PRINTED 03/09/2016 FORM APPROVED OMB NO. 0938-0391

(X5) DATE

		l		22.18.412.2.2.2.2.2.2.2.2.2.2.		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER OF IA IDENTIFICATION NUMBER	į.	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345131	B VANG		C 02/25/2016	
NAME OF P	ROYDER OR SUPPLIER	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STREET ADDRESS, CHY STATE, ZIP CODE	1 02/20/2010	
				3905 CLEMMONS ROAD		
REGENCY	CARE OF CLEMMONS			CLEMMONS, NC 27012		
O 40 IID PREFIX TAC	. (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	IG PREFIX TAS	PROVIDER'S PLAN OF CORRECTION FACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI	BE COMPLETION	
	; ,			DEFICIENCY ₎		
F 000	' INITIAL COMMENTS	;	, F 000	:)		
	complaint investigation EHB611 on dated 2/2	4/2016	÷			
	considered satisfacto authorities, and	ERVE - SANITARY sources approved or ry by Federal State or local stribute and serve food	F 371	THIS FACILITY'S RESPONSE TO THI REPORT OF SURVEY DOES NOT DEY AGREEMENT WITH THE STATEMEN DEFICIENCIES: NOR DOES IT CONSTAN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE AR FILING THE POC BECAUSE IT IS REQUIRED BY LAW.	NOTE IT OF HITUTE	
	by: Based on observation facility failed to clean pans under sanitary of failed to properly storclean 2 of 2 snack/no	is not met as evidenced ins and staff interviews, the dry, and store pots and conditions, and, the facility is food items and properly urishment refrigerators where the residents resided.		(1) All Dietary Staff were re-educated on 2016 by the Certified Dietary Manager concerning the proper procedures to follo cleaning, drying and storing pots and pansanitary conditions. All Dietary Staff were educated on 2-22-2016 on the facility's dishwasher policy which includes instruct that dishes must be air dried after being clin the dishwasher and gloves must be chabetween all tasks. Any resident has the potential to be affect this practice.	w when s under e re- tions leaned nged in	
	10 17am. Dietary Aide plastic gloves and plathe dishwashing mach washed, rinsed and a dishwashing machine gloved hands with the	the kitchen on 2/22/16 at aller! e#1 was observed wearing cing dirty pots and pans into hine. After seven pans were utomatically exited the aller by water sprayer used to from dirty plates. Dietary		All Dietary Staff were re-educated on 2-2 by the Certified Dietary Manager concern proper procedures to follow when cleanin drying and storing pots and pans under sa conditions. All Dietary Staff were re-educ 2-22-2016 on the facility's dishwasher po which includes instructions that dishes mair dried after being cleaned in the dishwa and gloves must be changed in between a	ing the g, nitary cated on licy ust be usher	

Any deficiency statement ending with an asterisk (*) denotes a delicency 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

