

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345167</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/04/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>YADKIN NURSING CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>903 W MAIN STREET BOX 879</b> <b>YADKINVILLE, NC 27055</b>	
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F 253 SS=E	<p><b>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</b></p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and review of maintenance records, the facility failed to clean and repair heating/air condition systems for the following rooms (401,402,403,405,407,409,505,507,509,603,606, 607,609,610,704,705,706,707,711,712 and 713) for 21 of 31 rooms and had 2 call light covers missing in the bathrooms for rooms 507 and 606 on the intermediate care unit.</p> <p>Findings included:</p> <p>During an observation on 12/4/14 at 9:30 AM revealed room 401 with heavy dust and small pieces of tissue of paper and 402,403,405, 407 with heavy dust in the heating and air condition vent. The unit in room 409 had small pieces of paper and a straw in the vent. The unit in room 505 had the 2nd, 3rd and 4th grate broken on top of the unit and paper inside of the vent. The unit in room 507 had heavy dust and lint inside of the vent. The unit in room 509 had heavy dust and salt packet inside of the vent. The unit in room 603 had heavy dust and rust under the cover for the controls for the heating/air condition unit. The vent in room 606 had small pieces of paper and trash inside the unit. The unit in room 607 had heavy dust and lint in the vent. The unit in rooms 609 and 610 had dirt build up on the grate over the top of the vent. The unit in room 704 had</p>	F 253	<p><b>STANDARD DISCLAIMER:</b></p> <p>This Plan of Correction is prepared as a necessary requirement for continued participation in the Medicare and Medicaid programs and does not, in any manner, constitute an admission to the validity of the alleged deficient practice(s).</p> <p>The heating and/air conditioning systems in rooms 401, 402, 403, 405, 407, 409, 505, 507, 509, 603, 606, 607, 609, 610, 704, 705, 706, 707, 711, 712 and 713 have been cleaned and/or repaired, as needed. Additionally, the missing call light covers in the bathrooms of rooms 507 and 606 have been replaced.</p> <p>To ensure compliance, the Maintenance Director and/or his designee, has inspected all heating and air units to ensure 1)they are functioning properly and 2) the filters are clean. Each heating and air unit in the facility shall be inspected weekly to ensure proper functioning and to ensure the filters are clean weekly for 4 weeks, then monthly thereafter. Documentation of such shall be documented on the HVAC Inspection Log. All facility staff have been inserviced on</p>	1/10/15

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

TITLE

(X6) DATE

Electronically Signed

12/23/2014

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 253	<p>Continued From page 1</p> <p>heavy dirt, spills and a rusty substance under the cover of the controls. The unit in room 705 had small pieces of trash in the vent. The units in rooms 706,707,711,712 had heavy dust in the vents. The unit in room 713 had heavy dust and small leaves in the vent.</p> <p>The call lights in the bathrooms of rooms 507 and 606 had missing covers.</p> <p>An interview with nurse #2 on 12/4/14 at 9:42 AM revealed that if repairs are needed from maintenance they are called and the request is done verbally or a note is left on their desk. If it is urgent they are called. The maintenance department is available after hours and on weekends.</p> <p>During an interview with nurse aide #1 on 12/4/14 at 9:52 AM revealed that if the maintenance department is needed that they are called or we can go to their office to communicate any maintenance requests. Nurse aide #1 further indicated that there is no form to communicate any maintenance request, it is done verbally.</p> <p>An interview with the maintenance director on 12/4/14 at 10:30 AM revealed that the heating and air conditioning units are cleaned monthly and at the beginning of the month. The old units are being replaced by new units as needed. The maintenance director further indicated that the department does not use work order request forms and staff will notify the department verbally or with notes. The request is written on a note pad and marked off as the task is completed. A review of the maintenance task sheets revealed a sheet that indicates that each room is checked monthly to ensure that heating and air</p>	F 253	<p>the importance of notifying Maintenance Department personnel of any heating and air units that are not functioning properly. Similarly, the Housekeeping staff have been inserviced on the importance of keeping the housing of the heating and air units clean, and reporting any additional service /cleaning needs to the Maintenance Department personnel. Additionally, all call light covers located in resident room bathrooms have been inspected to ensure the covers are intact. Any missing or damaged covers have been replaced, as needed. To ensure compliance, the Maintenance Director and/or his designee, shall conduct weekly inspections of call light covers in resident bathrooms to ensure they are present and properly installed. Similarly, Maintenance Department Personnel shall conduct weekly inspections of all call light covers for 4 weeks and monthly thereafter. Such evidence shall be documented on the Call Light Cover Inspection Record. In addition, the Housekeeping staff have been inserviced on the importance of reporting damaged or missing call light covers to Maintenance Department personnel.</p> <p>The relevant documentation of inspections and repairs specific to this alleged deficient practice has been approved by the facility's Quality Assurance Committee and shall be presented to the Quality Assurance Committee monthly for three months and quarterly thereafter.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 253	Continued From page 2 conditioning units are vacuumed out and the filters are washed. The covers are washed every 3 months. The items that are checked monthly according to the task sheet are air condition/heating unit filters, light receptacles, blinds, bathroom lights, call lights and wall paper. The expectation of the maintenance director is that the air conditioning and heating units are cleaned monthly and as needed.	F 253			
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 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	F 431		1/10/15	

