An unnounced recertification survey was conducted on 12/2/19 through 12/5/19. The facility was found in compliance with the requirement CFR.483.73, Emergency Preparedness. Event ID # SP5011.

An unnounced recertification survey was conducted on 12/2/19 through 12/5/19. There were no complaint investigations conducted for this survey. Event ID # SP5011.

§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...
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quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:

Based on observation and staff interviews the facility failed to keep unattended medication secured in a locked medication cart for 1 of 4 medication carts observed (Lighthouse unit). Findings included:

In an observation on 12/03/19 from 4:12 PM to 4:13 PM the medication cart was against the partial wall dividing the dining room from the hallway. The medication cart was not visible from the dining room. The lock of the medication cart did not appear to be engaged. No staff members were seen on the hallway and the nursing station was empty of staff. After approximately 15-20 seconds a staff member walked up to the medication cart from out of the dining room and stood in front of the cart for a few seconds. The lock on the medication cart still appeared to not be engaged as she walked up the hallway approximately 40 feet to a resident room. The staff member returned down the hallway and adjusted the vital sign equipment that was on a cart outside the nursing station. When approached, the staff member confirmed that she was the nurse (Nurse #1) for the hallway.

In an interview on 12/03/19 at 4:13 PM Nurse #1 verified that the medication cart was unlocked by pulling open a drawer containing medications without using a key to unlock the cart. She confirmed that she had stopped at the medication cart after leaving the dining room but heard an alarm and responded to it leaving the unlocked medication cart unattended. She indicated that medication carts should always be locked when

F 761 – LABEL/STORE DRUGS AND BIOLOGICALS

Preparation and or execution of this plan does not constitute admission or agreement by the Provider of the truth of facts alleged or conclusion set forth on the statement of deficiencies. The plan is prepared and executed solely because it is required by the provisions of State and Federal law.

Facility nursing staff failed to keep unattended medication secured in a locked medication cart.

On 12/03/19, Nurse #1 left a medication cart unlocked and unattended.

The Staff Development Coordinator initiated an in-service to all licensed nursing staff on 12/05/19 regarding security of medication carts while unattended. No staff will work after 12/13/19 until they have received the in-service. All newly hired licensed nursing staff will receive the appropriate education during orientation.

To ensure quality assurance, the Staff Development Coordinator and Director of Nursing will randomly audit 10 unattended medication carts to ensure carts are locked when not in visual sight of the nurse. Audits will occur weekly x 4 weeks, then monthly x 3 months. The Associate

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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>not attended. Nurse #1 stated if the cart was left unlocked, anyone could come and take whatever drugs they wanted and swallow them.</td>
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<td>Director will review the audit tools weekly x 4 weeks, then monthly x 3 months for trends and concerns.</td>
<td></td>
<td>The Director of Nursing will present the results of these audits to the Quality Assurance Performance Improvement Committee for a minimum of three consecutive meetings to identify trends, concerns, and recommendations for any modification of the process.</td>
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