DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/11/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345417	B. WING _				C / 08/2023	
NAME OF PROVIDER OR SUPPLIER HILLSIDE NURSING CENTER OF WAKE FOREST			968 EA	T ADDRESS, CITY, STATE, ZIP CODE ST WAIT AVENUE FOREST, NC 27588				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	ζ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE	
E 000	Initial Comments		E	000				
F 000	investigation survey through 6/8/23. The compliance with the	requirement CFR 483.73, dness: Event ID# L4WM11	F	000				
	investigation survey through 6/8/23. Even	certification and complaint was conducted on 6/5/23 It ID # L4WM11. The e investigated NC00199415						
F 761 SS=E	4 of 4 complaint alle deficiency. Label/Store Drugs ar CFR(s): 483.45(g)(h)		F 7	'61			6/21/23	
	Drugs and biologicals labeled in accordanc professional principle appropriate accessor							
	§483.45(h) Storage of	of Drugs and Biologicals						
	Federal laws, the fac biologicals in locked	ordance with State and illity must store all drugs and compartments under proper , and permit only authorized coess to the keys.						
ADODATORY	locked, permanently storage of controlled	cility must provide separately affixed compartments for drugs listed in Schedule II of			TITLE		(X6) DATE	

Electronically Signed 06/20/2023

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
		345417	B. WING _				08/2023
NAME OF PROVIDER OR SUPPLIER				ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 00/	00/2020
HILLSIDE NURSING CENTER OF WAKE FOREST				968 EAST WAIT AVENUE WAKE FOREST, NC 27588			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 761	Continued From pag	e 1	F I	761			
F 701	the Comprehensive I Control Act of 1976 a abuse, except when package drug distributed quantity stored is mirble readily detected. This REQUIREMENT by: Based on observation facility failed to store refrigeration temperate manufacturer in 1 of observed (Unit 2 Med). The findings included On 6/6/23 at 10:42 A of the facility's 100 H At that time, the Med temperature was observed to Fahrenheit (o F) and range (360 - 460 F) f However, a food-relating was observed to Room refrigerator. Tindicated the Med Roshould be less than 4 Accompanied by the (DON), an interview of 10:45 AM with the factor of the facility of the interview, refrigerator temperate Room refrigerator was pharmacist confirmed.	Drug Abuse Prevention and and other drugs subject to the facility uses single unit ation systems in which the nimal and a missing dose can in it is not met as evidenced on and staff interviews, the medications at the ture specified by the 3 Medication Rooms of Room). It: M, an observation was made all Medication (Med) Room. Room's refrigerator served to be 46 degrees within the recommended or refrigerated medications. Ited refrigerator temperature be taped onto the Med this temperature log oom refrigerator temperature		761	On 6/6/2023 all medications in refrigerator were disposed of in the appropriate manner. All disposed medications were reordered, no doses were missed. A new medication refrigerator temperature log was attach to each medication refrigerator. The temperature of the refrigerator will be logged each morning by the day shift nurse, if the temperature is outside of range the maintenance director will red the problem and the medications will be discarded and replaced by the unit manager. The Director of Nursing provided education on 6/6/2023 to licensed nurse and maintenance director regarding the correct temperature log for the medical refrigerator and appropriate temperaturange. License nurses that do not receive education prior to working the next scheduled shift. The Director of Nursing or designee with complete audits on medication refrigerators to ensure that the temperatures are logged within range at that the thermometer also reads within	es es cion re eive	
	Accompanied by Nur	se #1, an observation was			range during the audit 7 days per week	for	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		MULTIPLE CONSTRUCTION FUILDING		(X3) DATE SURVEY COMPLETED	
		345417	B. WING			C 06/08/2023	
