PRINTED: 07/19/2012 FORM APPROVED OMB NO. 0938-0391

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po or m ac	r maintain the highes nental, and psychoso	eceive and the facility must y care and services to attain st practicable physical, scial well-being, in comprehensive assessment		Plan of correction doe constitute admission or agree the provider of the truth of alleged or conclusions set for statement of deficiencies. To correction is prepared and of solely because it is required provisions of Federal and Statement of Correction is prepared and Statement of Federal and St	eement by f the facts orth in the The plan of or executed ed by the	
by B re mo (1) (R	This REQUIREMENT is not met as evidenced by: Based on staff interviews and medical record review, the facility failed to administer available medications as ordered by the physician for one (1) of three (3) newly admitted residents (Resident #7). The findings are:			F309 – Resident #7 is receiving Potassium and Ativan per physorder. All residents have the particle be affected by this deficient particle although none were found to	vsician's potential to ractice	
wit pui an:	th diagnoses includir Imonary disease, an	tted 06/26/12 to the facility ng chronic obstructive xiety, and a history of ation of fluid in various				
dat	eview of the nursing a ted 06/26/12 reveate gnitive impairment.	admission assessment d Resident #7 had no				
rev adr phy me mill	A review of Resident #7's medical record revealed physician's orders and a medication administration record (MAR) dated 06/26/12. The physician's orders included the following medications: Alivan (an antianxiety medication) 2 milligrams (mg) three times a day, Lasix (a diuretic medication) 40 mg twice a day, and					
ORATORY DIREC	CTOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATURE		umstratos)		6) DATE 31-12

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 a program participation.

Original Signature Date: 7-30-12

AUG 0 1 2012

NAME OF PROMIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			RVEY IED
MOUNTAIN TRACE REHABILITATION & NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 417 MOUNTAIN TRACE ROAD SYLVA, NC 28779 A CONTRIBUTION OF THE PROPERTY IN THE PROPER			345302	B. WA	1G		1	
FREEFIX TAG CONTINUED FROM NUMBER OF RECORDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 1 Potassium Chloride (an electrolyte replacement) 20 milliequivalents (meg) twice a day. A review of the MAR revealed the Alivan was scheduled for 8.00 AM, 1:00 PM, and 9:00 PM. The Lasix and potassium chloride were scheduled for 8.00 AM and 5:00 PM. Further MAR review revealed the 5:00 PM doses of Lasix and potassium chloride on 06/26/12 were not initiated as administered. An interview with Licensed Nurse (LN) #4 on 07/03/12 at 1:55 PM revealed Alivan was kept in an automated medication dispensing system to take the wening of 06/26/12. West stated she did not have the MAR available to her and did not know medications were scheduled for 5:00 PM and 9:00 PM. Lh #3 did not state why the MAR was unavailable. An interview was conducted with the Director of Nursing (DON) and the Corporate Consulting Nurse (CCN) on 07/05/12 at 11:13 AM. The CCN confirmed frequently used medications were septent to include Lasix and Potassium Chloride. The DON stated she expected nurses to administer medications as ordered by the physician.				<u> </u>	4.	17 MOUNTAIN TRACE ROAD		
Potassium Chloride (an electrolyte replacement) 20 millequivalents (meg) twice a day. A review of the MAR revealed the Alivan was scheduled for 8.00 AM, 1:00 PM, and 9:00 PM. The Lasix and potassium chloride were scheduled for 8:00 AM and 5:00 PM. Further MAR review revealed the 5:00 PM doses of Lasix and potassium chloride on 06/26/12 were not initialed as administered. The 9:00 PM dose of Alivan on 06/26/12 was not initialed as administered. An interview with Licensed Nurse (LN) #4 on 07/03/12 at 1:58 PM revealed Alivan was kept in an automated medication dispensing system located in the facility and provided by facility pharmacy. An interview with LN #3 on 07/03/12 at 3:40 PM revealed she was working on Resident #7's hall the evening of 06/26/12. She stated she did not have the MAR available to her and did not know medications were scheduled for 5:00 PM and 9:00 PM. LN #3 did not state why the MAR was unavailable. An interview was conducted with the