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

PRINTED: 06/30/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	i, ,		(X3) DATE COMP	SURVEY
		7. 50.251	A. BUILDING		С		
		345341	B. WING _			06/	04/2015
NAME OF PROVIDER OR SUPPLIER			•	5	STREET ADDRESS, CITY, STATE, ZIP CODE		
				1	100 SILVER BLUFF DRIVE		
SILVER BI	LUFF INC			(CANTON, NC 28716		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION DATE
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		
IAG	REGULTION ON E	100 IDENTIFY THE INTO ON WINTERN	IAG		DEFICIENCY)		
F 431			F	431			6/25/15
SS=D	LABEL/STORE DRUG	GS & BIOLOGICALS					
	The facility must emp	loy or obtain the services of					
		t who establishes a system					
	of records of receipt a	-					
	_	fficient detail to enable an					
		n; and determines that drug					
		and that an account of all					
	reconciled.	aintained and periodically					
	reconciled.						
	Drugs and biologicals	s used in the facility must be					
	labeled in accordance	e with currently accepted					
	professional principles						
	appropriate accessory	•					
	instructions, and the	expiration date when					
	applicable.						
	In accordance with St	tate and Federal laws, the					
		drugs and biologicals in					
		under proper temperature					
		only authorized personnel to					
	have access to the ke	eys.					
	The facility must provi	ide separately locked,					
		compartments for storage of					
	controlled drugs listed	•					
		Abuse Prevention and					
		nd other drugs subject to					
		he facility uses single unit					
		ition systems in which the					
	duantity stored is min be readily detected.	imal and a missing dose can					
	be readily detected.						
	This DEOLUDEMENT	in not mot an avidenced					
	This REQUIREMENT by:	is not met as evidenced					
		ns and staff interview the			The Mucinex, Latanoprost ophthalmic		
		SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>		TITLE		(X6) DATE

Electronically Signed

06/25/2015

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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		345341	B. WING _			06/	04/2015
NAME OF PI	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
CII VED DI	LUEE INC			10	00 SILVER BLUFF DRIVE		
SILVER B	LUFF INC			C	ANTON, NC 28716		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE		TION SHOULD BE COMPLETION THE APPROPRIATE DATE	
F 431	Continued From pag	ge 1	F4	431			
	facility failed to remo	ove expired or out of date			solution, Influenza vaccine vial, and the	e	
		of 5 medication carts and 1 of			expired Biscacodyl suppositories were		
		rators and failed to ensure			immediately removed and discarded.		
	_	er (OTC) medications had a			Catalyn and FerroFood were removed		
		tion date on the label. (100			from the cart and replaced with bingo		
	· ·	tion carts and Central			cards with the expiration date on the c	ard.	
	medication storage r	oom refrigerator). The			Additionally, the Bisacodyl suppositorion		
	findings included:	,			were separated by expiration date and		
	_				placed in individual Ziploc bags by		
	Review of manufactu	urer recommendations for			expiration date. The mult-dose box wa	as	
	Latanoprost eye dro	ps revealed the ophthalmic			discarded. Although a procedure for		
	solution should not b	be used more than 42 days			routine inspection of med carts and me		
	after opening.				rooms was in place for checking labeli		
					and expiration dates, it failed to identify		
		6/03/15 at 1:58 PM of the 300			these items on two out of six carts and		
		t revealed 1 bottle of Mucinex #500 with approximately half			one out of two med rooms.		
	the tablets remaining				A mandatory in-service was conducted		
		tion date of March 2015. The			licensed nurses to review the role of ea		
		vith 2 asterisks after the			nurse and each shift in assuring that: (1)	
	•	"Please Note" was written on			medications are labeled correctly with		
	the bottle.				expiration date, (2) that the nurse labe	ls	
		20/45 4 0 40 514 39 14			any multi-dose vial/package with		
		03/15 at 2:13 PM with Nurse			expiration date after opening, and (3) t		
		esponsible for checking			all items are discarded no later than th		
		nedications on the medication			date of expiration. The nurses were all		
		rse working the 11:00 PM to gned to check the expiration			instructed on the new sign off procedu	ies	
	· '	s once a week and all the			(see attached in-service log).		
		ble for checking expiration			A new sign off sheet was implemented	for	
	dates on bottles whe	- ·			each cart and the med rooms that	101	
		#1 was asked if she had any			requires each nurse, each shift will		
		irrently receiving Mucinex.			monitor the cart and sign off that they		
		e just received an order today			have checked all items and that all iter	ns	
		sident and it was scheduled to			are within date and labeled correctly.		
		lurse #1 confirmed the			Charge Nurse on each shift is to check		
	Mucinex was availab				the med room and sign off that this has		
					been done (see attached). After		
	2. Observation on 06	6/03/15 at 2:19 PM of the 100			implementing this process, it was		

