**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**IDENTIFICATION NUMBER:** 345436

**MULTIPLE CONSTRUCTION B. WING**

**DATE SURVEY COMPLETED:** 09/07/2018

**WELLINGTON REHABILITATION AND HEALTHCARE**

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

1000 TANDAL PLACE
KNIGHTDALE, NC 27545

**NAME OF PROVIDER OR SUPPLIER**

**SUMMARY STATEMENT OF DEFICIENCIES**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER’S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
</table>
| F 761 | SS=E | F 761 | **Label/Store Drugs and Biologicals**
CFR(s): 483.45(g)(h)(1)(2)

§483.45(g) Labeling of Drugs and Biologicals
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.

§483.45(h) Storage of Drugs and Biologicals

§483.45(h)(1) 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.

§483.45(h)(2) 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.

This REQUIREMENT is not met as evidenced by:

Based on observations and staff interviews, the facility failed to discard expired medications from 3 out of 5 medication carts and had loose medications on 1 of 5 medication carts.

Findings included:

An observation was conducted on 9/5/18 at 11:00 AM of the medication cart (med cart) labeled Station 1A Cart. 1 bottle of Oyster shell calcium

F-761
483.45(h) – Storage of Drugs and Biologicals
Process that lead to deficiency
Root Cause Analysis: During Quality Monitoring for expired Medications, Over the Counter (OTCs) Medications were inadvertently not in Quality Monitoring sample. Quality Monitor has been updated to include OTCs in the sample.

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

**TITLE**

Electronically Signed

**DATE**

09/16/2018

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.
Summary Statement of Deficiencies

F 761 Continued From page 1

500 milligrams (mg)-100 tabs (tablets) had an expiration date of 8/2018, 1 bottle of acidophilus 500 million cells per cap (capsule)-60 capsules had an expiration date of 8/2018. 1 bottle of Vitamin E 200 IU (International Units)-100 soft gels had an expiration date of 8/2018. 1 bottle of Folic Acid 400 mcg (micrograms)-100 tabs had an expiration date of 8/2018.

An observation was conducted on 9/5/18 at 11:15 AM of the med cart labeled Station 1B Cart and revealed: 1 bottle of Humalog Insulin-1000 units per 1mL (milliliter) was opened 6/2/18. The bottle contained unused medication and was labeled "Discard unused med (medication) after 28 days." 1 bottle of Folic Acid 400mcg-100 tabs with an expiration date of 8/2018; and 1 bottle of Naproxen 220mg-100 tabs with an expiration date of 8/2018.

An interview was conducted on 9/5/18 at 11:25 AM with Nurse #1. She stated she was the nurse assigned to Med Cart Station 1A and 1B and each shift was responsible to check the med carts for expired medications at the beginning of each shift. She also stated there should not be any expired medications on a med cart and agreed the medications observed were expired. She stated she had not checked these med carts this morning because, "I just didn't."

An observation was conducted on 9/5/18 at 11:50 AM of the Med Cart labeled Station 2 and revealed: 1 bottle of Folic Acid 400mcg-100 tabs with an expiration date of 8/2018; 1 bottle of Naproxen 220mg-100 tabs with an expiration date of 8/2018, and 1 bottle of Mucus Relief 400mg-100 tabs with an expiration date of 6/2018. The cart also contained the following

