

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2014
NAME OF PROVIDER OR SUPPLIER DOWN EAST HEALTH AND REHAB CEN			STREET ADDRESS, CITY, STATE, ZIP CODE 38 CARTERS ROAD GATESVILLE, NC 27938	
(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 364 SS=E	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record reviews and observations the facility failed to provide foods served at a palatable temperature for 6 of 8 residents who verbalized they received cold foods (resident # 25, 38, 42, 45, 53, and 60).</p> <p>The findings included:</p> <p>1. An interview with resident #53 on 2/25/14 at 11:13 AM revealed that he felt the hot dog he received was cold and the roll it was in was also cold. He stated the hot dog could not be warmed in the microwave oven so the choice was to eat it or not eat it.</p> <p>Review of the November 2013 Resident Council meeting minutes revealed the concern of cold food was discussed.</p> <p>The form titled "Concerns" dated 11/3/13 revealed the Resident Council informed the dietary manager that some meals in the evenings were cold. The dietary manager indicated on the form that his proposed action would be to conduct monthly test trays to check the temperature of the foods when served to the residents. The Concerns form was signed by the dietary manager on 11/6/13.</p>	F 364	<p>F 364 SS=E</p> <p>1. Residents # 53, #25, #60, #42, #45 and #38 have all been interviewed to identify specific complaints they have related to their meals. The interviews were performed by the Executive Director, the Activities Director, and the Dietary Manager. Residents #53 and #42 both expressed concerns about having cold food. All six residents were told that the expectation is that their food will be palatable and be of an appropriate temperature. The residents were further informed that the Dietary Manager and the Executive Director would be taking the temperature and tasting the food on a scheduled basis to ensure ongoing consistent quality. The residents were informed to tell the staff if their food is ever unacceptable to them.</p> <p>2. All interviewable residents were spoken to by the facility staff to inform them of the ability for the staff to warm their food if it is cold and to report what measures are being taken to correct the problems with palatability and temperature of the food. This was done both individually and at the</p>	3/28/14

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

TITLE

(X6) DATE

Electronically Signed

03/21/2014

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 364	Continued From page 1 A test tray (an unassigned meal tray used to monitor the food temperature and palatability) was completed on 2/28/14 during the breakfast meal with the dietary manager at which time he reported that the coffee and grits were not hot enough. He also indicated the temperature of the eggs was not hot enough. An interview with the dietary manager and the district food manager was conducted on 2/28/14 at 9:45 AM. The dietary manager reported he conducted a couple of test trays during the month of December but did not write anything down. He recalled that the food temperatures of the test trays on the hall were in the acceptable range. After looking at the Concerns form dated 11/3/13, the dietary manager acknowledged he had not conducted a test tray every month as planned. He indicated that he should have completed a monthly test tray to ensure the food temperatures were hot enough for the residents. 2. On 2/25/14 at 1:04 PM resident #25 reported that if a resident ate in the dining room the food was OK but, if a resident ate in their room the pizza was cold. In an additional interview on 2/28/14 at 9:35 AM the resident stated the food was cold and there was no improvement in the food. Review of the November 2013 Resident Council meeting minutes revealed the concern of cold food was discussed. The form titled "Concerns" dated 11/3/13 revealed the Resident Council informed the dietary manager that some meals in the evenings	F 364	Resident Council Meeting for March of 2014. Executive Director, Dietary Manager, Director of Clinical Services, Social Worker will all participate in asking varying residents at varying meals about the temperature and palatability of the food daily. Five residents will be interviewed which will include 1 breakfast meal, 2 lunch meals and 2 dinner meals x 7 days, 5 days a week x 4 weeks, weekly x 4 weeks, and then monthly at the monthly Resident Council meetings. Any negative feedback will be written up as a concern by the interviewing staff member and go thru the concern process in morning meeting to assure assessment of the compliance with the plan by the Interdisciplinary Team. All concerns will be written on grievance form and reviewed and addressed to assure residents are receiving palatable food at the appropriate temperature. The Dietary Manager has been re educated by the District Director of Nutrition Services regarding the expectation that food will be palatable and served at the appropriate temperature. The Dietary Manager or designee will check the temperature of the food prior to the beginning of the serving line and 25 minutes into the serving line process to ensure the temperature of all hot food is appropriate. The serving line will be stopped and re heating will occur any time the food is below the appropriate temperature. The Executive Director has been re educated by the Regional Director of Clinical Services to review the Resident		