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		345341	B. WING			C	
NAME OF D	DOVIDED OD SLIDDI IED	343341		STREET ADDRESS, CITY, STATE, ZIP CO	•	06/04/2015	
NAME OF PROVIDER OR SUPPLIER					DL		
SILVER BI	LUFF INC			100 SILVER BLUFF DRIVE			
				CANTON, NC 28716			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 431	Continued From page	e 2	F 4	31			
	bottle of Latanoprost with a date opened la manufacturer expirati was labeled for a spe approximately 1/3 ful			determined the med room for revised. (see attached) This schedule will continue until to Committee determines whet frequent schedule can be im	s monitoring the Q.A. ther a less aplemented. ware of the		
	#2 about whether or in use by the residen was still in use. Nurse reference guide that medications could reand he checked the f substances sign-out	main in use after opening ront of the controlled book and located a facility		expired items that were miss have done remedial training nurse to ensure that their mode on not miss any out of date in the Pharmacy will continue to see monthly to check med carts rooms (see attached).	with their onthly checks items. end a nurse and med		
	Xalatan (Latanoprost the date it was opened was responsible for of medications and he s expiration dates when from the medication of	reference guide listed) as good for 6 weeks from ed. Nurse #2 was asked who checking expiration dates of stated he checked the n he removed the medication cart for administration. Nurse ation for why the ophthalmic use.		The nurse managers will do check once a week to make only are these measures in put they are accurate (see attack Q.A. Committee will review to documentation every two we minimum of 8 weeks, then minimum of 4 months, to ensure the procedures are effective Committee will continue to minimum of 9.	sure that not place but that ched). The the eeks for a nonthly for a sure that the e. The Q.A.		
	100 Hall Medication ("Catalyn" which containternational units (IU (mg), Vitamin D 312 Riboflavin 0.2 mg and label indicated it contawas almost full and a was written on the bomanufacturer's expira 3.b. Also, in the 100 libottle labeled "Ferrof Vitamin C 30 mg,	I), Vitamin C 4 milligrams		process until it is determined procedure has become routi no deficient practices still ex Committee will then monitor	d that the new ine and that tist. The Q.A.		

Facility ID: 923454

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		345341	B. WING _			C 06/04/2015	
NAME OF PROVIDER OR SUPPLIER SILVER BLUFF INC				STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716		00/04/2010	
(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 COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 431	and had a specific bottle cap. There we expiration date on to the cap. There we expiration date on to the cap. There we expiration date on to the cap. There we expiration date in the cap. The	ets. The bottle was almost full resident's name written on the as no manufacturer's he bottle. 03/15 at 2:48 PM with Nurse he resident was receiving bod revealed the resident was rations. Nurse #2 stated the its were supplied by the id he didn't realize the bottles ration date on them. Nurse #2 is responsible for checking medications and he stated he ition dates when he removed in the medication cart for 06/03/15 at 3:13 PM of the Storage Room refrigerator Bisacodyl suppositories which dyl 10 milligrams (mg) an expiration date of March cored in a box with other appositories with various August 2015, January, March, incober and December 2016 of 2017. Also, stored in the in 5 milliliter (ml) vial of fluria with no date opened ely half the vial was left. The ation date was 06/30/15. 03/15 at 3:42 PM with Nurse tation for labeling of multidose nurse who opened or first used at it with the date it was	F4	31			

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NAME OF PROVIDER OR SUPPLIER SILVER BLUFF INC				STREET ADDRESS, CITY, STATE, ZIP CODE 100 SILVER BLUFF DRIVE CANTON, NC 28716			
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F 431	stated the expired subeen discarded. Whe long the influenza variafter opening, she statit is good until the expression of the package revealed the vial coulafter opening. An interview on 06/04 Director of Nursing (Express for checking the pharmacy consulto 05/27/15 that indicate had been checked armedications. The DO administering medications administering medications of multidose the nurse who works responsible for check once a week. The DO expectation for expire expected them to be	that they were. Nurse #3 ppositories should have in Nurse #3 was asked how coine could remain in use ated: "I'm not sure but I think biration date on the vial. ge insert with Nurse #3 d remain in use for 28 days 1/15 at 2:47 PM with the DON) about the facility's for expired meds revealed tant gave her a report on ad all the medication carts and there were no expired N stated every nurse tions from the medication ing for expiration dates and containers. The DON stated a 11:00 PM to 7:00 AM is ing every medication cart by was asked about her and meds and she stated she removed from the she expected all the nurses	F 4	31			