**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

| (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: | 345197 |
| (X2) MULTIPLE CONSTRUCTION | A. BUILDING | B. WING |
| (X3) DATE SURVEY COMPLETED | R-C | 08/08/2013 |

**NAME OF PROVIDER OR SUPPLIER**
WILLOW RIDGE OF NC LLC

**STREET ADDRESS, CITY, STATE, ZIP CODE**
237 TRYON ROAD
RUTHERFORDTON, NC 28139

<table>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) COMPLETION DATE</th>
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<td>(F 431)</td>
<td>403.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</td>
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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.

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.

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.

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, record review, and staff

**THIS RESPONSE AND PLAN OF CORRECTION IS BEING SUBMITTED PURSUANT TO THE APPLICABLE FEDERAL AND STATE REGULATIONS. NOTHING CONTAINED HEREIN SHALL BE CONSTRUED AS AN ADMISSION THAT THE FACILITY VIOLATED ANY FEDERAL OR STATE REGULATION, OR FAILED TO FOLLOW ANY APPLICABLE STANDARD OF CARE.**

**F 431**

1- Corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice by:

a) Medication carts and medication room were immediately inspected for expired and/or undated medication.

Any expired medication found was immediately destroyed.

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

**DATE**

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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 disclosed 60 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 disclosed 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
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Interviews, the facility failed to remove expired medications from 1 of 3 medication storage rooms and 1 of 5 medication carts, failed to label a unit dose package of medication in 2 of 5 medication carts, and failed to maintain the cleanliness for 2 of 5 medication carts from liquid spillage.

The findings included:

A review of the facility's policy on Medication Storage revealed the following statement: "No discontinued, outdated, or deteriorated medications are available or use in this facility. All such medications are destroyed." A review of the manufacturer's instructions for Tuberculin Aplisol vials indicated vials in use for more than 30 days should be discarded.

- An observation on 08/07/13 at 9:30 AM of the B-1 Hall medication cart revealed a total of 7 Phenegran 12.5 milligram (mg) suppositories with an expiration date of April 2013. Three were lying loose in the top left drawer of the cart and 4 were lying loose in the top right drawer of the cart, none of which were labeled with a resident's name or directions for use.

- Further observation on 08/07/13 at 9:30 AM of the B-1 Hall medication cart revealed Lantus Insulin multi-use vial did not have a label indicating when it was opened. In addition, B-1 Hall medication cart 3rd left drawer contained liquid medication with spillage and stickiness in the bottom of the drawer.

- An observation on 08/07/13 at 10:30 AM of the C Hall medication room and refrigerator revealed a Tuberculin Aplisol 1 milliliter (ml) vial

2- Corrective action has been / will be accomplished for those residents having the potential to be affected by the same alleged deficient practice by:
A) Medication carts and medication rooms were immediately inspected for expired and/or undated medication. Any expired and/or undated medication found was immediately destroyed.

3- Measures will be put into place or systemic changes made to ensure that the alleged deficient practice will not occur:
A) The Director of Nursing and/or designee has/will in-service licensed nurses on the importance of dating medication when opened and destroying expired medication immediately.
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(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:

345197

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

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R-C

08/08/2013

NAME OF PROVIDER OR SUPPLIER

WILLOW RIDGE OF NC LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

237 TRYON ROAD

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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 431)

Continued From page 2

with a label which indicated it was opened on 07/02/13. Approximately 0.5 ml of solution was remaining in the vial.

- An observation on 08/07/13 at 10:40 AM of the C Hall medication cart revealed Lidocaine multi-use vial did not have a label indicating when it was opened. Further observation of medication cart revealed liquid medication spillage in 4th right drawer of the medication cart.