Director of Nursing (DON) and the Corporate Consulting Nurse (CCN) on 07/05/12 at 11:18 AM. The CCN confirmed frequently used medications were kept in the automated medication dispensing system to include Lasix and Potassium Chloride. The DON stated she expected nurses to administer by the Director of Pharmacy upon medications from the pharmacy upon resident admission into the facility including utilizing medications from the Pyxis system. This education sendication as ordered. An audit of current resident Medication Administration records will be completed by the Director of Nursing by 7/31/12 to identify any medications not being administered per physician orders. An audit of current resident Medication Administration records will be completed by the Director of Nursing and the Assistant Director of Nursing orders. An audit of current resident Medication Administration records will be completed by the Director of Nursing and the Assistant Director of Nursing some directions or present in the medications will be completed by the Director of Nursing and the As	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
SS=D ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain	F 425	Potassium Chloride (a 20 milliequivalents (m the MAR revealed the 8.00 AM, 1:00 PM, ar potassium chloride wand 5:00 PM. Furthe 5:00 PM doses of Las on 06/26/12 were not The 9:00 PM dose of initialed as administer. An interview with Lice 07/03/12 at 1:58 PM an automated medical located in the facility a pharmacy. An interview with LN arevealed she was worthe evening of 06/26/1 have the MAR available medications were sche 9:00 PM. LN #3 did munavailable. An interview was consultable. An interview was consultable. An interview was consultable (CCN) on 07/03/10 confirmed frequently in the automated medications as ordered 483.60(a),(b) PHARM ACCURATE PROCEIT.	an electrolyte replacement) and electrolyte replacement) and you was scheduled for ad 9:00 PM. The Lasix and are scheduled for 8:00 AM and AMAR review revealed the asix and potassium chloride initialed as administered. Alivan on 06/26/12 was not and. ansed Nurse (LN) #4 on and provided by facility #3 on 07/03/12 at 3:40 PM and provided by facility #43 on 07/03/12 at 3:40 PM and provided by facility #45 on 07/03/12 at 3:40 PM and provided by facility #56 on 07/03/12 at 3:40 PM and provided by facility #57 on 07/03/12 at 3:40 PM and provided by facility #58 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #59 on 07/03/12 at 3:40 PM and provided by facility #50 on 07/03/12 at 3:40 PM and provided by facility #50 on 07/03/12 at 3:40 PM and provided by facility #50 on 07/03/12 at 3:40 PM and provided by facility #50 on 07/03/12 at 3:40 PM and provided by facility #50 on 07/03/12 at 3:40 PM and provided by facility #50 on 07/03/12 at 3:40 PM and provided by facility #50 on 07/03/12 at 3:40 PM and provided by facility #50 on 07/03/12 at 3:40 PM and provided by facility #50 on 07/03/12 at 3:40 PM and provided by facility #50 on 07/03/12 at 3:40 PM and provided by facilit	F	309	regarding the policy of obtain medications from the pharma resident admission into the faincluding utilizing medication Pyxis system. This education Included policy on administer admission medications as ord audit of current resident Med Administration records will be by the Director of Nursing and Assistant Director of Nursing and Individual of current resident Med Administered per physician or audit of current resident Med Administration records will be by the Director of Nursing and Assistant Director of Nur	by 7/8/12 ing acy upon acility s from the also ing new ered. An ication completed I the by 7/31/12 by being ders. An ication completed I the omparing dications for each sentative t resident edication edication edication sible. The erified and ed into the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345302	B, WNG		C 07/05/2012
NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER			4	REET ADDRESS, CITY, STATE, ZIP CODE 17 MOUNTAIN TRACE ROAD SYLVA, NC 28779	07/05/2012
(X4) ID PRÉFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF THE APPROPRIES OF THE PROPRIES	JLD BE COMPLETION