LABORATORY DIRECTORS OF PROVIDER BUPPLIER REPPEDENTITIONS SIGNATURE

TITLE

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/OLIA		1	(X2) MULTIPLE	X3) DATE SURVEY	
AND PLATE	OF GERRECTION	IDENTIFICATION NUMBER	А Выкомб.		COMPLETED
	•		-		С
		345131	B MNG		02/25/2016
NAME OF	PROVIDER OR SUPPLIER			STREET AGORESS, ONLY STATE ZIP COOF	
REGENO	CY CARE OF CLEMMONS		1	905 CLEMMONS ROAD	
NEOLII	or or occumions		(CLEMMONS, NC 27012	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER SIPLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	
		· · · · · · · · · · · · · · · · · · ·		DEFICIENCY)	:
F 37	exited the machine are pans from the dishwal discarding the soiled sanitizing her hands, up a hand towel that will died each of the pans ame towel. Dietary A pans and placed the pans and placed that on through the dishwash rinse her gloved hand then remove the clear dishwashing machine	over to the side of the where the clean dishware and removed seven clean shing machine without gloves and washing or The dietary aide then picked was lying on the counter and is and two pots with the aide#1 stacked the seven cots and pans on the chen area. In 22/16 at 10 25am, Dietary ce she put the dirty dishes ing machine, she would is to remove any food debris in dishware from the	F 371	Dietary staff is aware that failure to follow and procedure when cleaning, drying and pots, pans and dishes will result in discipl action. A Three Way Dietary Audit has been initiensure deficient practice does not recur. A Three Way Dietary form has been creat This form will be completed three times we for two months, then two times weekly for months, then weekly times one month and needed by the Certified Dietary Manager/Designec to make sure the proper dishwas procedure is being followed per policy, glare being changed properly, and dishes are air dried per policy.	storing inary ated to led. veckly r 2 l as ther oves being
	and pans "because th	d a dishcloth to dry the pots ey're wet when they come d can't be stacked on the	:	This Facility has a plan in place that will r the performance of this corrective action to ensure compliance is sustained.	nonitor o
	During an interview on 2/24/16 at 12 15pm, the Dietary Manager revealed there was no excuse for staff not washing hands before handling clean dishware. He also stated that pots, pans, and all dishware must be air dried or dried using single		:	The Certified Dietary Manager/Designee, the Three Way Dietary Audit three times valor 2 months, then two times weekly for 2 months, then weekly for one month and as needed. Any discrepancies noted will be followed by reeducation with the dietary state Certified Dietary Manager.	veckly
	residential units on 2/2 following were observed contained 2-unlabeled bottled waters. 1-unlabeled particles are 2-unlabeled particles are 2-unlabeled particles.	rigerators located on the 22/16 at 5 53pm the ed the Unit 2 refrigerator bottle of soda 2-unlabeled beled/opened gallon of ice		The QA Committee will review weekly, the facility's progress towards implementation corrective action(s) and the facility's performance to ensure that corrective performance is achieved and sustained. The Committee will review the facility's progresseekly for effectiveness and revise or development measures as necessary to ensure that corrective action is integrated and the system sustained or revised as needed to achieve a maintain corrective solutions.	of ne QA ess elop

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OCIVICIO I ON MICDIOMINE O	THE DIOTHE SERVICES			VI	MD MO 0529-0281
STATEMENT OF SERICIENCIES AND PLAN OF DORRECTION	X1) PROVIDER SUPPRIER QUA IDENTIFICATION NUMBER	1	X25 MULTIPLE, CONSTRUCTION 4. BUILDING		G CATE SURVEY COMPLETED
	345131	a vano			C 02/25/2016
NAME OF PROVIDER OR SUPERIER			SIPERIADDRESS CHY STATE ZE IT	<u>l</u>	02/25/2016
THERE OF THE CHARLES THE CONTROL OF				J136,	
REGENCY CARE OF CLEMMONS			3905 CLEMMONS ROAD		
			CLEMMONS, NC 27012		
PREFIX EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FUIL LISC IGENTIFYING INFORMATION)	Of . PREF DAT		DN SPOULD BE HE APPROPRIATE	(Xe) 00 MPL#*(DN) 0 MPTE
:		!			
F 371 Continued From pag	e 2	F	371 (2) All housekeeping staff were	e re-educated o	on 2-
cups of ice, and 1-un	labeled candy bar, the Unit 3		23, 2016 by the Housekeeping		
	d 1-unlabeled cup of frozen	;	proper procedures to follow to		
-	cream 1-unlabeled and open		refrigerator on each unit is clea		
bag of bluebernes a	nd, 1-unlabeled styrofoam		basis.	1104 017 4 dairy	
	area surrounding the Unit 3		Any resident has the potential t	to be affected l	he
, 3	ed with debris, such as		this practice.		···
	small medicine cup. Also		mo practico.		
	rigerators contained dried		All housekeeping staff were re-	-educated on 2	2-23-
debris/stains (white	red, and yellow)		2016 by the Housekeeping Sup		
1			proper procedures to use to ens		
_	on 2/22/16 at 6 00pm. the		refrigerator on each unit is clea		,
	ealed that the housekeeping		basis. A refrigerator log has been		
staff were responsible	e for cleaning the Unit		be inspected and maintained or	n a daily basis.	
Nutrition refrigerators	s. He also indicated that		This inspection includes makin		
some of the items ob	served in the refrigerators		are in the refrigerator without p		
; belonged to facility st	taff but the refrigerators		that items are marked with a da		
were for the resident	s' use, only.		name and ensure that only food		
	•		refrigerator on each unit. House		
			have been instructed that any it		
•			not food, are stored without pro		
			items that have been in the refr		
			one week must be reported to the		
			Supervisor immediately.		
1					:
			Housekeeping staff is aware the	e refrigerator l	lou :
<u> </u>			must be completed on a daily b		· .
			Housekeeping staff is aware the		
			inspect the refrigerators and co		will '
÷			result in disciplinary action.		
			:		
1					
:		:	Measures have been put into pl	lace to ensure	
			deficient practice does not recu		
:			All housekeeping staff were re-	-educated on 2	2-23-
			. 2016 by the Housekeeping Sup		
:			proper procedures to use to ens		
•			refrigerator on each unit is clea		<i>;</i>
			basis. A refrigerator log has bee		

