<table>
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<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<td>F 431 SS=D</td>
<td>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</td>
<td>F 431</td>
<td>This plan of correction will serve as compliance with requirements of 42 CFR, Part 483, and Subpart B for long term care facilities. Preparation and submission of this plan of correction is in response to HCFA 2567 for the 10-1-12 survey and does not constitute an agreement or admission of Autumn Care of Fayetteville of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiencies. This plan of correction is prepared and submitted because of the requirements of 42 CFR, Part 483, and Subpart B throughout the time period stated in the statement of deficiencies. In accordance with state and federal law, however, submits this plan of correction to address the statement of deficiencies and to serve as it’s allegation of compliance with the pertinent requirements as of the dates stated in the plan of correction and as fully completed as of 10-3-12.</td>
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This REQUIREMENT is not met as evidenced by: [Signature]

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

(09) DATE

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 discloseable 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 discloseable 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.
Based on observation and interview, the facility failed to secure medications in 1 of 4 medication carts and ensure that 1 bottle of acid reducer was dated when opened and discarded by expiration date of 08/2012 in 1 of 4 medication carts.

Findings include:

1. On 10/3/12 at 9:05 am, the medication cart for 500/600 hall was observed outside the doorway of 502 with the door closed and nurse #1 inside the resident's room. It was noted that the medication cart was unlocked. When nurse #1 returned to the medication cart at 9:08 am, she was questioned regarding the securing of medications. Nurse #1 stated that the medication cart should be locked at all times when not in use or when she is not at the cart. She stated she forgot to lock the cart after preparing the medication for the resident in room 502.

On 10/3/12 at 9:45 am, the Director of nursing (DON) stated her expectation was for the medication cart to be locked when leaving the medication cart for any reason.

2. On 10/3/12 at 9:36 am, the medication cart for 500/600 hall was inspected. A bottle of Acid Reducer was noted to be opened with no visible date when opened. It was noted to be expired 08/2012. Nurse #1 was questioned at 9:37 am regarding the removal and disposal of expired and undated medications. Nurse #1 stated that any nurse who opens a new bottle of house stock medication should date the bottle with the date it was opened. Nurse #1 stated that the medication should have been sent back to the pharmacy or returned to the hospital pharmacy.

For those residents affected, Nurse #1 received individual training, from the staff development coordinator, on how to properly lock the medication cart when not under the direct observation of the administering nurse on 10-3-12.

To ensure other residents are not affected, on 10-8-12, 10-9-12, 10-10-12, 10-13-12, and 10-14-12, the staff development coordinator conducted in-services with licensed nurses to illustrate the desired technique and importance of making sure med carts are properly locked when not under the direct observation of the administering nurse.

The director of nursing randomly monitored medication passes from 10-4-12 to 10-5-12 to ensure all medication carts were locked properly. In addition, the pharmacy consultant will do a monthly check per consultant pharmacy's policy.
F 431 Continued From page 2
thrown away once it was identified as opened without a date and noted to have expired in August of 2012.

On 10/3/12 at 9:45 am, the DON stated that it was her expectation that any time a stock medication was opened it should be dated and then discarded by the manufacturer’s expiration date.

F 431 For on-going compliance, the director of nursing or designee will audit four medication carts, three times a week for one month, then monthly for three months. In addition, the pharmacy consultant will do a monthly check per consultant pharmacy’s policy. Any areas of concern will be noted and presented to the director of nursing for additional in-services or medication pass monitoring.

A summary of the audits and their effectiveness will be taken to the Q.A. committee for review and approval. In the interim, the administrator will monitor their effectiveness.

Medications identified during the survey process were removed immediately, by the director of nursing, and disposed of per facility policy. (10/03/2012)
A summary of the audits and their effectiveness will be taken to the Q.A. committee for review and approval. In the interim, the administrator will monitor their effectiveness.
Autumn Care of Fayetteville

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To ensure other residents are not affected, all medications in house were audited for current dates, by director of nursing. Any medications expiring within the current month were disposed of per pharmacy policy. (10/03/2012) All charge nurses were in-serviced, by staff development coordinator, to check dates on all medications administered by staff development coordinator on 10-8-12, 10-9-12, 10-10-12, 10-13-12, and 10-14-12. Each nurse will continue to check medication dates prior to administration.

For on-going compliance, the director of nursing or designee will audit all nurses’ carts for medication that are expired. Medications expiring within two weeks, with exception to those with a short shelf life, will be disposed of per policy. Director of Nursing or designee will audit dates on all medications weekly for one month, then monthly for three months. In addition, the pharmacy consultant will do a monthly check per consultant pharmacy’s policy.
INITIAL COMMENTS

Surveyor: 27871
This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the New Health Care section of the LSC and its referenced publications. This building is Type III (211) construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

K 147
NFPA 101 LIFE SAFETY CODE STANDARD
Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

This STANDARD is not met as evidenced by:
Surveyor: 27871
Based on observation and staff interview at 10:00 am, the following item was observed as noncompliant, specific findings include: at time of survey, found extension cord in room 411 (cord was removed at time of survey).

42. CRF 483.70(a)

This plan of correction will serve as the facility’s allegation of compliance. Preparation and submission of this plan of correction is in response to HCFA 2567 for the 10-24-12 survey and does not constitute an agreement or admission of Autumn Care of Fayetteville of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiencies.

This plan of correction is prepared and submitted because of the requirements of 42 CFR, Part 483, Subpart B throughout the time period stated in the statement of deficiencies. In accordance with state and federal law, however, submits this plan of correction to address the statement of deficiencies and to serve as it’s allegation of compliance with the pertinent requirements as of the dates stated in the plan of correction and as fully completed as of DATE.

K147
On 10-24-2012, the found extension cord in room 411 was immediately removed.

LABORATORY DIRECTORS OR PROVIDER SUPPLIER REPRESENTATIVES SIGNATURE

Administrator

(DD) DATE
11-20-12

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345553

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN
B. WING

(X3) DATE SURVEY COMPLETED
10/24/2012

NAME OF PROVIDER OR SUPPLIER

AUTUMN CARE OF FAYETTEVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE
1401 71ST SCHOOL ROAD
FAYETTEVILLE, NC 28314

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<td>extension cords. Any extension cords found, were removed on 10-24-2012.</td>
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<td>To ensure on-going compliance, the environmental director or his designee will audit the building monthly for three months to ensure there are no extension cords to be used in the facility, if no deficient areas are noted, this audit will be conducted during periodic safety rounds to ensure on-going compliance.</td>
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<td>The results of these audits and areas of concern will be taken to the quality assurance committee for monitoring purposes.</td>
<td>K 147</td>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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