

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

PRINTED: 08/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2014
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VISTA HEALTH PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 106 MOUNTAIN VISTA ROAD DENTON, NC 27239		
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F 278 SS=B	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to accurately code for prognosis of life expectancy less than six months for three of seven residents with a coded prognosis of less than six months on the Minimum Data Set assessment (Resident #47,</p>	F 278	Residents #47, 26 and 38 have completed currentMDS(minimum data set)assessmentsd to accurately code the terminal diagnosis with the physician documentation of the prognosis of life expectancy within the medical	7/31/14	

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

TITLE

(X6) DATE

Electronically Signed

07/31/2014

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 278	<p>Continued From page 1</p> <p>Resident #38 and Resident #26). The findings included:</p> <p>1. Resident #47 was admitted to the facility 9/17/12. Cumulative diagnoses included: Alzheimer's disease, Hypertension, Hyperlipidemia, Atrial tachycardia and Carotid Stenosis.</p> <p>A Quarterly Minimum Data Set (MDS) dated 6/24/14 indicated Resident #47 had a condition or chronic disease that may result in a life expectancy of less than 6 months.</p> <p>A review of the medical record revealed the Terminal Illness Progress Note had checked Terminal illness that because of its nature can be expected to cause a resident to die--usually chronic diseases for which there is no cure. On 5/29/14, it was noted as terminal dementia.</p> <p>A physician's progress note dated 7/9/14 stated clinical impression: Dementia. The physician did not indicate that this was a diagnosis associated with a life expectancy of less than 6 months. The statement "Approaching or close to death in clinical symptoms" was not checked.</p> <p>On 7/16/14 at 12:07 PM, an interview with MDS Coordinator #1 revealed that the MDS Coordinators looked at the diagnosis list on the Terminal Illness Progress form and at the physician 's progress note to see if there was a terminal diagnosis when determining how to answer (or code) the Prognosis section of the MDS (J1400). MDS Coordinator #1 acknowledged that physician documentation was required for this section. She also indicated that that the word terminal in front of a diagnosis was</p>	F 278	<p>records.This was accomplished by the minimum data set nurses on 07/31/14.All other resident minimum data set assessments have been reviewed for proper documentation and coding of terminal diagnosis by the minimum data set nurses with identifying seven records requiring correction in physician documentation and minimum data set assessments which was completed by the minimum data set nurses on 7/31/14. The policy review committee and Quality Assurance and Assessment (QAA) committee met 7/30/14 to review the minimum data set coding regarding terminal diagnosing and the current facility policies and procedures for accurate coding. The policy was amended and now clarifies and requires the inclusion of a physician progress note to include the prognosis of life expectancy less than six months within the medical record to code the minimum data set as a terminal condition or illness. The policy amendments were completed 7/25/14 by the policy review committee including the administrator, director of nursing, minimum data set nurses(2), physician, and social worker. The physician along with the MDS (Minimum data set)nurses have been trained by the administrator and director of nursing to the amended policy for accuracy in MDS(minimum data set) assessment coding for terminal diagnosis and status and was completed on 07/25/14. The DON (director of Nursing) will monitor the MDS(minimum data set) coding for</p>		