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	OT OT MEDIOTITE OF	1		· · · · · · · · · · · · · · · · · · ·	OND	AO 0330-0381
	DE DEFICIENCIES L'OCRRECTION	X1) FROVIDER SUPPLIER QUA IDENTIFICATION NUMBER	1	DONSTRUCTION		TE SURVEY MPLETED
						С
		345131	B VANG		0	2/25/2016
NAME OF P	ROVIDER OR SUPPLIER		51	REFT ADDRESS CATY STATE ZIP CODE		
REGENCY	CARE OF CLEMMONS		390	05 CLEMMONS ROAD		
NEGENO!	onite of decimiono		Ç.L	EMMONS, NC 27012		
074) ID PRETIX TAG	-EACH CEHCIENG	ATEMENT OF CEFTCIENCIES NITUST BE PRECEDED BY FULL SCHOENTIFYING INFORMATION)	ID PREFIX 1AG	PROVIDER SIPLAN OF CORRI (LACH CORRECTIVE ACCION SI CROSS-RELERANCED LOTHE AP DEFICIENCY)	+Out D BE	DATE COMPLETION (XE)
F 371	Continued From page	3		be inspected and maintained on a control of this inspection includes making stare in the refrigerator without proper that items are marked with a date an anneand ensure that only food iterefrigerator on each unit. Housekee have been instructed that any items not food, are stored without proper items that have been in the refriger one week must be reported to the Fourier store of the food	ore no items oer labeling, and resident oms are in the eping staff is found that are labeling or rator more that dousekeeping frigerator log is ailure to lete the log will monitor the eithey are clear and the grane area bris. Also see sure eithe and as needed. It was sure the gror implement in the current in the current in the QA	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) FROMDER/SUPPLIER DUA IDENTHICATION NUMBER	X2: Multiple ochsorachian A Bun cino B Mino		C 02/25/2016	
		345131				
NAME OF PAGINDER OR SUPPLIER REGENCY CARE OF CLEMMONS				STREET ACCRESS CITY STATE ZIP COOF 3905 CLEMMONS ROAD CLEMMONS, NC 27012	02/23/2016	
(X4HE) PREFIX TAG	EACH DEFICIENC	ALEMENT OF CETICIENCIES Y MUST BE PRECEDED BY FULL (SCIDENTIFYING INFORMATION)	IE: PREFIX IAC:	PROVIDER'S PLAN OF CORRECTION FACH CORRECTIVE ACTION SHOULD B ORCSS-REFERENCED TO THE AMPROPRIC DEPOENCY		
SS=E	PROPERLY The facility must disproperly. This REQUIREMENT by Based on observation failed to dispose of gain 2 of 2 dumpsters. Findings included During a tour of the did 2 45pm revealed trast around the area of the an old mattress and a	E GARBAGE & REFUSE use of garbage and refuse us not met as evidenced us and interview the facility ubage and refuse properly umpster area on 2/22/16 at u and white pieces of paper two dumpsters. There was piece of what appeared to uning against the side of	F 37.	THIS FACILITY'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DEN AGREEMENT WITH THE STATEMEN DEFICIENCIES: NOR DOES IT CONSTAN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARI FILING THE POC BECAUSE IT IS REQUIRED BY LAW. All Floor Tech/Housekeeping Staff have be educated on 2-24-16 by the Environmenta Director concerning making sure dumpster dumpster 2 are free of debris on and aroun area and ensuring the doors are closed. Any resident has the potential to be affected this practice. All Floor Tech/Housekeeping Staff have be educated on 2-24-16 by the Environmenta Director concerning making sure dumpster dumpster 2 are free of debris on and around the deficient of the process of	FOTE 03/16/2106 TOF TTUTE Deen re- Ir I and ad the Deen re- Ir I and ad the	