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F 364	<p>Continued From page 2</p> <p>were cold. The dietary manager indicated on the form that his proposed action would be to conduct monthly test trays to check the temperature of the foods when served to the residents. The Concerns form was signed by the dietary manager on 11/6/13.</p> <p>A test tray (an unassigned meal tray used to monitor the food temperature and palatability) was completed on 2/28/14 during the breakfast meal with the dietary manager at which time he reported that the coffee and grits were not hot enough. He also indicated the temperature of the eggs was not hot enough.</p> <p>An interview with the dietary manager and the district food manager was conducted on 2/28/14 at 9:45 AM. The dietary manager reported he conducted a couple of test trays during the month of December but did not write anything down. He recalled that the food temperatures of the test trays on the hall were in the acceptable range.</p> <p>After looking at the Concerns form dated 11/3/13, the dietary manager acknowledged he had not conducted a test tray every month as planned. He indicated that he should have completed a monthly test tray to ensure the food temperatures were hot enough for the residents.</p> <p>3. On 2/28/14 at 9:40 AM resident #60 stated the food was not always warm and that it depended on how long the cart sat out on the hall before the trays were passed out.</p> <p>Review of the November 2013 Resident Council meeting minutes revealed the concern of cold food was discussed.</p> <p>The form titled "Concerns" dated 11/3/13</p>	F 364	<p>Council Minutes and follow up with concerns that the department heads have resolved to ensure the completion of the stated plan of correction.</p> <p>Nursing staff have been re educated by the Director of Nursing, the Unit Manager, and the MDS coordinator to ask the resident during the meal delivery service how the food tastes and if the temperature of the food was satisfactory. This re education includes the expectation that the food will either be replaced, re heated according to the facility re heating policy, or an alternate meal brought to the resident. The staff has been instructed that the expectation is that all residents <input type="checkbox"/> food will be of appropriate temperature when it is delivered to the resident. The staff must re heat according to policy if there is any issue of cold food.</p> <p>The corporation has approved the purchase of a pellet system for plate warming that will sustain thru the meal delivery period. It is expected to be fully functional during the week of April 7th, 2014.</p> <p>The dietary staff has been re educated concerning the need to ensure that the temperature of each food on the serving line is documented and what to do if the temperature is not appropriate. The re education also includes ensuring that the plate warmer remains plugged in during the entire serving period. The Dietary Manager will validate that the plate warmer is plugged in during the meal service on the Plate Warmer monitoring tool for each meal until the new pellet system is installed and in service to keep</p>		

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F 364	<p>Continued From page 3</p> <p>revealed the Resident Council informed the dietary manager that some meals in the evenings were cold. The dietary manager indicated on the form that his proposed action would be to conduct monthly test trays to check the temperature of the foods when served to the residents. The Concerns form was signed by the dietary manager on 11/6/13.</p> <p>A test tray (an unassigned meal tray used to monitor the food temperature and palatability) was completed on 2/28/14 during the breakfast meal with the dietary manager at which time he reported that the coffee and grits were not hot enough. He also indicated the temperature of the eggs was not hot enough.</p> <p>An interview with the dietary manager and the district food manager was conducted on 2/28/14 at 9:45 AM. The dietary manager reported he conducted a couple of test trays during the month of December but did not write anything down. He recalled that the food temperatures of the test trays on the hall were in the acceptable range.</p> <p>After looking at the Concerns form dated 11/3/13, the dietary manager acknowledged he had not conducted a test tray every month as planned. He indicated that he should have completed a monthly test tray to ensure the food temperatures were hot enough for the residents.</p> <p>4. During and interview on 2/28/14 at 10:30 AM, resident #42 stated the eggs were cold and they had to have the staff to warm the food in the microwave oven. He reported by the time the trays were passed out the food was cold. Review of the November 2013 Resident Council meeting minutes revealed the concern of cold</p>	F 364	<p>food warm once it has left the kitchen.</p> <p>3. The Executive Director will have a test tray weekly x 12 months to quality check for temperature and palatability of the food. Any unacceptable findings will be reported to the Dietary Manager, the District Director of Dietary Services, and the Regional Director of Clinical Services. This group will re examine the plan to see where the issue originated and adapt the plan with the approval of the QI Committee. This will be documented on the Resident Council monitoring form weekly x 12 months with any interventions or new additions to the plan noted. The Executive Director will document ongoing follow up of resident concerns that were received and then given to a Department Head for resolution. This ongoing follow up will be documented on the monitoring tool entitled Department Head Concern Resolution. This tool will ensure the issues that were assigned for resolution to the individual department heads is monitored and brought back into the QI committee thru the Executive Director.</p> <p>The Dietary Manager will complete a performance improvement tool showing the monitoring for palatability and temperature 7x a week for varying meals for 4weeks, 5x a week for varying meals for 4 weeks, 3x a week for varying meals for 4weeks, weekly for varying meals for 12 weeks, then proceed with monitoring according to the policy of the contracted company. These audits will be turned in to the Executive Director as they are completed.</p>		