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F 278	<p>Continued From page 2</p> <p>sufficient physician documentation to precede with answering the following prognosis question " Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months" as" Yes" . MDS Coordinator #1 indicated that they did not look for documentation from the physician of life expectancy or of end of life clinical symptoms and potential care considerations. The Terminal Illness Progress form was reviewed with MDS Coordinator #1. She acknowledged that the definition on the form for Terminal illness did not necessarily indicate a life expectancy of less than 6 months. She also was not certain if the physician intended that each resident in the facility with a terminal or end stage diagnoses was at the point where he thought that clinically they may only have a life expectancy of 6 months.</p> <p>On 7/16/14 at 4:40 PM, a telephone interview with the physician revealed that when he documented a condition, illness or disease as terminal he did not necessarily mean that they were nearing the end of life clinically or that their life expectancy may be less than 6 months. He stated that what he meant by terminal was that it was not curable and that it eventually would contribute to or be the cause of their death.</p> <p>2. Resident #38 was last admitted to the facility 8/1/12. Cumulative diagnoses included: Alzheimer's disease, COPD (chronic obstructive pulmonary disease), Seizures, Renal Insufficiency, Hyperlipidemia and Anemia.</p> <p>A Quarterly MDS dated 5/13/14 indicated Resident #38 had a condition or chronic disease that may result in a life expectancy of less than 6 months.</p>	F 278	<p>terminal diagnosis by review of the completed assessments and review of the medical records via the quality assurance and assessment audit form, terminal diagnosing. The director of nursing, administrator, staff development coordinator or a designated RN will complete the terminal diagnosing auditform each month and present to the quality assurance and assessment committee at the scheduled monthly meeting starting 07/25/14.</p> <p>The QAA (Quality Assurance & Assessment)committee audits will include review the medical record for physician documentation of terminal diagnosis and the MDS(minimum data set) coding of terminal illness in the monthly terminal diagnosing audit tool. The audit tool was approved by the Quality Assurance and Assessment committee to be included 7/25/14 and continue the audits each month ongoing. The administrator, director of nursing, staff development coordinator or designated RN will complete the monthly terminal diagnosing tool and present to the quality assurance and assessment committee at each monthly meeting with a start date of 7/25/14.</p>		

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F 278	<p>Continued From page 3</p> <p>A review of the medical record revealed the Terminal Illness Progress Note had checked Terminal illness that because of its nature can be expected to cause a resident to die--usually chronic diseases for which there is no cure. Also checked was final stage of illness. A date of 1/15/14 indicated end stage COPD.</p> <p>A physician's progress note dated 7/9/14 stated clinical impression: end stage COPD. The physician did not indicate that this was a diagnosis associated with a life expectancy of less than 6 months. The statement "Approaching or close to death in clinical symptoms" was not checked.</p> <p>On 7/16/14 at 12:07 PM, an interview with MDS Coordinator #1 revealed that the MDS Coordinators looked at the diagnosis list on the Terminal Illness Progress form and at the physician ' s progress note to see if there was a terminal diagnosis when determining how to answer (or code) the Prognosis section of the MDS (J1400). MDS Coordinator #1 acknowledged that physician documentation was required for this section. She also indicated that that the word terminal in front of a diagnosis was sufficient physician documentation to precede with answering the following prognosis question "Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months"as"Yes" . MDS Coordinator #1 indicated that they did not look for documentation from the physician of life expectancy or of end of life clinical symptoms and potential care considerations. The Terminal Illness Progress form was reviewed with MDS Coordinator #1. She acknowledged that the</p>	F 278			

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F 278	<p>Continued From page 4</p> <p>definition on the form for Terminal illness did not necessarily indicate a life expectancy of less than 6 months. She also was not certain if the physician intended that each resident in the facility with a terminal or end stage diagnoses was at the point where he thought that clinically they may only have a life expectancy of 6 months.</p> <p>On 7/16/14 at 4:40 PM, a telephone interview with the physician revealed that when he documented a condition, illness or disease as terminal he did not necessarily mean that they were nearing the end of life clinically or that their life expectancy may be less than 6 months. He stated that what he meant by terminal was that it was not curable and that it eventually would contribute to or be the cause of their death.</p> <p>3. Resident #26 was admitted to the facility 3/10/12. Cumulative diagnoses included: bilateral deep vein thrombosis, chronic venous stasis, multiple sclerosis (MS) and depression.</p> <p>A review of the medical record revealed the Terminal Illness Progress Note had a check mark next to the following statement: "Terminal illness that because of its nature can be expected to cause a resident to die--usually chronic diseases for which there is no cure." The statement "Approaching or close to death in clinical symptoms" was not checked. " Terminal MS " was handwritten on the form and dated 8/8/12 and 2/6/13.</p> <p>A Significant Change Minimum Data Set (MDS) assessment dated 12/18/13, a Quarterly MDS dated 3/18/14 and a Significant Change MDS dated 6/9/14 indicated Resident #26 had a condition or chronic disease that may result in a</p>	F 278			