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	OTT WILL BY GITTE OF	THE COUNTY OF THE COURT OF THE		CIMO MO. 0500-0391	
		X EL PROVIDER SUPELIER COM IDENCIFICATION NUMBER	XZ: MOLPPLE CONSTRUCTION 4 BOLDING	X3, DATE SURVEY COMPLETED	
				С	
		345131	8 MM3	02/25/2016	
	DER OR SUPPLIER RE OF CLEMMONS		STREET ADDRESS CHAIR STATE ZIE CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012		
OXALIC FREEDX TAID	CMINDIFEC HCAR	ATEMENT OF DEFICIENCIES Y MOST BE PRECEDED BY TULE ISCODENTIFYING INFORMATION	ID PROLIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG GROSS-REFERENCED TO THE APPROPRIA DEFICIENCY		
	intinued From page		F 372 area and ensuring the doors are closed.		
During a second observation on 2/24/16 at 11 50am, one of the doors to 1 of 2 dumpsters containing trash was left opened and a facility staff was observed leaving the area. Also, there were 12 plastic gloves and 2-plastic cup lids (from a fast food restaurant) observed on the wet ground (rainy day) surrounding both dumpsters During an interview on 2/24/16 at 11 55am, the Dietary Manager revealed that the housekeeping and maintenance staff were responsible for checking the dumpster area for cleanliness		ervation on 2/24/16 at doors to 1 of 2 dumpsters left opened and a facility aving the area. Also, there is and 2-plastic cup lids (from 1) observed on the well prounding both dumpsters. In 2/24/16 at 11 55am, the eated that the housekeeping of the state of the control of the	A Dumpster Audit has been initiated to ensure deficient practice does not recur. A Dumpster Audit log has been created. This form is completed three times weekly for two months, then two times weekly for two months, then weekly times one month and as needed by the Environmental Director to make sure dumpster 1 and dumpster 2 is free of debris on and around the area and ensuring the doors are closed. Measures have been put into place to ensure the deficient practice will not recur. A Dumpster Audit log has been created. This form is completed three times weekly for two months, then two times weekly for two months, then two times weekly for two months, then weekly times one month and as needed by		
			dumpster 1 and dumpster 2 is free of debri and around the area and ensuring the doors closed.	s on s are	
1			The Environmental Director, will do the Dumpster Audit three times weekly for 2 methen, two times weekly for 2 months then, for one month and as needed. Any discrepnoted will be followed by reeducation with housekeeping staff/floor tech by the Environmental Director.	weekly ancies	
			The QA Committee will review weekly, the facility's progress towards implementation	e of	
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		(x1) PROVIDER SUPPLIERIOUA IDENTIFICATION NUMBER	1	E CONSTRUCTION	X3) DATE SURVEY COUNTETED	
		345131	e vans		C	
NAME OF PROVIDER OR SUPPLIER REGENCY CARE OF CLEMMONS			3	STREET ADDRESS CITY STATE VIPLODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012	02/25/2016	
(74) IU PREFIX 1AG	WACH OF FIGH NO	TALEMENT OF DEFICIENCIES ON MUST BE PRECEDED BY FULL 15D IDENTIFYING INFORMATION)	H) PPFFIX DAI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOLLD) CROSS-REFERENCED TO THE APPRIOR (BEFIDENCY)	BR SOMETHON	
F 372	Continued From pag	e	F 372	corrective action(s) and the facility's performance to ensure that corrective performance is achieved and sustained. Committee will review the facility's progreekly for effectiveness and revise or denew measures as necessary to ensure that corrective action is integrated and the systematical or revised as needed to achieve maintain corrective solutions.	gress evelop t stem is	
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STATEMENT OF DEFICIENCIES X.0. PROVIDER SUPPLIERCO IA NO FLANCE CONRECTION IDENTIFICATION NUMBER		(x2) MOLTIP! A BUILDING	X3FDATE SURVEY COMPLETED		
		345131	B VANG		C 02/25/2016
	Y CARE OF CLEMMONS			STREET ADDRESS, CITY STATE ZIE SCIEG 3905 CLEMMONS ROAD CLEMMONS, NC 27012	02/25/2016
9/4/10 PRUERX *AG	READERD REPORTS	MEMENT OF DEFICIENCIES MINIST BE PRECEDED BY FULL SCILLEN HEYING INFORMATION	IC PREEIX FAG	PROVIDER'S PLAN OF CORRECTION LEACH CONKILOTIVE ACTION SHOULD B CPOSS-RELETENCED TO THE APERCHAIN CECTOENCY	
	Continued From page	3			
