STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345528	A. BUILDING _____ B. WING _____	11/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER LANDING AT SANDY RIDGE	1575 JOHN KNOX DRIVE COLFAX, NC 27235

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 761 SS=D	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 observation, staff interviews, record review and manufacturer's information, the facility failed to maintain the manufacturer's temperature storage parameters of the refrigerator for the flu vaccine, pneumococcal vaccine and insulin multidose vial in 1 (100 hall) of 3 medication rooms and failed to discard expired Tuberculin Multidose vial in 1 (300 hall) of 3 medication rooms.	F 761	Corrective action for the specific deficiency, 0761, has been corrected by removing and discarding any possibly affected medications (11/28/18), removing the previous temperature logs, auditing all medication room refrigerators for temperature/setting and expired medications (11/28/18), reeducating staff (11/28/18-12/03/18), and replacing the thermometers with digital thermometers	12/3/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/14/2018

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F 761	Continued From page 1 Findings included: Review of the manufacturer's storage parameters are as follows: 1. Influenza vaccine individual vials. The packaging insert indicated to store between 36-46 degrees F. 2. Pneumococcal vaccine polyvalent. The packaging insert indicated to store between 36-46 degrees F. 3. Lantus insulin multidose vials. The medication packaging indicated do not freeze. 1a. On 11/26/18 at 10:30 AM., the 100-hall medication room was observed with Nurse #1. The medication refrigerator log showed the following recordings: 1. 11/02/18 - 30 degrees 2. 11/4/18 - 28 degrees 3. 11/7/18 - 28 degrees 4. 11/8/18 - 28 degrees 5. 11/11/18 - 32 degrees 6. 11/13/18 - 32 degrees 7. 11/16/18 - 32 degrees 8. 11/18/18- 32 degrees 9. 11/21/18 - 28 degrees 10. 11/27/18 - 32 degrees The refrigerator on 100-hall was observed with 13 influenza vaccine individual vials, 5 pneumococcal vaccine individual vials, and 3 multidose Lantus insulin vials on 11/28/18. At 11/28/18 10:30 AM, an interview was conducted with Nurse #1, who stated that the night shift nurse usually checks the med cart and med room temperatures and write the result in the temperature log.	F 761	for more accurate reading. The process that led to the deficiency was a breakdown in the auditing and paperwork system, as follows: A system was in place for the monitoring of medication room refrigerator temperatures. Each refrigerator has a thermometer in place, which is checked PRN each shift and is checked and logged on third shift. The expectation is that the temperatures will remain between 35-41 degrees F for proper storage of medication. The log for Pebble Beach 1 (PB1) for November indicated instances in which the temperature was documented as below freezing. Some medications, which were noted in this refrigerator, stored at below freezing have the possibility to be altered/less effective. Previously, the logs used to document the medication room refrigerators temperatures included a range of appropriate temperatures. These logs had been replaced with logs that did not specify a temperature range. It was noted that a staff member on PB1 had difficulty reading the temperatures and digital thermometers were ordered. The system in place for the prompt replacement and removal of expired medications was as follows: The pharmacy does medication room and medication cart audits every 60 days. Every shift is responsible for checking, re-ordering, and pulling expired medications on medication carts and in medication rooms, as needed. Third shift is responsible for checking at least weekly, re-ordering, and pulling expired medications as needed. Expired	