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F 278	<p>Continued From page 5 life expectancy of less than 6 months.</p> <p>The monthly physician's progress notes from 1/4/14 to 7/9/14 were reviewed and under clinical impression they all had a hand written diagnosis of MS. The physician did not indicate that this was a diagnosis associated with a life expectancy of less than 6 months.</p> <p>On 7/16/14 at 12:07 PM, an interview with MDS Coordinator #1 revealed that the MDS Coordinators looked at the diagnosis list on the Terminal Illness Progress form and at the physician ' s progress note to see if there was a terminal diagnosis when determining how to answer (or code) the Prognosis section of the MDS (J1400). MDS Coordinator #1 acknowledged that physician documentation was required for this section. She also indicated that that the word terminal in front of a diagnosis was sufficient physician documentation to precede with answering the following prognosis question " Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months " as " Yes " . MDS Coordinator #1 indicated that they did not look for documentation from the physician of life expectancy or of end of life clinical symptoms and potential care considerations. The Terminal Illness Progress form was reviewed with MDS Coordinator #1. She acknowledged that the definition on the form for Terminal illness did not necessarily indicate a life expectancy of less than 6 months. She also was not certain if the physician intended that each resident in the facility with a terminal or end stage diagnoses was at the point where he thought that clinically they may only have a life expectancy of 6 months.</p>	F 278			

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F 278	Continued From page 6 On 7/16/14 at 4:40 PM, a telephone interview with the physician revealed that when he documented a condition, illness or disease as terminal he did not necessarily mean that they were nearing the end of life clinically or that their life expectancy may be less than 6 months. He stated that what he meant by terminal was that it was not curable and that it eventually would contribute to or be the cause of their death. He added that he did not think that Resident #6 was nearing the end of her life clinically or that she may have less than a 6 month life expectancy.	F 278			
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and (2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced	F 322		7/31/14	

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F 322	<p>Continued From page 7</p> <p>by: Based on observation, medical record review and staff interviews, the facility failed to check a gastrostomy tube for residual as ordered prior to medication administration for one of two residents observed for medication administration via a gastrostomy tube (resident # 17).</p> <p>The findings included:</p> <p>A record review for the undated Policy and Procedures for Medication Administration via Gastrostomy Tube was conducted. The policy stated "The nurse shall follow facility accepted policies unless otherwise specified in a physician order" . The policy also stated to "Check the tube for residual by the use of a piston syringe aspiration-standard to withhold medication administration if more than 2 hours of feeding aspirated-hold or check physician orders for specific order".</p> <p>Resident # 17 was admitted to the facility on 3/5/13 with multiple diagnoses including a history of Cerebral Vascular Accident, a history of Pneumonia and Gastroesophageal Reflux Disease.</p> <p>A review of the Physician's Orders for resident # 17 revealed an order dated 3/5/13 which read "Percutaneous endoscopic gastrostomy (peg) Tube Placement: Check placement of peg tube upon all flushes and medication administration. Hold if residual > (greater than) 150 cubic centimeters."</p> <p>Nurse # 3 was observed administering medication to resident # 17 via a peg tube on 7/15/14 at 10:13 AM. Nurse # 3 did not check the</p>	F 322	<p>Nurse #3 and all employed nurses of all shifts have received training by the administrator and staff development coordinator on 07/24/14 & 07/25/14 of the facility policies on gastrostomy tube access, feeding and medication administration to ensure proper procedures and protocols being practiced. The administrator, director of nursing and staff development coordinator has and will monitor by visual observation nurse #3 and all employed nurses for proper procedures and compliance in gastrostomy access and medication administration :</p> <p>Daily for one week starting 07/18/14 3X a week for one week 2x a week for one week completed</p> <p>The director of nursing and/or administrator or staff development coordinator will continue periodically (at least monthly) monitor of visual observation of gastrostomy tube access and medication administration of nurse #3 and employed nurses of all shifts, and complete the tube access documentation form and present to the quality assurance and assessment program at the August and September monthly meetings.</p> <p>The pharmacist shall monitor by visual observation two nurses completing gastrostomy tube access and medication administration and document on the pharmacy consultation form each month on an ongoing basis. The consultation form with results and/or issues of non compliance or error is reviewed by the administrator and director of nursing each</p>		