SS=E	a licensed pharmacist of records of receipt a controlled drugs in suf accurate reconciliation records are in order ai controlled drugs is ma reconciled.	os & BIOLOGICALS oy or obtain the services of who establishes a system	F 431	THIS FACILITY'S RESPONSE TO THE REPORT OF SURVEY DOES NOT DES AGREEMENT WITH THE STATEMEN DEFICIENCIES: NOR DOES IT CONSTAN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE AR FILING THE POC BECAUSE IT IS REQUIRED BY LAW. ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THO RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACE	NOTE ST OF HILLTE E ON (S) SE
·	labeled in accordance professional principles appropriate accessory instructions, and the exapplicable. In accordance with Stafacility must store all dilocked compartments of the professional procession of the professional principles appropriate accessory instructions, and the example professional principles applicable.	with currently accepted and include the and cautionary spiration date when ate and Federal laws, the rugs and biologicals in under proper temperature ally authorized personnel to		An audit was done on 3-11-16 to ensure a medicine vials were tabeled/dated, no exp medications were found on carts/refrigerators/drug storage rooms, me were cleaned, and medication refrigerators within normal temperature range. No med were found out of compliance. All nurses were re-educated on 3-11-16 at 16 by the Director of Nursing concerning meds on carts/refrigerator/drug storage roocleanliness of med carts, making sure open	ored ed carts s were lications ad 3-14- expired out.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	AS FOR MEDICARE &	MEDICAID SERVICES			OMB NO 0938-0391
	FOR WELLDE NOWS WILDORREGIESTA	KIN PROMOFA SUPPLIER GUA IDENTIFICATION NUMBER	Ī	ES WOMSTRUCTION	>0 DATE SURVEY DIMMENTAD
		345131	B MNG	-V	C 02/25/2016
tians of t	PROVIDER OR EUTHORED			STREET ADDRESS ONLY STATE VIR COLD	<u></u>
DECENC	Y CARE OF CLEMMONS			3905 CLEMMONS ROAD	
KEULHU	T CARE OF GELMINORG			CLEMMONS, NC 27012	
D(4) III) PREEPX TAG	FACH OFFICIENC	MISM WICH CERCHANGES IN MUST BE PRECEDED BY FULL 130 IDEN WEYMO HE CRMATION	(D FBFFIX 1AG	PROJUGER'S PLAN OF CORRECTION HEACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCE TO THE APPRIORIS CROSS-REFERENCE OF THE APPRIORIS	g) 50 VA 3 100 V
F 431 Continued From page 4 The facility must provide separately locked, permanently affixed compartments for storage of		F 43	medicine vials are labeled dated, and mal medication refrigerators is within normal temperature range.		
	controlled drugs listed Comprehensive Drug	d in Schedule II of the Abuse Prevention and		Any resident has the potential to be affecthis practice.	ted by
	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. This REQUIREMENT is not met as evidenced by Based on observations and staff interviews, the facility failed to: A) keep 1 of 2 medication storage.			6 and 3- ning torage ure and vithin	
				There has been a four way med cart audit initiated to ensure deficient practice does recur.	
	room 300 Hall). B) en was maintained in the in 1 of 2 medication s. Hall). C) keep 1 of 4 rexpired medications (opened Novolog Insul Levemir Insulin pen o (Cart 300-B side), and carts clean and order!	ns free from expired medications (medication in 300 Hall): B) ensure medication refrigerator maintained in the proper temperature range of 2 medication storage refrigerators (300 i. C) keep 1 of 4 medication carts free of red medications (Cart 300-B side); D) date 1 med Novolog Insulin pen and 1 opened emir Insulin pen on 1 of 4 medication carts t 300-B side), and E) keep 2 of 4 medication is clean and orderly (Medication Cart for 200 medication carts to 200 medication carts to 200 medication cart for 200		The Four Way Medication Audit form hat created. This form is completed weekly but Unit Manager/ DON to make sure no expendication is on the medicati, no expired medications are in the drug storage room expired medications in the refrigerator, nundated unlabeled vials, cleanliness of medication carts, and medications refrige within normal temperature range.	oy the bired I a. no o
	Findings included A) An observation was AM of the medication Hall. Inside a cabinet an opened bottle of Vi an expiration date of 8 B) An observation of t refrigerator was made	the medication storage on 2 24/16 at 8.50 AM and If to measure the internal		A four way med cart audit has been initial ensure the deficient practice does not rectanged. The Four Way Medication Audit has been created, this form is completed weekly by Unit Manager/ DON to make sure no expired medication is on the medicart, no expired medications are in the drug storage room, expired medications in the refrigerator, an undated un labeled vials, cleanliness of medication carts, and medications refrige	ir. n r the cired l . no o

