| Event ID: PV7K11 | Facility ID: 960499 | If continuation sheet Page 1 of 6 |
### F 761

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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.

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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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.

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
### Provider's Plan of Correction

Each corrective action should be cross-referenced to the appropriate deficiency.

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
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<tr>
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<td>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</td>
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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 forwarded 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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<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>
<th>COMPLETION DATE</th>
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<td>F 761</td>
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<td>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.</td>
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<td>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.</td>
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