F 425	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 staff and pharmacy representative interviews and medical record reviews, the facility failed to obtain medications for two (2) of three (3) newly admitted residents. (Residents #6 and #7). The findings are: 1. Resident #6 was admitted to the facility 06/25/12 with diagnoses including fibromyalgia, chronic pain, and high cholesterol. A review of Resident #6's medical record revealed a nursing admission assessment dated 06/25/12 at 3:15 PM. The assessment specified the resident was alert and cognitively intact. A		F 369	Director of Nursing will be respo maintaining the par levels in the system on a weekly basis. The D Nursing or Assistant Director of I will be responsible for completin of the current resident MARs on basis x 2 weeks, weekly basis x o then monthly thereafter. New e will receive same education upor Agency contracted staff will receive same education prior to working. The findings from the QA audits we presented to the QA committee be Director of Nursing or Assistant Director of Nursing or Assistant Director of Nursing wonthly x 3 then quart thereafter to determine the need	nsible for Pyxis Irector of Nursing g an audit a daily ne month mployees n hire. ive the rector erly for
				A planned directed In-service will conducted by a licensed Pharmac July 30 and 31, 2012 for all license nurses. Compliance date 07/31/12	be ist on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN ()	- CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	<u> </u>	C		
		345302	B. WIN	IG			5/2012	
	ROVIDER OR SUPPLIER	ON & NURSING CENTER	•	4	REET ADDRESS, CITY, STATE, ZIP CODE 17 MOUNTAIN TRACE ROAD SYLVA, NC 28779			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 425	of this assessment. A review of Resident a revealed physician's or administration record physician's orders included from the fire revealed the Lyrica was administered at 9:00 Frevealed the Lyrica was administered until 4:00 Zedia was not initialed PM on 06/26/12. An interview with Lice 07/03/12 at 2:50 PM resident # 6 and faxe included Lyrica and Ze on 06/25/12 in the after An interview with LN # revealed medications pharmacy via fax in the to the facility around man an interview with the frepresentative on 07/00 the process the facility medications before the was as follows: The facility arounds:	ith the assessment was not in pain at the time #6's medical record orders and medication (MAR) dated 06/25/12. The luded the following a medication used to control 19 four (4) times a day and 19 sed to lower cholesterol) 10 four (4) times a day and 10 sed to lower cholesterol) 10 four (4) times a day and 10 sed to lower cholesterol) 10 four (4) times a day and 10 sed to lower cholesterol) 10 four (4) times a day and 10 sed to lower cholesterol) 10 four (4) times a day and sed to lower cholesterol) 10 four (4) times a day and sed to lower cholesterol) 10 fou	F	425	Plan of correction does constitute admission or agree the provider of the truth of alleged or conclusions set for statement of deficiencies. The correction is prepared and one solely because it is require provisions of Federal and Statement #6 was discharged the facility. Resident #7 is now received and MS Contin per physical order. All residents have the potential or affected by this deficient practice although none were found to be statement.	the facts of he plan of executed d by the tate law d from ceiving an's		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Γ΄ ΄	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345302	8. WI	NG			C 5/2012
NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER				4	EET ADDRESS, CITY, STATE, ZIP CODE 17 MOUNTAIN TRACE ROAD YLVA, NC 28779		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				.D BE	(X5) COMPLETION DATE	
F 425	utilized as a backup a medication to the facil On 07/05/12 at 11:18 (DON) and the Corpor (CNN) were interview only frequently used in automated medication and Zedia did not fall stated she expected lipharmacy for backup were not available in I system and were need pharmacy delivery. The medication could not be expected licensed nur for orders to either omanother medication. Continued interview vio 07/05/12 at 2:16 PM in the facility when rot was made by the pharmacy in the facility when rot was made by the pharmacy unable to recall educationstructing nurses to a delivery if medications automated delivery sy not call the pharmacy regarding Resident #6 2. Resident #7 was a diagnoses including rechronic pain, and a his	the pharmacy in turn in from a local pharmacy ind provided delivery of the ity. AM