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F 322	Continued From page 8 peg tube for residual by the use of a piston syringe aspiration prior to medication administration. An interview was conducted on 7/16/14 at 2:32 PM with Nurse # 3. Nurse # 3 stated she did not check the resident's peg tube for residual on 7/15/14 at 10:13 AM because the resident did not have residual when it was checked in the past. Nurse # 3 stated the last time she checked the resident's peg tube for residual was sometime during the previous week. An interview with Administrative Staff # 2 was conducted on 7/16/14 at 3:20 PM. Administrative Staff # 2 stated the nurses were expected to check for residual prior to administering medication via a peg tube.	F 322	month with any non compliance and/or issues presented to the upcoming quality assurance and assessment committee meeting for recommendation and resolution of the matter. The pharmacy consultation form will continue to be reviewed by the Pharmacy Policy committee each quarter.		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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 This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to wear a hairnet and to completely cover the hair with a hairnet, failed to air dry the dome lids, failed to date and label	F 371	All dietary staff including administrative staff #1 have received inservice training 07/15/14,07/25/14 & 07/28/14 by the administrator and certified dietary	7/31/14	

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F 371	<p>Continued From page 9</p> <p>food and to discard outdated food in the refrigerator, failed to wash hands consistently between dirty and clean dishes and failed to operate the dishwashing machine properly. The findings included:</p> <p>1. The facility's policy on hair restraints (undated) was reviewed. The policy read in part " food employees shall wear hair restraints such as hats, hair covering or nets, beard restraints and clothing that cover body hair that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils and linens, unwrapped single-service and single use articles. "</p> <p>On 7/14/14 at 11:15 AM, initial tour of the kitchen was conducted with administrative staff #1. Administrative staff #1 was observed not wearing a hairnet during the tour.</p> <p>On 7/15/14 at 1:40 PM, kitchen observation was conducted with administrative staff #1. Again, administrative staff #1 was not wearing a hairnet.</p> <p>On 7/15/14 at 4:30 PM, observation of the tray line was conducted with the administrative staff #1. Again, she was observed not wearing a hairnet. Dietary Aide #2 was also observed assisting on the tray line with a hairnet on but the hairnet did not completely cover the hair above her forehead.</p> <p>On 7/16/14 at 11:30 AM, administrative staff #1 was interviewed. She provided a copy of the facility's policy on hair restraints. She stated that the policy indicated that all dietary employees should be wearing a hairnet and she should be</p>	F 371	<p>manager (CDM)of the following:</p> <ul style="list-style-type: none"> -Hair net policy that includes complete covering of all hair -Proper drying of equipment for storage that includes dome lids -Proper hand washing protocols in all dietary services including dirty to clean surface contacts in the dishwashing procedures -Proper use of the dishwashing equipment -Proper dishwashing procedures -Report of equipment function failures for repair requests - Proper food labeling and dating for opened food items -Proper refrigerated items labeling and dating and removal of any expired or beyond the use by date -Review of equipment routine checking schedules -Review of dietary sanitation regulations relating to equipment use and food storage. <p>The CDM (certified dietary manager) and Cooks will monitor and document surveillance of the refrigerator with inspections for proper labeling, dating and item removalfor compliance to policy and procedures daily for one week and 2x a week for 2 weeks and weekly for two weeks with start date of 07/17/14 to be completed 08/13/14. The surveillance and monitoring will include all dietary shifts. The QAA (quality assurance and assessment)program via the Dietary Service audit tool will continue to monitor via inspections of the refrigerator for dating, labeling and expired item removal ongoing each month completed and</p>		