functioning. The refrigerator contained

within normal temperature range.

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Carrier Comments	MEDICAID SELVICES			OMR	NO 0938-0391
STATEMENT OF DEFFORMORS AND PLAN OF CORRECTION	X1) PROVIDER SUPPLIER OLM IDEN THICATION NUMBER	Į.	IFCE UCHSTRUCTION		ATH SORVEY OMBSETED
					C
	345131	8 VANG_			02/25/2016
NAME OF PROVIDER OR SUPPLIES			STREET ALDRESS ON YIS MARE VIR ORDE		
REGENCY CARE OF CLEMMONS			3905 CLEMMONS ROAD		
			CLEMMONS, NC 27012		
PROFES (EACH DESIGNATION	MEMENT OF DEFILIENCIES Y MUST BE PRECEDED BY FULL BOILDENTIFYING INFORMATION	ID FEE() TAC	PROVIDERS PLANIOF CORREC (#40% CORRECTIVE ACTION SHO ORCESSAL PERENCED TO THE APPR DEFICIENCY	Ur & BE	(*5 30 % 7,≣764, 2418
additional observation refrigerator was made revealed an inoperabl medication storage re C) An observation way AM of the medication the 300 Hall-B side and medication drawer consulti-vitamin with iron expiration date. The secontained 1 opened by tablets, with a 1/16 ex D) An observation way AM of the medication the 300 Hall-B side and undated Novolog insulting pen for a resided on the 300 Hall-B side. E) An observation was cart for the 200 Hall or revealed loose, unpact and capsule form throughout the medication cart, if revealed loose, unpact to the medication cart revealed loose, unpact form throughout the misubstance which reservation was substance which reservation which reservation was misubstance which reservation was misually and reservation was misua	quired refrigeration. An of the medication storage on 2/25/16 at 8 23 AM and le thermometer in the frigerator for the 300 Hall, is made on 2/24/16 at 9 00 cart used for residents on ad revealed. The stock intained 1 opened bottle of 250 tablets, with an 8/15 tock medication drawer also ottle of fiber tablets. 90 piration date. Is made on 2/24/16 at 9 00 cart used for residents on ad revealed. 1 opened and lin pen for a resident who all B side. The observation and undated Levemir ent who resided on the 300 is made of the medication in 2/24/15 at 11.00 AM and kaged medications in tablet ughout the top drawer of the observation also and a powdered substance medications throughout the lade on 2/24/15 at 11.15 AM for the 300 Hall-A side and kaged medications in tablet edication cart, and a inbled a powdered form of trawer. There were also	F 4	The DON Unit Manager, will do the Medication Audit on a weekly basis discrepancies noted will be followed education with the nurses by the Dir Nursing. The QA Committee will review week facility's progress towards implement corrective action(s) and the facility's performance to ensure that corrective performance is achieved and sustain Committee will review the facility's weekly for effectiveness and revise new measures as necessary to ensure corrective action is integrated and the sustained or revised as needed to ach maintain corrective solutions.	Any I by re- ector of kly, the mation of s e ed. The QA progress or develop e that he system is	\