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F 364	<p>Continued From page 4 food was discussed.</p> <p>The form titled "Concerns" dated 11/3/13 revealed the Resident Council informed the dietary manager that some meals in the evenings were cold. The dietary manager indicated on the form that his proposed action would be to conduct monthly test trays to check the temperature of the foods when served to the residents. The Concerns form was signed by the dietary manager on 11/6/13.</p> <p>A test tray (an unassigned meal tray used to monitor the food temperature and palatability) was completed on 2/28/14 during the breakfast meal with the dietary manager at which time he reported that the coffee and grits were not hot enough. He also indicated the temperature of the eggs was not hot enough.</p> <p>An interview with the dietary manager and the district food manager was conducted on 2/28/14 at 9:45 AM. The dietary manager reported he conducted a couple of test trays during the month of December but did not write anything down. He recalled that the food temperatures of the test trays on the hall were in the acceptable range.</p> <p>After looking at the Concerns form dated 11/3/13, the dietary manager acknowledged he had not conducted a test tray every month as planned. He indicated that he should have completed a monthly test tray to ensure the food temperatures were hot enough for the residents.</p> <p>5. On 2/28/14 at 10:40 AM resident #45 reported the toast was cold and eating it was like chewing on a brick. He reported the cold food problems were still the same as they were previously.</p>	F 364	<p>4. The Executive Director or Dietary Manager will report the findings of these performance improvement tools to the Performance Improvement Committee at the regularly scheduled monthly meetings X 12 months for review and recommendations.</p> <p>5. Allegation of Compliance for this plan is 3/28/2014.</p>		

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F 364	<p>Continued From page 5</p> <p>Review of the November 2013 Resident Council meeting minutes revealed the concern of cold food was discussed.</p> <p>The form titled "Concerns" dated 11/3/13 revealed the Resident Council informed the dietary manager that some meals in the evenings were cold. The dietary manager indicated on the form that his proposed action would be to conduct monthly test trays to check the temperature of the foods when served to the residents. The Concerns form was signed by the dietary manager on 11/6/13.</p> <p>A test tray (an unassigned meal tray used to monitor the food temperature and palatability) was completed on 2/28/14 during the breakfast meal with the dietary manager at which time he reported that the coffee and grits were not hot enough. He also indicated the temperature of the eggs was not hot enough.</p> <p>An interview with the dietary manager and the district food manager was conducted on 2/28/14 at 9:45 AM. The dietary manager reported he conducted a couple of test trays during the month of December but did not write anything down. He recalled that the food temperatures of the test trays on the hall were in the acceptable range.</p> <p>After looking at the Concerns form dated 11/3/13, the dietary manager acknowledged he had not conducted a test tray every month as planned. He indicated that he should have completed a monthly test tray to ensure the food temperatures were hot enough for the residents.</p> <p>6. During an interview on 2/28/14 at 2:30 PM</p>	F 364			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 364	<p>Continued From page 6</p> <p>resident # 38 indicated by nodding that she received foods which were not hot enough.</p> <p>Review of the November 2013 Resident Council meeting minutes revealed the concern of cold food was discussed.</p> <p>The form titled "Concerns" dated 11/3/13 revealed the Resident Council informed the dietary manager that some meals in the evenings were cold. The dietary manager indicated on the form that his proposed action would be to conduct monthly test trays to check the temperature of the foods when served to the residents. The Concerns form was signed by the dietary manager on 11/6/13.</p> <p>A test tray (an unassigned meal tray used to monitor the food temperature and palatability) was completed on 2/28/14 during the breakfast meal with the dietary manager at which time he reported that the coffee and grits were not hot enough. He also indicated the temperature of the eggs was not hot enough.</p> <p>An interview with the dietary manager and the district food manager was conducted on 2/28/14 at 9:45 AM. The dietary manager reported he conducted a couple of test trays during the month of December but did not write anything down. He recalled that the food temperatures of the test trays on the hall were in the acceptable range.</p> <p>After looking at the Concerns form dated 11/3/13, the dietary manager acknowledged he had not conducted a test tray every month as planned. He indicated that he should have completed a monthly test tray to ensure the food temperatures were hot enough for the residents.</p>	F 364			