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F 371	<p>Continued From page 10</p> <p>wearing it also. She indicated that she had a hairnet in her office and she will be wearing it from now on. She added that she had in-service of the dietary staff on 7/15/14 regarding the use of the hair restraints including dietary aide #2. Dietary aide #2 was instructed to completely cover her hair with the hairnet.</p> <p>2. On 7/14/14 at 11:15 AM, initial tour of the kitchen was conducted. There were 2 large plastic containers observed in the refrigerator that were not labeled and dated. There was also a plastic container of cottage cheese with an open date of 6/30/14 and the use by date was 7/6/14. The manufacturer ' s expiration date (use by date) listed on the container was 7/11/14. Upon interview with the administrative staff #1 at 11:25 AM, she stated that the label and date on the 2 large plastic containers had sweated off. She revealed that one plastic container was a mayonnaise and the other container was a home made ranch dressing. She also stated that the cottage cheese was expired and should have been discarded.</p> <p>3. On 7/15/14 at 1:40 PM, kitchen observation was conducted. There were eight dome lids observed inside the storage bin that were stocked wet. Upon interview with the administrative staff #1 at 1:50 PM, she indicated that the dietary staff members were instructed to make sure the dishes were dry before putting them in the storage bin.</p> <p>4. On 7/15/14 at 1:40 PM, dietary aide #1 was</p>	F 371	<p>presented by the dietary manager and/or cook.</p> <p>The CDM (certified dietary manager or designated cook will monitor Staff #1 and all other dishwashing employees for compliance in dishwasher use and dishwasher procedures to include proper hand washing daily for one week 2x a week for 3 weeks and weekly for 2 weeks. The QAA (quality assurance and assessment) program will review the monitor of staff compliance via completion of the survey documentation form to include hair net use, proper labeling and removal of refrigerator items, proper hand washing, proper equipment drying and storage, proper dishwasher use, temperature recording completed by the administrator, dietary manager and cooks at the August meeting. The quality assurance and assessment Dietary Service audit tool will continue to be completed and presented to the quality assurance and assessment program each month by the certified dietary manager and/or the administrator.</p> <p>The Administrator will monitor hair containment via proper hairnet use for compliance of all dietary employees including administrator #1 for one week and then weekly for one month ongoing in routine dietary surveillance and visits. The CDM (certified dietary manager) will monitor in visual surveillance all employees for proper hair containment each day for each shift on an ongoing frequency. In the absence of the dietary manage the cook will monitor the dietary staff for hair containment each day.</p>		

