide updated information in regards to K056
Tamper switch has been installed by an outside vendor
Installation date/completion date: 08/24/2012

Thank You,

Jacqueline Mitchell, LNHA, RD, LDN
Executive Director
Kindred Nursing and Rehabilitation - Henderson
280 South Beckford Drive
Henderson, NC 27536
252-438-6141

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Dedicated to Hope, Healing and Recovery.

08/27/2012