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F 431	<p>Continued From page 3</p> <p>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 observations and staff interviews the facility failed to store multi dose vials of medications at the manufacturer ' s recommended temperatures and failed to initiate corrective action when temperatures were at and below freezing in one of two medication refrigerators.</p> <p>The findings included:</p> <p>Observations on 12/3/14 at 1:25 AM of the medication refrigerator for the 100, 200 and 300 halls revealed a flow sheet located on the front of the refrigerator. For the month of December, the temperatures were 32 degrees Fahrenheit (F). Review of the November 2014 temperature flow sheet revealed 23 days the temperatures were below 36 degrees Fahrenheit. The lowest temperature was 28 degrees F on 11/14/14. Multi dose vials included Apisol (tuberculin) Hepatitis, B and Influenza vaccines, and insulins.</p> <p>Review of the manufacturer ' s recommendation for storage of the multidose vaccines revealed a temperature range of 36 degrees F to 46 degrees F should be maintained.</p> <p>Interview with supervisor nurse #1 revealed she was not aware of the temperature range for multi</p>	F 431	<p>STANDARD DISCLAIMER:</p> <p>This Plan of Correction is prepared as a necessary requirement for continued participation in the Medicare and Medicaid programs and does not, in any manner, constitute an admission to the validity of the alleged deficient practice(s).</p> <p>The medication refrigerator for the 100, 200 and 300 hall unit(s) has been replaced with a new refrigerator.</p> <p>To ensure compliance, all licensed nursing staff have been inserviced on the importance of maintaining proper refrigerator temperatures for refrigerators used to store multi-dose vials. Similarly, the refrigerator logs shall be checked daily by the unit supervisor for one week, weekly for 4 weeks, and monthly thereafter to ensure the refrigerator is maintaining temperatures within acceptable parameters specific to the storage of multi-unit dose vials. Documentation of the daily and weekly checks shall be documented on the Unit Supervisor's Daily/Weekly/Monthly Refrigeration Temperature Log For</p>		

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F 431	<p>Continued From page 4</p> <p>dose vial medication storage. Med aide #1 explained it should not be freezing. The supervisor nurse #1 and med aide #1 explained the night nurse had checked the refrigerator temperatures before leaving on 12/3/14. Further interview revealed it was not known if the maintenance staff had been informed of the temperatures recorded for 12/2 and 12/3/14.</p> <p>Interview on 12/3/14 at 1:30 PM with the maintenance staff #1 and #2 revealed they were not aware of the medication refrigerator temperatures being too low. They had not been informed in November or this month of the freezing temperatures.</p> <p>Interview with the Director of Nursing on 12/3/14 at 1:45 PM revealed she was not aware of any problems with the medication room temperatures being at freezing. She reviewed the temperature logs and stated the temperatures should not be at freezing.</p> <p>Interview with Director of Nursing on 12/4/14 at 9:03 AM revealed she had called the medical director on 12/3/14. The physician informed her the multidose medications should be stable if no crystallization formed in the insulins. The problem may be the thermometer and not the refrigerator. A new thermometer was obtained, and the temperatures were monitored throughout the night on 12/3/14. The temperatures remained at 40 degrees F. Continued interview revealed the insulins were removed and discarded, but no crystallization had been observed. Likewise the other multi dose vials were removed. The insulins would be kept on the cart once opened from 12/4/14 forward. The pharmacist was notified by the Director of Nursing on 12/3/14 and</p>	F 431	<p>Multi-Dose Vials. Temperatures reported at above or below the acceptable standard(s) shall be reported to the Maintenance Director. In such cases where multi-dose vials are stored outside the parameters of the manufacturer's recommendation(s), those vials shall be discarded and not used.</p> <p>The relevant documentation of specific to this alleged deficient practice has been approved by the facility's Quality Assurance Committee and shall be presented to the Quality Assurance Committee monthly for three months and quarterly thereafter.</p>		

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F 431	Continued From page 5 agreed with the actions taken by the administration. Further interview revealed she did not know how she missed the low temperatures. She had checked them randomly in the past.  Interview with the pharmacy consultant on 12/04/2014 at 10:27 AM revealed she was not aware of the low temperatures on her visit on 12/3/14. Continued interview revealed a medication storage review was conducted at the end of the month. She did adjust temperature last month and thought it was in her report.	F 431			