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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VISTA HEALTH PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 106 MOUNTAIN VISTA ROAD DENTON, NC 27239		
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F 371	<p>Continued From page 11</p> <p>observed operating the dishwashing machine. The final rinse temperature was observed between 156-168 degrees. Dietary aide #1 was interviewed. She stated that she was assigned to wash the dishes after breakfast and lunch. She indicated that the final rinse temperature was always on the 180 degrees centigrade (C) and she did not know why it was not reaching that temperature. She also stated that there was a leak at the back of the machine and that might be the reason why the temperature was not reaching 180 degrees. She indicated that the maintenance was aware of the leak and had ordered the parts. At 1:50 PM, administrative staff #1 came to observe the dishwashing machine and agreed that the temperature was not reaching 180 degrees. She indicated that she would call the maintenance staff. At 1:55 PM, maintenance staff member came to observe the dishwashing machine. He also agreed that the temperature was not reaching 180 degrees. Dietary aide #1 was operating the dishwashing machine during the entire observation. The dietary aide was observed opening the machine before the final rinse cycle was completed. At 2:10 PM, the maintenance staff member indicated that he will check the machine and will get back with me. At 4:15 PM, the maintenance staff member revealed that the dishwashing machine was working properly and reaching more than 180 degrees during the final rinse cycle. He indicated that dietary aide #1 was not waiting for the final rinse cycle to complete before opening the machine and that was the reason why the temperature was not reaching 180 degrees.</p> <p>On 7/15/14 at 4:30 PM, the dishwashing machine was observed. The final rinse temperature was 184 degrees at this time.</p>	F 371	<p>The QAA (quality assurance and assessment) program will monitor hair net use and hair containment via the Dietary Services audit form each month. The CDM (certified dietary manager) will monitor all employees for compliance in proper drying and storage of all items daily for one week, 2X weekly X 2 then weekly X w to be completed 08/13/14. In the absence of the dietary manager the cook shall monitor the compliance to proper drying and storage of utensils and equipment each day on all shifts. The CDM (certified dietary manager) will monitor all equipment recorded temperatures daily. In the absence of the dietary manager the cook shall be responsible for monitoring the recorded temperatures daily. The Quality Assurance and Assessment committee shall monitor dietary compliance and performance via the Dietary Service audit tool to include equipment cleaning & drying, storage, and temperature recording completed and presented to the monthly meeting by the administrator and/or dietary manager. In addition and/or in the absence of the CDM (certified dietary manager) the Cook will ensure monitoring of employees for policy and practice compliance of all dietary staff in all of the above addressed areas each day on all shifts.</p>		

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F 371	Continued From page 12 On 7/16/14 at 11:30 AM, administrative staff #1 was interviewed. She indicated that she had in-serviced all dietary aide including dietary aide #1 on how to operate the dishwashing machine properly. 5. On 7/15/14 at 1:40 PM, dietary aide #1 was continuously observed operating the dishwashing machine. She was observed washing the dirty dishes with no gloves on and was loading them in the dishwashing machine. After loading the dirty dishes, she handled the clean dishes. She was observed handling the dirty and clean dishes five times and had washed her hands only twice. At 1:50 PM, dietary aide #1 was interviewed. She stated that she was aware that she had to wash her hands between dirty and clean. On 7/16/14 at 11:30 AM, administrative staff #1 was interviewed. She stated that she had in-serviced all dietary staff including dietary staff #1 to wash hands between dirty and clean dishes on 7/15/14.	F 371			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS 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	F 431		7/25/14	

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F 431	<p>Continued From page 13</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to discard expired medication (Phenergan injection) and failed to date one Advair diskus and three bottles of Pro-Stat (protein supplement) when opened on two of two medication carts. The findings included:</p> <p>1. The Manufacturer's insert for Advair Diskus read, in part, "Safely discard ADVAIR DISKUS 1 month after you remove it from the foil pouch, or after the dose indicator reads "0", whichever comes first. Take ADVAIR DISKUS out of the box and foil pouch. Write the "Pouch opened" and</p>	F 431	<p>The facility Pharmacy Policy Committee developed and approved a policy regarding labeling upon opening and use by date of medications or liquids or products that have a manufacturer expiration date on July 25, 2014. The advair diskus was properly dated with the opening date and use by date and the 3 bottles of Pro stat were dated with opened date and use by date by the staff development coordinator on 07/18/14. The Phenergan was disposed of by the DON and consultant pharmacist on</p>		