the Director of Nursing rate Consulting Nurse ed. The CCN confirmed inedications were kept in the indispensing system. Lyrica in this category. The DON censed nurses to call the delivery if the medications the automated dispensing ded before the routine the DON added if the the obtained timely, she ses to notify the physician wit a dose or substitute a telephone with LN #2 on evealed she was usually not thine medication delivery that and was not aware of the LN #2 stated she was tion provided by the facility all for backup medication were not available in the stem. LN #2 added she did for backup delivery 's medication. dmitted to the facility with estless leg syndrome,	F	425	Re-education to the licensed staff & Director of Pharmacy by 7/8/12 reg the policy of obtaining medications into the facility including utilizing medications from the Pyxis system. education also included policy on administering new admission medicas ordered. An audit of current resident Medication Administration records a completed by the Director of Nursing by 7/31/12 to identify any medications being administered per physician or An audit of current resident Medica Administration records will be comply the Director of Nursing and the Assistant Director of Nursing and the Assistant Director of Nursing compa ordered medications with medication present in the medication cart for earlies in the medication and the Assistant Director of Nursing medications present in each medication of 7/7/12. Any missing medica will be obtained as soon as possible. Pyxus system contents were verified medication replacements loaded into system by the pharmacy representation 7/10/12. The Director of Nursing Assistant Director of Nursing will be responsible for maintaining the par in the Pyxis system on a weekly basi Director of Nursing or Assistant Dir	arding from lon This ations dent will be g and not ders. tion eleted ring ons ach tive dent tion tions . The I and to the tive g or levels s. The	

NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER X44 ID PREFIX TAG X			IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE				ļ				· -	
MOUNTAIN TRACE REHABILITATION & NURSING CENTER A review of a nursing admission assessment dated 06/26/12 at 12:50 PM described Resident #7 with no cognitive impairment. A review of Resident #7's medical record revealed physician's orders and a medication administration record (MAR) dated 06/26/12. The physician's orders included the following medications: Requip (a medication used to treat resides leg syndrome) 5 milligrams (mg) at hedding and MS Contin (damed continued for page 1) milligrams (mg) at heading and MS Continued for page 2) in the following medication and ministration for page 3 milligrams (mg) at heading and MS Continued for page 4 medication for page 5 milligrams (mg) at heading and MS Continued for page 5 milligrams (mg) at heading and MS Continued for page 5 milligrams (mg) at heading and MS Continued for page 5 milligrams (mg) at more page 5 milligrams (mg) at mo			345302				07/0	05/2012	
FREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 425 Continued From page 5 A review of a nursing admission assessment dated 06/26/12 at 12:50 PM described Resident #7 with no cognitive impairment. A review of Resident #7's medical record revealed physician's orders and a medication administration record (MAR) dated 06/26/12. The physician's orders included the following medications: Requip (a medication used to treat restless leg syndrome) 5 milligrams (mg) at bedtime and MS Contin (a medication for pain.			ION & NURSING CENTER		41	7 MOUNTAIN TRACE ROAD			
A review of a nursing admission assessment dated 06/26/12 at 12:50 PM described Resident #7 with no cognitive impairment. A review of Resident #7's medical record revealed physician's orders and a medication administration record (MAR) dated 06/26/12. The physician's orders included the following medications: Requip (a medication used to treat resident MAS on a daily basis x 2 weeks, weekly basis x one month then monthly thereafter. New employees will receive same education upon hire. Agency contracted staff will receive the same	PREFIX	KEFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE				LD BE	COMPLETION		