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F 371 SS=D	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure staff washed hands or wore gloves prior to touching food during 1 of 1 dining observations.</p> <p>The findings included: On 2/24/14 at 5:55 PM, Nursing Assistant (NA) #1 was observed delivering and setting up supper trays to residents in their rooms. The NA would carry the tray into the room, position the tray table in front of the resident and ask the resident if he/she wanted mustard, ketchup or relish on their hot dog. If the resident said yes, the NA would hold the hot dog bun open with her finger or thumb and apply the condiment. NA #1 went from room to room without washing her hands or donning gloves prior to touching the hot dog buns.</p> <p>During an interview on 2/24/14 at 6:25 PM, NA#1 stated she tried not to touch the buns but acknowledged that she did touch them when adding the condiments.</p>	F 371	<p>F371 SS=D</p> <p>1. Nursing Assistant #1 was immediately verbally re educated by Director of Clinical Services to put on gloves before touching any food being served to a resident. This re education included performing hand hygiene between resident before putting on the gloves.</p> <p>2. All nursing staff currently in facility was re educated by the Director of Clinical Services on proper handling of food under sanitary conditions. This re education included the putting on gloves prior to touching any food being served to resident and performing hand hygiene before putting on gloves. A 100% verification of nursing staff education was confirmed by the Director of Clinical Services comparing education sign off sheets to the active staff roster. All staff was educated by the alleged date of compliance.</p>	3/28/14	

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F 371	Continued From page 8 During an interview on 2/28/14 at 12:55 PM, the Director of Nursing (DON) indicated her expectation was that staff would not touch a resident's food with bare hands. The DON indicated the facility did not have a specific policy on this but it was part of standard precautions.	F 371	3. The Director of Clinical Services, Executive Director or designee will complete a performance improvement tool showing the monitoring of proper handling of food under sanitary conditions. Random halls and dining rooms will be captured in the monitoring process on both shifts. This audit will be done 5x a week for 4weeks, 3x a week for 4 weeks, weekly for 4 weeks and monthly for 9 months. These audits will be turned in to the Executive Director as they are completed. 4. The Director of Clinical Services or Executive Director will report the findings of these performance improvement tools to the Performance Improvement Committee at the regularly scheduled monthly meeting x 12months for review and consultation about the results. 5. The Allegation of Compliance for this plan is 3/28/2014.		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate	F 425		3/28/14	

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F 425	<p>Continued From page 9</p> <p>acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and pharmacy billing summary report and shipment summary, the facility failed to ensure medications were available as ordered for 2 of 4 residents (Residents #20 and #42) observed during medication pass.</p> <p>The findings included:</p> <p>1. Resident #20 was admitted to the facility on 12/7/13. Diagnoses included chronic obstructive pulmonary disease and anxiety.</p> <p>Review of Resident #20's medication orders revealed an order for Flovent (an inhaled steroid) Diskus 100 micrograms (mcg) twice a day.</p> <p>On 2/27/14 at 9:15 AM, medication pass was observed. Resident #20's Flovent Diskus was scheduled to be given at this time but Nurse #2 could not find it on the medication cart. The nurse indicated she would have to reorder it from the pharmacy.</p> <p>Review of the pharmacy's "Patient Billing</p>	F 425	<p>F425 SS=D</p> <p>1. Medications for residents #20 and #42 were ordered and received on 2/27/2014. Medication error forms were completed by the treating nurse and Director of Clinical Services on residents #20 and #42 due to omission of medication. The MD was notified by Director of Clinical Services and treating nurse and no orders were received.</p> <p>2. All Licensed Nurses currently in facility were re educated by the Director of Clinical Services to the process of ordering/re ordering of medications. This re education includes instruction that medications will be reordered when supply has 5 days remaining and there is a 24hour pharmacy to ensure meds available 24 hours a day. The pharmacy consultant has re educated the nursing staff concerning the process to order/re order medications on a more urgent basis. This meaning if med doesn't</p>		

