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

PRINTED: 06/19/2015 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (. | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---|---|----------|-------------------------------|--|
| | | 34A001 | B. WING _ | | | 05/21/2015 | |
| | ROVIDER OR SUPPLIER OUNTAIN NEURO-MEDIO | CAL TREATMENT CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 932 OLD US HIGHWAY 70 BLACK MOUNTAIN, NC 28711 | · | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETION E DATE | |
| F 431 SS=D | a licensed pharmacis of records of receipt a controlled drugs in su accurate reconciliation records are in order a controlled drugs is ma reconciled. Drugs and biologicals labeled in accordance professional principle appropriate accessor instructions, and the eapplicable. In accordance with St facility must store all colocked compartments controls, and permit controlled drugs listed controlled drugs listed Comprehensive Drug Control Act of 1976 a abuse, except when to package drug distributions. | loy or obtain the services of t who establishes a system and disposition of all officient detail to enable an in; and determines that drug and that an account of all aintained and periodically as used in the facility must be a with currently accepted in and include the | F 4 | 31 | | 6/11/15 | |
| | by: | is not met as evidenced | | All four identified eye drop bottl | es were | | |
| ABORATORY | L DIRECTOR'S OR PROVIDER/S | SUPPLIER REPRESENTATIVE'S SIGNATURE | 1 | TITLE | | (X6) DATE | |

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

(X6) DATE

Electronically Signed

06/11/2015

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.

Facility ID: 955752

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| | | 34A001 | B. WING _ | | | 05 | //21/2015 |
| NAME OF PI | ROVIDER OR SUPPLIER | | | ST | REET ADDRESS, CITY, STATE, ZIP CODE | , ,, | |
| | | | | 93 | 2 OLD US HIGHWAY 70 | | |
| BLACK M | OUNTAIN NEURO-ME | DICAL TREATMENT CENTER | | ВІ | ACK MOUNTAIN, NC 28711 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIE | STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | x | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE | (X5) COMPLETION DATE |
| F 431 | Continued From pa | ge 1 | F4 | 131 | | | |
| | facility failed to labe 10 medication carts was opened and puthose drops from the had been in use 42 the manufacturer. (Raspberry #2 East Raspberry #3 West Review of manufacturer and Lumig ophthalmic solution 42 days after opening 1. Observation of the Medication Cart on it contained a bottle drop used to treat opharmacy label that 11/20/14 for Reside | el 4 bottles of eye drops on 4 of a with the date the medication at in use and failed to remove the medication carts after they adays, as recommended by Medication carts: Gravely #1, Raspberry #3 East and at). The findings included: Atturer recommendations for an eye drops revealed the a should not be used more than ing. The Raspberry #2 East 05/19/15 at 3:03 PM revealed at of Xalatan (a medicated eye glaucoma) eye drops with a at indicated it was dispensed on ent #135. The bottle was | | | immediately discarded when discover by Surveyor on 5/19/15 & 5/21/19. No and unopened bottles of ordered eye drops were immediately requisitioned when deficiency noted and refilled by Pharmacy on 5/20/19 and 5/21/19. Nurses administering eye drops from eye drop bottles documented date and their initials when new bottles opened Completion Date 5/21/15. All other eye drops and open multi-domedication bottles in all ten medication carts were checked by Nursing for date and Nurse initial indicating when bottle first opened. No other multi-dose bottles opened. No other multi-dose bottles opened. No other multi-dose bottles and open multi-dose bottles opened. So other multi-dose bottles opened. No other multi-dose bottles opened. So other multi- | new d . se n te e tles b be tition | |
| | on the bottle to indiput into use. A marindicated an expiral An interview on 05/#1 revealed Reside Xalatan eye drops. had a reference too how long the Xalata was opened. Nurse how long the Xalata use after opening a tool as far as she k staff were expected when they were op who opened the conhave labeled the bottle indicate in the staff was opened to a staff were expected when they were op who opened the conhave labeled the bottle indicate in the staff was not staff was not staff were expected when they were op who opened the conhave labeled the bottle indicate in the staff was not s | tly in use. There was no date cate when is was opened and sufacturer stamp on the bottle tion date of November 2015. 19/15 at 3:22 PM with Nurse ent #135 was still receiving the Nurse #1 was asked if she of for expiration dates or knew an could remain in use after if e #1 stated she didn't know an eye drops could remain in und she didn't have a reference new. Nurse #1 was asked if it to label mulitdose containers ened and she stated the nurse ntainer of eye drops should ottle with the date it was was asked if she knew when | | | Pharmacy also completed an inspecti of all medication carts and removed a properly wasted any product found wi date written on label that was past expiration date or a questionably old product with no date. Completion Dat 5/28/15. Nursing supervisors met with all Nurs staff and provided in-service review or mandatory documentation of date and Nurse's initials when any multi-dose bis opened for the first time and to follo discard dates per Pharmacy. Complet Date 6/11/15. All multi-dose bottles of Ophthalmics be discarded after 30 days, or as recommended by manufacturer, after | nd th te ing f d pottle bw etion | |