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F 761	Continued From page 2 On 11/28/18 10:53, the unit supervisor confirmed delivery by a drug company for the Influenza vials as 09/26/18 and the pneumococcal vaccines as 07/31/17 and were stored in the refrigerator. 1b. An observation on 300 hall medication room on 11/28/18 at 10:37 AM, there was a tuberculin multidose vial with an opening date of 10/11/18 and was in the refrigerator. On 11/28/18 10:38 AM nurse #2 stated that the pharmacy comes and checks the medication room and cart. She also stated that the 11-7 shift will check for expiration date. An interview with the DON was conducted on 11/29/18 at 2:40 pm. He stated that his expectation was that the night nurses check the refrigerator temperatures and notify maintenance when the temperatures are out of range. An interview with the administrator was conducted on 11/29/18 at 2:40 pm. She stated that her expectation was that the refrigerator temperatures should be in acceptable range.	F 761	Tuberculin was found in the medication room refrigerator on Winged Foot (WF). The expectation is that all expired medications will be discarded. Third shift is a double check to audit the medication cart and rooms to assure any medications getting ready to expire/expired medications are reordered/removed. There was no log system in place to assure the audits were completed. The procedure for implementing the plan of correction is as follows: 11/28/18 The medications required to be stored above freezing, which may have been exposed to freezing temperatures, were removed and discarded. Staff were re in serviced beginning 11/28/18. This included the use of the new Temperature Log, how to accurately read the thermometer, and what to do in the event the temperature is not in the correct range. New logs were placed on each medication room refrigerator and all hard and digital copies not containing the temperature ranges were destroyed/deleted. 11/28/18 all other Households were audited and found to have appropriate temperatures, including prior month and current. 11/28/18 digital thermometers were ordered for medication room refrigerators for easier and more accurate reading. 11/29/18 routine QAPI meeting held and medication storage/temperatures were added to the agenda, corrections noted, and the POC was reviewed: Every shift is responsible for checking the medication room refrigerator temperature as needed. Third shift will be responsible for auditing	

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F 761	Continued From page 3	F 761	and documenting the temperature on the Temperature Log. If any shift finds the temperature is not within range that shift should remove and dispose of medications as indicated. If the refrigerator needs repair, medications should be moved to a properly operating refrigerator on another household. Maintenance and the Nurse Mentor should be notified. Each Nurse Mentor or the Community Mentor/Nursing Home Administrator will visually check the temperature daily (Monday-Friday) for 2 weeks to assure proper storage and will check the log daily for 2 weeks to assure proper temperatures and documentation. If no issues are noted, then the Nurse Mentor will visually check the temperature 2 days a week for 4 weeks to assure proper storage/documentation. If no issues are noted, then going forward, the logs will be spot-checked at random intervals to assure continued compliance and will be monitored monthly through QAPI. 11/28/18 the expired Tuberculin was discarded. the Nurse Mentor of the household audited each medication room and cart again for expired medications. The pharmacy representative also audited each medication room and cart. No unlabeled or expired medications were found. Beginning 11/28/18 staff were re in serviced, including the new procedure for auditing medication carts and medication rooms: Every shift is responsible for checking, re-ordering, and pulling expired medications on medication carts and in medication rooms, as needed. Third shift will be responsible for auditing the	

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F 761	Continued From page 4	F 761	medication room and cart for expired medication every Monday and Thursday. There will be a log kept to indicate completion. Any expired medications will be pulled and any medication getting ready to expire will be re ordered and pulled when the new medication arrives. Each Nurse Mentor will conduct a random audit of medication rooms and carts for any expired medications. This audit will occur weekly for 4 weeks. If no issues are noted, the Nurse Mentors will randomly audit every 2 weeks for 4 weeks. If no issues, are noted the Nurse Mentors will randomly audit every month for 2 months. This will be reported and tracked in QAPI. If any future issues arise, it will be referred back to QAPI for follow-up. The Nurse Mentors will also check the staff log weekly for completion and will follow-up with any staff to provide necessary education and/or coaching. The logs will be forward to the Clinical Mentor (DON) at the end of each month. The Weekend Nurse Mentor will do a double check audit, once a month for 6 months on the opposite month of the pharmacy review, either Saturday or Sunday of all medication rooms and carts and note anything significant on the log and the weekend report, which is forwarded to management. The monitoring procedure to ensure the plan of correction remains in compliance is as follows: The Nurse Mentors on each household will continue monitoring and will visually check each log weekly ongoing to assure accurate completion.	

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F 761	Continued From page 5	F 761	The Clinical Mentor (DON) will review each log monthly. The logs will be discussed as part of the monthly QAPI meetings, as part of ongoing monitoring. If any future issues arise, it will be addressed through QAPI. The person responsible for implementing the plan of correction is the Clinical Mentor/DON. Corrective action completed 12/3/18 as indicated by all required staff in services completed and storage of medications remains in compliance.	