NAME OF PROVIDER OR SUPPLIER HILLSIDE NURSING CENTER OF WAKE FOREST				STREET ADDRESS, CITY, STATE, ZIP COD 968 EAST WAIT AVENUE WAKE FOREST, NC 27588	•		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 761	Room) on 6/6/23 at placed inside of the refrigerator indicated temperature was 34 recommended range Nurse #1 confirmed the thermometer. A was also observed to Med Room's medicathe observation. The follows: "Refridgerator [Refriderator 1. Acceptable refrigerator or below. 2. If temperature is a thermostat and retaled 3. If temperature is a to an appropriate reference." The temperature log temperatures taken 6/1/23 at 2:00 AM = 6/2/23 at 7:15 AM = 6/3/23 at 7:00 AM = 6/4/23 at 10:00 PM = 6/5/23 at 12:00 AM = 6/6/23 at 12:00 AM = 6	Medication Room (Med 10:48 AM. A thermometer Med Room's compact of the refrigerator's or F (not within the erfor pharmaceuticals). The temperature reading of food-related temperature log or be taped onto the top of the ation refrigerator at the time of its temperature log read as gerator] Temperatures Log terator temperature is at 41 Formot in range adjust the five temp in about 30 minutes. Still not in range, move items frigerator and notify for recorded the following in June 2023 to date: 320 F; 340 F	F 76	4 weeks, then 5 days per week then 2 times per week for 3 w then ongoing random audits we continued. The results of the be reviewed in the Quality Im Committee monthly for 3 mor committee will review the resultermine if additional moniton needed.	for 2 weeks, week and will be audits will provement of the control of the control of the control of the control		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345417	B. WING		C 06/08/2023	
	NAME OF PROVIDER OR SUPPLIER HILLSIDE NURSING CENTER OF WAKE FOREST			STREET ADDRESS, CITY, STATE, ZIP CODE 968 EAST WAIT AVENUE WAKE FOREST, NC 27588	06/06/2023	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION	
F 761	eye drops (used for A review of the mar information for the in the Unit 2 Med R following storage re Unopened Lantus a refrigerator (360 Unopened vials of in a refrigerator (360 Unopened vials of stored in a refrigerator (360 Unopened vials of stored in a refrigerator (360 40 The facility's Director Nurse #1 in the Unit 11:00 AM. At that the current temperature and the previously recorded on the log review of the tempenurse recording the called Maintenance and to ensure it was temperature range. Would need to devet temperature log what temperature range refrigerated medical	f Levemir insulin; is of latanoprost ophthalmic of the treatment of glaucoma); inufacturers' product individual medications stored from refrigerator included the equirements: is insulin pens may be stored in a 460 F); Do not freeze. If Lantus insulin may be stored to - 460 F); Do not freeze. If Levemir insulin may be stored to - 460 F); Do not freeze. If Levemir insulin may be stored to - 460 F); Do not freeze. If Levemir insulin may be stored in a 60 F). For of Nursing (DON) joined to 2 Med Room on 6/6/23 at time, concern related to the expected June temperatures were discussed. Upon the extra freeze discussed. Upon the extra freeze discussed. Upon the extra freeze discussed in the expected of 360 F or 460 F for the freeze of 360 F or 460 F for the freeze of 360 F or 460 F for the freeze of the polystated she tenance Director to request	F 70	51		
	came to the Med R	AM, the Maintenance Director boom with a new thermometer. birector was observed as he				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345417	B. WING _			C 06/08/2023
NAME OF PROVIDER OR SUPPLIER HILLSIDE NURSING CENTER OF WAKE FOREST				STREET ADDRESS, CITY, STATE, ZIP COD 968 EAST WAIT AVENUE WAKE FOREST, NC 27588		30/00/2023
(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 CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 761	Room refrigerator (ale thermometer) to check the refrigerator and the thermometer. Addition Director checked the refrigerator and reports stated the thermostates should have been set Director was observe refrigerator's thermostates. Accompanied by the Nurse #1, a second of Room refrigerator wat PM. At that time, bot thermometers read the refrigerator as 400 Frange of 360 F - 460	meter in the Unit 2 Med ong with the old ong with the old on the both the temperature of the accuracy of the old onally, the Maintenance thermostat setting of the ted it was set too cold. He was "turned up past 6" but it at "5." The Maintenance d as he adjusted the tat. Maintenance Director and observation of the Unit 2 Med is made on 6/6/23 at 12:10 in the old and the new the temperature of the (within the recommended of F for refrigerated aintenance Director reported two thermometers cy of the original	F7	761		