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F 431	<p>Continued From page 14</p> <p>"Use by" dates on the label on top of the Diskus. The "use by" date is 1 month from date of opening the pouch."</p> <p>On 7/15/14 at 11:00AM, an observation of the medication cart for summer hall was conducted and revealed one Advair Diskus 500/50 mcg. Thirty six (36) doses remained in the diskus. No date was noted to indicate when the diskus had been opened.</p> <p>On 7/15/14 at 11:00AM, Nurse #1 stated they did not date the Advair diskus when opened and there was not a policy regarding dating the Advair diskus when they opened it. She said she was not aware it should be dated.</p> <p>On 7/15/14 at 4:31PM, the pharmacist stated there was not a policy to date the Advair diskus because the medication was scheduled to be used one capsule twice a day and did not need to be dated. She said if it was used in a home situation, it might be dated to ensure the drug was used twice a day and within 30 days but, in a long term care setting, the drug was ordered BID (twice daily) and was given BID as scheduled and would be empty at the end of thirty days.</p> <p>2. The manufacturer's specifications for Pro-Stat read, in part, "Storage Instructions: Discard 3 months after opening. Record date opened on bottle of container."</p> <p>An observation of the Spring Hall medication cart on 7/16/14 at 10:56 AM revealed three opened 30 ounce bottles of Pro-Stat. No date was noted to indicate when the three bottles had been opened.</p>	F 431	<p>7-16-14. The pharmacist, administrator and director of nursing reviewed manufacturer expiration dates upon opening on medications, liquids and products of all in house items as well as other medications/liquids that have a recommended use by date by manufacturer and established pharmacy procedures to identify items that require labeling upon opening on 07/16/14. All medication carts and contents as well as the drug store room were inspected by the pharmacist and staff development coordinator on 07/25/14 to identify any expired items with none found. The pharmacist will continue monitor of all medications/liquids/products for expired date within the medication carts and drug room storage area and remove upon discovery each month at the on site visit and via the pharmacy consultation form submitted to the director of nursing and administrator. The administrator and staff development coordinator presented an inservice training to all employed nurses regarding the pharmacy policy for medication/liquid/product labeling and expiration dates of manufacturer and review of current pharmacy policies regarding expired medications and disposal procedures on 07/24 & 07/25/14. The director of nursing and administrator monitored and documented on a survey documentation audit form, all items properly identified and labeled, daily for one week and will continue compliance surveillance in ongoing routine checking of medication administration and</p>		

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F 431	<p>Continued From page 15</p> <p>An interview with Nurse #2 was conducted on 7/16/14 at 11:00 AM. Nurse #2 stated the facility did not require the date of opening to be placed on bottles of Pro-Stat.</p> <p>An interview with Administrative Staff #2 was conducted on 7/16/14 at 3:20 PM. Administrative Staff #2 stated the opening date was not expected to be recorded on a bottle of Pro-Stat because the entire bottle is generally administered before a three month period.</p> <p>3. An observation of the Spring Hall medication cart on 7/16/14 at 10:56 AM was conducted. Three unopened ampules of phenergan 25 milligrams per milliliter with an expiration date of 4/20/14 were observed in the medication cart.</p> <p>An interview with Nurse #2 was conducted on 7/16/14 at 11:00 AM. Nurse #2 stated the nursing staff was expected to check the expiration date of medications prior to administration. The nursing staff was not expected to routinely check the medication carts for expired medications. No facility staff was assigned to routinely check the carts for expired medication.</p> <p>An interview with Administrative Staff #2 was conducted on 7/16/14 at 3:20 PM. Administrative Staff #2 stated the pharmacist was expected to check the medication carts on a monthly basis and to remove all expired medication from the carts. The nurses were expected to check the expiration date of medication prior to drug administration. If an expired medication was found, the nurses were expected to remove it from the cart immediately.</p>	F 431	<p>observations of the medication carts and drug storage room. The survey audit documentation form will be presented to the Quality Assurance and Assessment program by the director of nursing at the August meeting. The QAA (quality assurance and assessment) program will continue compliance monitoring of the pharmacy policy regarding expiration dates, via the Pharmacy Services audit form monthly on an ongoing basis completed and presented by the administrator and/or director of nursing. The consultant pharmacist will monitor proper item labeling of expiration recommendations at the monthly consult on site visit and include any non compliance via completion of the monthly pharmacy consultation form to be submitted to the director of nursing and administrator. The pharmacy monthly audit form will be reviewed at the Pharmacy policy meeting on a quarterly basis for any corrective recommendations.</p>		