Corrective Action for the affected Resident Medication Carts, Medication Rooms and Medication Room Refrigerators have no expired medications are maintained without expired medications Corrective Action for the Resident Potentially Affected Medications carts, Medication Rooms and Medication Room Refrigerators quality reviewed by the Director of Nursing. Drugs that were expired were removed from the Medication Carts, Medication Refrigerators and Medication stock rooms. Licensed Nurses were re-educated by the Director of Nursing and or Nurse Supervisor on checking the medication carts, medication refrigerators and medication stock rooms every shift for expired medications. The Facility will incorporate this training in the orientation process for new hires. Systemic Changes The Director of Nursing is responsible for implementing the plan of correction. The Director of Clinical Services and or Nurse Supervisor will monitor 3 medication carts, 1 medication refrigerator and 1 medication stock room randomly 3 times a week for 12 weeks, then monthly using the QI Monitoring Tool for expired medications. Opportunities to be corrected by the DCS and or Nurse Supervisor as identified during the Quality monitoring. Quality Assurance The results of these reviews to be submitted to the QAPI Committee by the Director of Nursing for review by IDT.
<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 761</td>
<td>Continued From page 2 medications which were loose in the cart: 17 extra-strength gas relief soft gels-125mg each, 3 Loperamide 2mg tabs, and 2 Bisacodyl 10mg suppositories.</td>
<td>F 761</td>
<td>members each month. Quality monitoring schedule modified based on findings. The QAPI Committee to evaluate the effectiveness and amend as needed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>An interview was conducted on 9/5/18 at 11:55 AM with Nurse #2. She stated she was assigned the med cart labeled Station 2, each shift was responsible to check their assigned cart for expired or loose medications, and she had not checked the Station 2 med cart. She also stated there should not be loose or expired medications on any med cart.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>An interview was conducted on 9/5/18 at 11:58 AM with the Director of Nursing. She stated nurses were responsible for checking their med cart at the beginning of each shift for expired or loose medications. She also stated it was her expectation there were to be no expired or loose medications on any medication cart.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F 814</td>
<td>Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4)</td>
<td>F 814</td>
<td></td>
<td>9/28/18</td>
</tr>
<tr>
<td>SS=E</td>
<td>§483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to keep area around the dumpsters free of accumulated trash and debris for 2 of 2 dumpsters observed. The findings included: An observation of the dumpster area on 9/4/18 at 9:35 AM revealed 2 dumpsters surrounded on 3 sides by a wooden fence. The right side dumpster had a wooden piece of board about 4 feet long and 4 feet wide on the ground beside it</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F – 814 – 483.60(i)(4) – Disposal of garbage and refuse properly Process that lead to the deficiency Root Cause Analysis: Facilities dumpster’s service occurs on Tuesday and Thursdays. Dumpster service occurred early on Tuesday, September 4, 2018. Facility dumpster is lifted in the air using a fork lift attachment on the Dumpster Service Truck and trash and</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUMMARY STATEMENT OF DEFICIENCIES**

**DATE SURVEY COMPLETED**: 09/07/2018

**STREET ADDRESS, CITY, STATE, ZIP CODE**: 1000 TANDAL PLACE, KIGHTDALE, NC 27545

**NAME OF PROVIDER OR SUPPLIER**: WELLINGTON REHABILITATION AND HEALTHCARE

**PROVIDER’S PLAN OF CORRECTION**

*Each corrective action should be cross-referenced to the appropriate deficiency.*
F 814  Continued From page 3

and a mop type handle was under the wooden board. Behind the wooden board was a discarded milk carton with a buildup of dirt on the outside of it. There were also 3 empty 4 ounce juice containers and 2 plastic water bottles between the wooden board and the fence. Spread around the area on the right side dumpster were torn and parts of dark gray plastic trash bags. Near the left side dumpster a mop handle which was under the left rear foot rest of the dumpster was observed. There was an empty plastic 4 ounce juice container and an empty 2 ounce cup used for measuring medications. There was also several torn dark gray plastic trash bags. In addition there was a pile of debris on the paved area in front and between the 2 dumpsters which appeared to have been swept up but not removed. This pile contained torn trash bags.

During an interview with the Dietary Manager on 9/4/18 at 9:38 AM he stated the area should be clean but the waste management company frequently spilled the items out of the dumpster while emptying it. He added the trash bags frequently got caught as they were exiting out of the dumpster during the emptying and the contents spilled out causing the debris. He said the observation of the dirt build up on the outside of the debris indicated the items had been on the ground for some time.

During an observation of the area on 9/4/18 at 9:41 AM the corporate food service manager stated the area should have been cleaned and no debris should be on the ground.

During an observation of the dumpster area with the administrator on 9/4/18 at 10:00 AM she
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 814</td>
<td>continued From page 4</td>
<td></td>
<td>stated she expected the dumpster area to be free from trash on the ground.</td>
<td>F 814</td>
<td></td>
<td></td>
<td>maintained in a sanitary condition to prevent the harborage and Dietary Manage feeding of pest utilizing the QI Monitoring Tool for Disposal of garbage and refuse properly. Opportunities to be corrected by the and or Dietary Cook as identified during the Quality monitoring. Quality Assurance The results of these reviews to be submitted to the QAPI Committee by the Dietary Manager for review by the IDT members monthly. Quality monitoring schedule modified based on findings. The QAPI Committee to evaluate the effectiveness and modify monitoring as needed.</td>
</tr>
</tbody>
</table>