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F 425	<p>Continued From page 10</p> <p>Summary Report" dated 2/28/14 revealed Flovent had been ordered for Resident #20 on 1/14/14 and 2/27/14.</p> <p>During an interview on 2/28/14 at 12:38 PM, Nurse #2 indicated that Flovent Diskus had a countdown meter to show the number of doses remaining. Nurse #2 indicated the Flovent Diskus should have been reordered when the meter read around 10 remaining doses.</p> <p>2. Resident #42 was admitted to the facility on 7/9/13. Diagnoses included quadriplegia.</p> <p>Review of Resident #42's medication orders revealed an order for meloxicam (a non-steroidal anti-inflammatory drug) 15 milligrams (mg) daily.</p> <p>On 2/27/14 at 10:15 AM, medication pass was observed. Resident #42's meloxicam was scheduled to be given at this time but Nurse #1 could not find it on the medication cart. The nurse indicated she would have to reorder it from the pharmacy.</p> <p>Review of the pharmacy "Shipment Summary" revealed that a 30 day supply of meloxicam 15 mg was filled on 2/8/14 and delivered to the facility on 2/9/14.</p>	F 425	<p>come in then treating nurse will call pharmacy stating I need this medicine called to back up now. A 100% verification of nursing staff education was confirmed by the Director of Clinical Services comparing education sign off sheets to the active staff roster. All staff was educated by the alleged date of compliance.</p> <p>A 100% audit was completed by reviewing MAR to Cart by the pharmacy QA team member on 03/13/2014. Any area that was identified in the audit was immediately corrected. All PRN meds were refilled to ensure availability for residents. All areas are being monitored as part of the ongoing QAPI process.</p> <p>3. The Director of Clinical Services, Unit Manger, or the RN Supervisor will review the MAR for any circled or scheduled medications that have not been signed for to determine if there was a medication that was not available and document this review on a performance improvement tool showing the monitoring of supply of routine medications for the residents. A performance improvement tool that encompasses 100% of all active residents will be completed daily x 2 weeks, and then will be done weekly x 50 weeks.</p> <p>4. The Director of Clinical Services or Unit Manager will report the findings of these performance improvement tools to the Performance Improvement Committee at the regularly scheduled monthly meeting x 12 months for review and consultation about the results.</p>		

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F 425	Continued From page 11	F 425			
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	5. The Allegation of Compliance for this plan is 3/28/2014.	3/28/14	

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F 431	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, manufacturer specifications and facility policy, the facility failed to (1) discard expired medications, (2) date multidose vials when opened and (3) date medications that expire within a certain time period after opening in 2 of 2 medication carts and 1 of 1 medication room.</p> <p>The findings included:</p> <p>The facility policy last revised 1/1/13 entitled "Storage and Expiration of Medicaitons, Biologicals, Syringes and Needles" read in part, "4. Facility should ensure that medications and biologicals" "4.2 have not been retained longer than recommended by manufacturer or supplier guidelines." "5. Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened." "16. Facility should destroy or return all discontinued, outdated/expired, or deteriorated medications or biologicals".</p> <p>The package insert for Lantus insulin read in part, "Opened vials, whether or not refrigerated, must be used within 28 days after the first use. They must be discarded if not used within 28 days."</p> <p>The package insert for Novolog insulin read in part, "After initial use a vial may be kept at temperatures below 30° C (86° F) for up to 28</p>	F 431	<p>F431 SS=E</p> <ol style="list-style-type: none"> 1. Medications that were found on 2/27/2014 to have no date were properly discarded and reordered. 2. All Licensed Nurses were re educated by the Director of Clinical Services as to the process of recording a date on medication container when the medication has a shortened expiration date once opened and to destroy or return all discontinued, outdated/expired medications. A 100% verification of nursing staff education was confirmed by the Director of Clinical Services comparing education sign off sheets to the active staff roster. All staff was educated by the alleged date of compliance. 3. The Director of Clinical Services or Unit Manager will monitor all medication carts, medication prep room and storage room for expiration dates and discard any improperly labeled or expired medications. This monitoring will be documented on a performance improvement monitoring tool. This documentation will be done 5x a week for 4 weeks, 3x a week for 4 weeks, weekly for 4 weeks and monthly for 9 months. These audits will be turned in to the Executive Director as they are completed. 		