An interview with Nurse 3 (the nurse typically assigned to the 300-B side medication cart) on

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AMAGE OF PROVIDER OF SUPPLIER REGENCY CARE OF CLEMMONS SUMMARY STATE MENT OF CRETICIONS BY PROVIDER S PLAN OF CORRECTION BY PROVIDER S PLAN OF CORRECTION PROVIDER S PLAN OF CORREC	STATE MENT OF DEFICIE NOIS 412 PEAN OF CORRECTION		XM PROVIDER SUPERBROUK IDENTHELATION NUMBER	AS MUSTIN SIG A BONCANO		TRUMP NO TOUS OF STREET	
REGENCY CARE OF CLEMMONS 305 CLEMMONS ROAD CLEMMONS, NC 27012 F 431 Continued From page 6 2/24 16 at 9.05 AM and revealed all opened medications but is be represented to the thermoeter wasn't and all the temperature of the 300 Hall medication refrigerator related to the thermoeter with Nurse 1 on 2/25/16 at 8.45 AM revealed in plantiful medication refrigerator refracture of the 300 Hall medication refrigerator refracte to the thermoeter wasn't working There shouldn't be 40 degrees written in the space for 2/25/16 1 saw the thermoeter wasn't working There shouldn't be 40 degrees written in the space for 2/25/16 1 saw the refrigerator thermometer wasn't working and we are supposed to report it the maintenance But I haven't done that." An interview with the Director of Nursing (DON) on 2/25/16 at 9 00 AM revealed the facility expectation for medication, such as insulin, were to be dated immediately upon being opened. She			345131	9 (MMC)		C 02/25/2016	
F 431 Continued From page 6 2/24 16 at 9 05 AM and revealed all opened medication should have a "date opened" date on it. Insulin pens expired 28 days after they were opened but she could not state when the Novolog or Levemir pen expired related to "There's no date on either one." An interview with Nurse 1 on 2/25/16 at 8 30 AM revealed night shift nurses were responsible for checking the refingerator and freezer temperatures She stated. "I meant to leave a space for the refingerator because I saw the thermometer wasn't working and we are supposed to report it the maintenance But I haven't I done that." An interview with Nurse 2 on 2/25/16 at 8 45 AM revealed night shift nurses were responsible for checking the refingerator because I saw the thermometer wasn't working. There shouldn't be 40 degrees written in the space for 2/25/16 to saw the refingerator thermometer wasn't working and we are supposed to report if the maintenance But I haven't I done that." An interview with the Director of Nursing (DON) on 2/25/16 at 9 00 AM revealed the facility expectation for medication storage was for medications to be stored properly. at the proper temperature and in a clean and orderly manner. Any multi-use medication, such as insulin, were to be dated immediately upon being opened. She				390	5 CLEMMONS ROAD		
2/24/16 at 9.05 AM and revealed all opened medication should have a "date opened" date on it. Insulin pens expired 28 days after they were opened but she could not state when the Novolog or Levemir pen expired related to "There" sino date on either one." An interview with Nurse 1 on 2/25/16 at 8.30 AM revealed she could not state the temperature of the 300 Hall medication refrigerator related to the thermometer was not functioning. An interview with Nurse 2 on 2/25/16 at 8.45 AM revealed night shift nurses were responsible for checking the refrigerator and freezer temperatures. She stated "I meant to leave a space for the refrigerator because I saw the thermometer wasn" t working. There shouldn't be 40 degrees written in the space for 2/25/16 to saw the refrigerator thermometer wasn" I working and we are supposed to report it the maintenance. But I haven "I done that." An interview with the Director of Nursing (DON) on 2/25/16 at 9 00 AM revealed the facility expectation for medication storage was for medications to be stored property, at the proper temperature and in a clean and orderly manner. Any multi-use medication, such as insulin, were to be dated immediately upon being opened. She	PREFIX	# AOH DEFICIENC	Y MUST BE PRECEDED BY FULL	tyre-tak	GACH TORPLOTUF ACTION SHOULD CROSS-REFERENCED TO THE APPROA	SIRE STATE THEFT	
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