

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

PRINTED: 11/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2014
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 1505 BRINGLE FERRY ROAD SALISBURY, NC 28146		
(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 000	INITIAL COMMENTS	F 000			
F 431 SS=D	<p>No deficiencies were cited as a result of the complaint investigation survey of 11/05/14. Event ID# PJZK11.</p> <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		11/6/14	

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

TITLE

(X6) DATE

Electronically Signed

11/18/2014

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 431	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to remove expired medications from 1 of 4 medication carts. (400 hall medication cart) Findings include: On 11/5/14 at 4:20pm an inspection of the medication cart for the 400 hall was completed. A bottle of daily vitamins used for all residents had an expiration date of 6/2014. A bottle of cranberry fruit used for all residents had an expiration date of 8/2014. On 11/5/14 at 4:23pm an interview with the medication aide assigned to the 400 hall medication cart revealed that each person assigned to the medication cart was responsible for checking all the medication on the cart for expiration dates. On 11/5/14 at 4:30pm an interview with the charge nurse revealed that the nurses on the medication cart are responsible for checking the medication cart for expired medication. On 11/5/14 at 5:00pm an interview with the director of nursing revealed that each nurse assigned to a medication cart was responsible for the checking the cart for expired medications.	F 431	1. The bottle of daily vitamins and cranberry fruit were discarded. 2. On 11/6/2014 all medication carts were inspected. Any open bottles were labeled on top of the cap with 'EXP' (expires) and the date of expiration. 3. All nurses and medication aides are to label any stock items with the date it was opened and on top of the cap write 'EXP' and the date of expiration with a permanent marker. Nurses and medication aides were inserviced on 11/6/2014 by the Director of Nursing and the RN Staff Development Coordinator regarding this process for labeling. 4. An audit form was developed and medication carts will be audited for expired stock items by the RN supervisor 1X per week X 4 weeks then 1X per month for 3 months. Results of audits will be reported to and monitored by the facility QA committee.	