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F 431	<p>Continued From page 13</p> <p>days, but should not be exposed to excessive heat or sunlight."</p> <p>The package insert for Advair Diskus read in part, "Discard 1 month after removal from the moisture-protective foil overwrap pouch or all blisters have been used (when the dose indicator reads "0"), whichever comes first."</p> <p>The package insert for Aplisol read in part, "Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency."</p> <p>The package insert for Xalatan eye drops read in part, "Once a bottle is opened for use, it may be stored at room temperature up to 25°C (77° F) for 6 weeks."</p> <p>The manufacturer specifications for storage of Prostat, as printed on the label, read in part, "Discard 3 months after opening. Record date opened on bottom of container."</p> <p>1. On 2/27/14 at 11:02 AM, observation of the A,B,E hall medication cart revealed 1 vial of Lantus with an opened date of 1/24/14, 2 vials of Novolog opened but undated, 2 Advair Diskus opened but undated and 1 bottle of Prostat opened but undated.</p> <p>During an interview on 2/27/14 at 11:02 AM, Nurse #2 indicated the expired Lantus should have been discarded and all insulins should be dated when opened. Nurse #2 also acknowledged that the Advair and Prostat also should have been dated when opened.</p> <p>During an interview on 2/27/14 at 12:15 PM, the</p>	F 431	<p>4. The Director of Clinical Services or Unit Manager will report the findings of these performance improvement tools to the Performance Improvement Committee at the regularly scheduled monthly meeting x 12months for review and consultation about the results.</p> <p>5. The Allegation of Compliance for this plan is 3/28/2014.</p>		

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F 431	<p>Continued From page 14</p> <p>Director of Nursing (DON) indicated multidose vials should be dated when opened; insulin was good for 28 days after opening and other vials, including Aplisol, were good for 30 days after opening. The DON stated any drug that expired within a certain number of days after opening should be dated when opened. The DON added expired medications should be discarded.</p> <p>2. On 2/27/14 at 11:20 AM, observation of the C,D,F hall medication cart revealed 1 bottle of Xalatan eye drops opened but undated.</p> <p>During an interview on 2/27/14 at 11:20 AM, Nurse #1 indicated the Xalatan eye drops should have been dated when opened.</p> <p>During an interview on 2/27/14 at 12:15 PM, the Director of Nursing (DON) indicated multidose vials should be dated when opened; insulin was good for 28 days after opening and other vials, including Aplisol, were good for 30 days after opening. The DON stated any drug that expired within a certain number of days after opening should be dated when opened. The DON added expired medications should be discarded.</p> <p>3. Observation of the medication refrigerator on 2/27/14 at 11:30 AM revealed 1 vial of Aplisol opened but undated.</p> <p>During an interview on 2/27/14 at 11:30 AM, Nurse #2 indicated Aplisol should be dated when opened.</p> <p>During an interview on 2/27/14 at 12:15 PM, the Director of Nursing (DON) indicated multidose vials should be dated when opened; insulin was good for 28 days after opening and other vials,</p>	F 431			

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

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F 431	<p>Continued From page 15 including Aplisol, were good for 30 days after opening. The DON stated any drug that expired within a certain number of days after opening should be dated when opened. The DON added expired medications should be discarded.</p> <p>4. Observation of the medication storage room on 2/27/14 at 11:30 AM revealed 1 bottle of ibuprofen caplets with an expiration date of 11/13.</p> <p>During an interview on 2/27/14 at 11:30 AM, Nurse #2 indicated the expired ibuprofen should have been discarded.</p> <p>During an interview on 2/27/14 at 12:15 PM, the Director of Nursing (DON) indicated multidose vials should be dated when opened; insulin was good for 28 days after opening and other vials, including Aplisol, were good for 30 days after opening. The DON stated any drug that expired within a certain number of days after opening should be dated when opened including Advair. The DON added expired medications should be discarded.</p>	F 431			