control) 15 mg every twelve (12) hours. The MAR specified 9:00 PM as the time both of these medications were to be administered. Continued MAR review revaled the 9:00 PM doses on 06/26/12 were not initialed indicating the medications were not administered. An interview with Licensed Nurse (LN) #4 on 07/03/12 at 1:58 PM revealed MS Contin was not kept in an automated medication dispensing system located in the facility and provided by the facility pharmacy. An interview with LN #1 on 07/03/12 at 4:05 PM revealed she faxed Resident #7's medication orders to the pharmacy on 06/26/12 at 2:35 PM. LN #1 stated she also faxed a hand written MAR to the pharmacy on that date at 3:25 PM. She added the medications usually were delivered from the pharmacy on 07/03/13 at 4:25 PM revealed the process the facility should utilize to obtain medications before the normal late night delivery was as follows: The facility should notify the pharmacy via telephone regarding medications	F 425	A review of a nursing dated 06/26/12 at 12 #7 with no cognitive in the revealed physician's administration record physician's orders incomedications: Requiping restless leg syndrome bedtime and MS Concontrol) 15 mg every MAR specified 9:00 Fmedications were to 1 MAR review revealed 06/26/12 were not inimedications were not inimedications were not inimedications were not in the facility pharmacy. An interview with Lice or/03/12 at 1:58 PM kept in an automated system located in the facility pharmacy. An interview with LN revealed she faxed Rorders to the pharmacy on the pharmacy on the pharmacy of the pharmacy to the process the facility medications before the was as follows: The facility was as facilit	admission assessment :50 PM described Resident impairment. #7's medical record orders and a medication (MAR) dated 06/26/12. The cluded the following (a medication used to treat in (a medication for pain twelve (12) hours. The PM as the time both of these the administered. Continued if the 9:00 PM doses on tialed indicating the in administered. Insed Nurse (LN) #4 on revealed MS Contin was not medication dispensing facility and provided by the #1 on 07/03/12 at 4:05 PM resident #7's medication recy on 06/26/12 at 2:35 PM. To faxed a hand written MAR that date at 3:25 PM. She as usually were delivered the facility around midnight. facility pharmacy 03/13 at 4:25 PM revealed by should utilize to obtain the normal fate night delivery facility should notify the	F	425	Director of Nursing or Assistant Director of Nursing will be responsible for completing an audit of the current resident MARs on a daily basis x 2 v weekly basis x one month then more thereafter. New employees will receive the same education upon hire. Agency contracted staff will receive the same education prior to working. The findings from the QA audits will presented to the QA committee by Director of Nursing or Assistant Director of Nursing or Assistant Director of Nursing monthly x 3 then quarted thereafter to determine the need for additional monitoring and/or educated additional monitoring and/or educated on July 30 and 31, 2012 licensed nurses by a Registered Pharmacist.	weeks, nthly ceive me the ector rly or ation.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345302	B. WA				C 5/2012	
	ROVIDER OR SUPPLIER	ON & NURSING CENTER		4	REET ADDRESS, CITY, STATE, ZIP CODE 417 MOUNTAIN TRACE ROAD SYLVA, NC 28779			
(X4) ID PREF)X TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 425	pharmacy in turn order local pharmacy utilized delivery of the medical continued interview with 10:58 AM revealed shautomated medication what medications were added she should have the pharmacy so the revealed she should be seen pharmacy. An interview with the I and the Corporate Co conducted on 07/05/11 confirmed only frequent kept in the automated system. Requip did not be pharmacy for backmedications were not dispensing system. The medication could not be	dispensing system. The rs the medication from a d as a backup and provides tion to the facility. With LN #1 on 07/05/12 at e should have looked in the a dispensing system to see a readily available. She e placed a telephone call to medications that were not cured from a local backup. Director of Nursing (DON) insulting Nurse (CCN) was 2 at 11:18 AM. The CCN intly used medications were medication dispensing it fall into this category. The cited licensed nurses to call up delivery if the available in the automated ine DON added if the see obtained timely, she sees to notify the physician	F	425				