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| | | 34A001 | B. WING _ | | 05/21/2 | 015 | |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP (| • | • • • | |
| | | | | 932 OLD US HIGHWAY 70 | | | |
| BLACK M | OUNTAIN NEURO-M | EDICAL TREATMENT CENTER | | BLACK MOUNTAIN, NC 28711 | | | |
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| F 431 | Continued From pathe Xalatan was oknow. 2. Observation of Cart on 05/19/15 a bottle of Lumigato treat glaucomallabel that indicate for Resident #120 currently in use. To indicate when it A manufacturer stexpiration date of An interview on 05 #2 revealed Resident How long the Lumigan eye drophad a reference to how long the Lumiuse after opening a reference tool a was asked if staff multidose contains she stated the nurelye drops should date it was opened. | pened and she stated she didn't Raspberry #3 East Medication at 3:45 PM revealed it contained in (a medicated eye drop used eye drops with a pharmacy d it was dispensed on 03/06/15 The bottle was opened and there was no date on the bottle it was opened and put into use. amp on the bottle indicated an | | | n Date 5/21/15. In the front of all Records and In Nurses to date Inedications 30 days after Is 28 days after Is medications In medications I | DATE | |
| | and she stated sh 3. Observation of Cart on 05/19/15 a a bottle of Xalatar label that indicate for Resident #90. currently in use. T to indicate when it | - · · · · · · · · · · · · · · · · · · · | | opened and discarded after being opened". Completion As per Medical Procedure Equipment", Unit Nursing seye drops and all multi-dos medication on a weekly bardate and Nurse's initials are opened bottle and will discusted drops found in cart 30 days | er 30 days of in Date 6/3/15. 23 "Emergency staff will monitor se bottles of sis to ensure e on any ard any eye | | |

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| | | 34A001 | B. WING | | 0 | 5/21/2015 | |
| NAME OF PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP COD | | 0/2 1/20 10 | | |
| BLACK MOUNTAIN NEURO-MEDICAL TREATMENT CENTER | | | | 932 OLD US HIGHWAY 70 | | | |
| BLACK IVI | OUNTAIN NEURO-WEDI | CAL TREATMENT CENTER | | BLACK MOUNTAIN, NC 28711 | | | |
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| F 431 | Continued From page | e 3 | F 43 | 1 | | | |
| | expiration date of De | cember 2015. | | opened. Completion Date 6/ | 11/15. | | |
| | #2 revealed Resident Xalatan eye drops. N had a reference tool thow long the Xalatan was opened. Nurse # how long the Xalatan use after opening and tool as far as she knestaff were expected to when they were open who opened the conthave labeled the bott opened. Nurse #2 was | 2/15 at 3:52 PM with Nurse at #90 was still receiving the urse #2 was asked if she for expiration dates or knew could remain in use after it the stated she didn't know eye drops could remain in the date didn't have a reference ew. Nurse #2 was asked if to label multidose containers are and she stated the nurse ainer of eye drops should le with the date it was asked if she knew when its were opened and she w. | | Second shift Nursing Supervimonitor all bottles of eye drop initials and date on a weekly Completion Date 6/3/15. Quality Assurance Performar Improvement Objective will be Black Mountain Neuro-Medic Center's Operational plan: Nodrops or multi-dose medication be found on medication carts Nurse initials and dates indicated bottle was opened 100% of the Completion Date 6/3/15. | os for Nurse basis. ace e added to al Treatment o open eye on bottles will without ating when | | |
| | o5/21/15 at 9:30 AM of Lumigan eye drops indicated it was dispersionally of Lumigan eye drops. The currently in use. Ther to indicate when it was An interview on 05/21 #3 revealed Resident Lumigan eye drops. In unaware there was a medication could be to was unable to state wand put into use and 3 to 7 days of when it An interview on 05/21 Pharmacy Director at | ottle was opened and the was no date on the bottle as opened and put into use. I/15 at 10:05 AM with Nurse the #12 was still receiving the Nurse #3 stated she was limitation on how long the used after opening. Nurse #3 when the bottle was opened stated it probably was within | | | | | |

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| F 431 | Continued From pag | | F4 | 131 | | | |
| | revealed they can be opening. When aske labeling the bottle w "that would be a goodrops can't be guara after opening. | an be used after opening e used for 6 weeks after ed if the nurses should be then it was opened, he stated: ad idea." He stated the eye anteed sterile beyond 6 weeks | | | | | |
| | Supervisor #1 about expectation for datin drops when they are are expected to date are opened. NS #1 v Lumigan eye drops are main in use after the she thought it was 6 call Pharmacy to be nurses had a referer dates for insulin and opened and she stareference guide. NS | | | | | | |
| | she expected the me and returned to Pha An interview on 05/2 | iration date and she stated edications to be put in the tray rmacy. 21/15 at 9:32 AM with the DON) about her expectation | | | | | |
| | for labeling and dating opened revealed should be label the bottle with initials. The DON was reference tool for the dates on how long in after opening and should be labeled to the labeled the | ng eye drops when they were expected the nurses to the date it was opened & their as asked if there was any enurses to use for expiration nedications could be used the stated there wasn't a pharmacy staff monitored the | | | | | |