STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345407	A. BUILDING _____ B. WING _____	C 05/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSS CREEK HEALTH CARE	**1719 QUARTER ROAD SWANQUARTER, NC 27885**

(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
E 000	Initial Comments An unannounced Recertification survey was conducted on 5/6/2019 through 5/9/2019. The facility was found in complaince with the requirement CFR 483.73 Emergency Preparedness, Event ID # CQRX11.	E 000		
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint survey of 5/9/2019. Event ID # CQRX11.	F 000		
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	F 761		5/21/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/21/2019

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.

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F 761	Continued From page 1 be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to discard an expired insulin from one of four medication carts reviewed for expired medications(hall 100 medication cart), and the facility failed to discard an expired vial of Tuberculin skin test from one of one medication refrigerators reviewed for expired medications. Findings included: 1. On May 7, 2019 at 9:15 AM, during the 100 hall medication cart inspection, an insulin pen was noted to be marked as "expires after 28 days". A green label on the pen indicated the pen was opened 4/5/19. The nurse who was giving medications on the cart stated she did not notice the pen had expired. The Director of Nursing was interviewed at 9:35 AM on 5/7/2019, and stated her expectation was the nurses would review the medications and dispose of the expired medications. 2. On May 7, 2019 at 9:30 AM during an inspection of the facility medication storage room, an open vial of Tuberculosis testing vaccine was opened and dated 4/6/2019. The lot number was C5563AB and the expiration date was 14-Mar 2021. The Director of Nursing was present and stated the vial was expired and should have been disposed of.	F 761	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F 761 SS= D Corrective Action for Residents Affected Expired insulin pen and Tuberculosis vaccine were disposed of immediately on 5/7/19 by the Director of Nursing. Corrective Action for Resident Potentially Affected All medication carts and stored vaccines were audited immediately by the Director of Nursing on 5/7/19 with no further expired medications noted. (Attachment #1) Systemic Changes The Director of Nursing educated all FT, PT, and PRN nurses and medication aides on our pharmacy policy and procedure for medication storage in the facility. This education was completed on 5/21/19. (Attachment #2)	

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F 761	Continued From page 2	F 761	Quality Assurance The Director of Nursing will monitor this through the Medication Storage Focused Rounding Tool (Attachment #3) for four weeks, and monthly for three months, or until resolved by the QA committee. Results will be reported weekly to the QA committee and corrective action initiated as appropriate. The QA committee is the main quality assurance committee. This regularly scheduled weekly meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, and Social Services Coordinator/Activity Director, and Dietary Manager. The Medical Director will review during the Quarterly QA Meeting.	