STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345092	A. BUILDING _____ B. WING _____	C 04/06/2011

MAY 02 2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEALTHCARE OF WINSTON SALEM	1900 W 1ST STREET WINSTON-SALEM, NC 27104

(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 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to count controlled substances before final disposition for 1 of 1 resident (Resident # 3); and the facility failed to develop a policy and procedure related to confiscating resident medications. Findings include: Resident #3 was admitted to the facility on 07/09/10. Resident #3 was discharged to the hospital on 03/05/11.	F 425	This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding. F-425 1. Resident # 3 was discharged from the facility on 03/05/11. 2. An audit of all residents that had medications confiscated or inventoried by the facility for safe keeping for the previous 60 days was conducted by the Director of Nursing on 04/26/2011 to ensure that the all medications returned were without discrepancy. No other residents were found to be affected.	4/29/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Raymond Cooper	Administrator	4-28-11

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 425	Continued From page 1 A typed statement by the Director of Nursing (DON) dated 03/16/11 and signed 03/18/11 included, in part, the following: " The last time I had opened the lock box was during a complaint survey on 01/18/2011 regarding the resident ' s medications and right to self administer. I had removed the bottles from the box in the presence of (the Administrator) and the Surveyor to count the medications. I then replaced the medication in the bottles and put the bottles into the lock box. I had not opened the lock box since that day. Responsible party (RP) of Resident (#3) arrived to pick up the medication that was confiscated from the resident in which he had mail ordered. I opened up the double locked box in my office on my bookcase - I retrieved (two) bottles, one of valium and one of oxycodone. I noted there was a box of (fentanyl) patches missing. I bagged the bottles up and handed them to (the RP). She stated good bye and thank you and left the office - she then turned around and came back stating that the bottles were empty. I checked the bottles - the valium and oxycodone were empty. " A handwritten statement by the Unit Coordinator dated and signed 03/18/11 included, in part, the following: On the morning of 03/16/11, I was in (the DON ' s) office. (Resident #3 ' s responsible party) and another woman knocked on the door and came in. They handed a plastic bag to (the DON) and stated " These bottles are empty; " they said they just checked them and pulled the tissue out of one bottle vey slow to make sure not to spill any pills if they were in the bottle. "	F 425	3. The policy regarding confiscating medications from residents was updated to include the witnessed counting of medications at the time the medications are confiscated and at the time they are either returned or destroyed. The Director of Nursing was in-serviced regarding the policy and procedure on 4/28/11 by the Regional Director of Clinical Services. All licensed nurses were in serviced by the Staff Development Coordinator 4/27/11 through 4/29/11 regarding the updates to the "Storage of Narcotics taken from Residents" policy and procedure. 4. Audits of all residents that have their medications stored by the facility will be conducted by the Director of Nursing to ensure an accurate count. These audits will be conducted bi-weekly for four weeks and then weekly for two months and/or 100%. The results will be noted and reviewed in the monthly Quality Assurance. Any issues or trends identified will be addressed by the Quality Assurance Committee as they arise and the plan will be revised as needed to ensure continued compliance. The Quality Assurance Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director	4/29/11

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F 425	Continued From page 2 A typed addendum by the DON dated and signed 04/06/11 included the following: " The bottles were moved to the facility safe on 03/16/11. " On 04/06/11 at 9:45 AM, the Unit Coordinator stated the mail order control substances for Resident #3 were stored in the locked box in the DON ' s office after the January count with the surveyor. On 04/06/11 at 10:45 AM, the DON stated she had locked the controlled substances for Resident #3 in the double locked box in her office after the January count with the surveyor. The DON stated the responsible party for Resident #3 had been called to pick up the locked medications in March after the resident had been transferred to the hospital. The DON stated when she opened the locked box for the responsible party, the fentanyl patches and container(s) were gone and after the responsible party came back into her office, she noted that the oxycodone and valium bottles were empty. The DON stated the empty bottles were returned to the locked box. On 04/11/11 at 10:55 AM, the DON opened the double locked box in her office and it revealed no medications in the locked box. The DON stated she had moved the bottles from her locked box to the business safe while the locks were being changed. The labeled bottles in the business safe of oxycodone and valium for Resident #3 were observed to be empty. There were no fentanyl patches for Resident #3. On 04/11/11 at 10:48 AM, the Administrator stated there was no policy for handling	F 425		

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F 425	Continued From page 3 confiscated controlled substances for residents. A policy for " Storage of Narcotics taken from Residents " to include purpose and general guidelines was faxed and received on 04/11/11 at 1:28 PM. The policy did not include a process to record the count of the controlled substances at the time of confiscation and at the time of disposition.	F 425		