An interview on 08/07/13 at 2:10 PM with Nurse #1 regarding the Phenergan suppositories on the B-1 medication cart revealed she was unaware of any resident on her hall who was currently receiving Phenergan. Nurse #1 stated each nurse should check the medication carts before their shift for expired medications and/or before administering a medication to a resident. She further stated when a nurse opened a medication they were responsible for writing an opened date on the medication immediately. Nurse #1 further indicated the liquid spillage in the medication cart drawer should have been cleaned immediately or by the end of her shift.

An interview on 08/07/13 at 3:05 PM with Nurse #2 regarding the expiration date of Tuberculin Apisol revealed it was good for 30 days from the date it was opened. She explained the supply clerk and any nurse who removed medications from the medication room were responsible for checking expired medications in the medication storage rooms and refrigerators.

An interview on 08/07/13 at 3:10 PM with Nurse #3 regarding multi-use vials stated the medication should be discarded when found laying loose with no resident’s name, directions for

(F 431)

B) Licensed nurses will be in-serviced by the Director of Nursing and/or designee on the proper procedure of administering medication, what to look for before giving a medication to resident and the proper procedure of disposing of medication immediately when found to be expired or un-dated, un-labeled. A QA audit sheet will be used by the licensed medication nurse at the change of shift to audit for expired med or un-dated med on the med cart.

C) Using a QA audit sheet the Unit Managers will do an audit of the medication carts and the medication room on Tuesday and Thursday. Using a QA audit sheet the third shift nurse responsible for administering medication will audit the medication cart and medication room nightly. Times 12 months

D) Using a QA audit sheet the nurse responsible for the medication cart will transfer cart contents to a clean cart. Medication audit will be done at this time. Used cart will be taken for cleaning. Times 12 months

E) Using a QA audit sheet once weekly at random, the DON/designee will audit the medication cart and/or the medication room for compliance. Times 12 months
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<td>Continued From page 3 use, or the package was not labeled. Nurse #3 further indicated the liquid spillage in the medication cart drawer should have been cleaned immediately or by the end of the shift. In addition, Nurse #3 stated the expectation for the cleanliness of the medication carts should be done by the end of the nurse's shift.</td>
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<td>An interview on 08/07/13 at 3:20 PM with Unit Manager #1 revealed the Lidocaine multi-use vial should not have been on the medication cart without an opened date noted and should have been discarded.</td>
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<td>An interview on 08/07/13 at 3:27 PM with Unit Manager #2 revealed her expectation for the Phenergan 12.5 mg suppositories in the medication cart should have been discarded without a resident's name or directions for use. Further interview revealed the Lantus Insulin should have been labeled with the open date and should have been discarded without the date noted.</td>
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<td>An interview on 08/07/13 at 4:15 PM with Nurse 4 and Nurse 5 revealed an in-service was conducted in July 2013. They explained it was the expectation for all nurses to check the medication carts and medication storage rooms for expired medicines. A further expectation was all vials and/or bottles must be labeled with an opened date.</td>
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<td>An interview on 08/08/13 at 9:20 AM with the Nurse Manager (NM) #1 stated after the facilities recertification they had an in-service about medication storage. The facility started the Quality Assurance (QA) tool for the medication carts and medication storage rooms/refrigerators.</td>
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4- Monitoring of the facility's performance to make sure the solution is sustained will be accomplished by:
   A) The QA tools will be reviewed at morning QA meeting with the IDT team. Copy of audits will be handed to the Director of Nursing and the Administrator for review and questions to assure further education and/or monitoring is not needed.
   B) QA audit sheets will be presented to the Monthly QA meeting of the IDT. IDT will review education needed discrepancies and monitoring needs.
   C) QA audit sheets will be brought to monthly QA meeting for review for 12 months, then quarterly thereafter.

The Director of Nursing/designee will be responsible for compliance.

**Completion Date: September 11, 2013**
NAME OF PROVIDER OR SUPPLIER: WILLOW RIDGE OF NC LLC  
STREET ADDRESS, CITY, STATE, ZIP CODE: 237 TRYON ROAD, RUTHERFORDTON, NC 28139  

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