

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

OCT 24 2012

PRINTED: 10/15/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2012
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-SILAS CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27103	
(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 431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>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.</p> <p>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.</p> <p>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 be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 431		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

ED

(X6) DATE

10/23/12

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 program participation.

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F 431	<p>Continued From page 1</p> <p>Based on observation and staff interview, the facility failed to ensure 3 Advair Diskus were not used after the expiration date and 1 bottle of Desmopressin Nasal Spray was not stored per the manufacturer's directions on 2 of 4 medications carts.</p> <p>Findings include:</p> <p>1. On 10/4/12 at 10:50am during a medication storage check on the medication cart used on the hall with numbers in the 40's 3 boxes containing Advair Diskus (is a bronchodilator used to treat Asthma chronic obstructive pulmonary disease (COPD), including chronic bronchitis, and emphysema) were observed. Box #1 had a date of being opened written on the box as 8/16/12; box #2 had an open date of 8/6/12 and box #3 had an open date of 8/30/12. The instructions on the box stated dispose of 30 days after opening.</p> <p>10/4/12 at 0:56am Nurse #2 who was assigned to the medication cart for the hall with 40 numbers looked at the boxes containing Advair Diskus and stated "I missed that date", they should not be used. Nurse #2 indicated the unit supervisor checks the carts every morning but the nurses on the cart are responsible to check all the medication before giving it to a resident. The nurse also indicated that she had used all three boxes of Advair Diskus this morning.</p> <p>2. On 10/4/12 at 10:40 during medication storage check on the medication cart used on the hall with numbers in the 50's. One bottle of Desmopressin 0.0% Solution Acetate Nasal solution was lying on its side in the top draw of the medication cart.</p>	F 431	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <ol style="list-style-type: none"> All three Advair Diskus were discarded and replaced with new Advair Diskus. The Desmopressin Solution Acetate Nasal solution was discarded and replaced with a new Desmopressin Solution Acetate Nasal solution The Unit Managers will audit the medication carts to ensure that current supply of Advair Diskus are with in date, and that current supply of Desmopressin Solution Acetate Nasal solution are stored properly in the refrigerator. The SDC and or Unit Managers will re-educate the Licensed Nurses on the centers policy and procedure for medication storage. This information will be covered during orientation for new licensed nurses and medication aides. The Unit Manager and or DNS will Audit medication carts 3 times a week for 4 weeks, then 2 times a week for 4 weeks, then weekly for 4 weeks to ensure compliance. Data results will be reviewed and analyzed at the facilities monthly Performance Improvement committee meeting for three months and then quarterly 	10/25/12	

MC.

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F 431	Continued From page 2 The label on the box container stated "STORE IN REFRIGERATOR"; " STORE the BOTTLE IN UPRIGHT POSITION." 10/4/12 at 10:48am nurse #1 assigned to the medication cart looked at the box containing the Desmopressin 0.0% Solution acetate nasal solution (antidiuretic hormone replacement; used to reduce urinary output with increase in urine osmolality and a decrease in plasma osmolality.) and read the directions to store medication in the refrigerator. She stated that she had not noticed the directions before. Nurse #1 also stated the unit supervisor checks the carts every morning. Nurse #1 stated the nurse on the cart is responsible for checking the medications for expiration date and any other direction before administering the medication to a resident.	F 431	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> thereafter. With a subsequent plan of correction as needed.		

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-SILAS CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 3350 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27103
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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type III(211) construction, one story, with a complete automatic sprinkler system.	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
K 045 SS=F	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8	K 045	K45 It is the practice of this center to assure that all miscellaneous life safety issues are within compliance at all times to include: Illumination of Means of Egress in both therapy rooms and family room will be corrected and all other locations will be checked and corrected as needed. Future compliance will be assured by facility Preventative Maintenance Program.	12/14/2012
K 054 SS=D	This STANDARD is not met as evidenced by: Based on observation on Friday 11/2/12 at approximately 9:30 AM onward the following was noted: 1) The following egress illumination was observed as noncompliant: specific findings include the following rooms would leave the patient in darkness. a. Therapy Rooms and Family Room. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved,	K 054	K54 It is the practice of this center to assure that smoke detectors are installed, maintained and inspected per NFPA 101 Ch. 9 to ensure compliance at all times to include:	12/14/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K 054	Continued From page 1 maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on observation on Friday 11/2/12 at approximately 9:30 AM onward the following was noted: 1) The smoke duct detectors located in the HVAC units were not maintained clean and in good operating condition. Location - HVAC unit in the attic area.	K 054	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> Smoke Duct Detectors In the HVAC units in the attic area will be cleaned and in operational condition and will be tested by 12/14/2012 Plant Operations Director and Licensed Contractor will inspect entire smoke detection system to ensure all smoke detectors are installed per NFPA 101 Plant Operations Director and Licensed Contractor will inspect entire smoke detection system annually to ensure future compliance. Inspections will be documented in Preventive Maintenance Logs. Preventive Maintenance Logs will be reviewed by the Safety Committee quarterly to ensure continued compliance for one year following the noted issue.	
K 056 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation on Friday 11/2/12 at approximately 9:30 AM onward the following was noted:	756	K56 It is the practice of this center to assure that automatic sprinklers are installed and maintained in accordance with NFPA 13 and NFPA 25 to remain in compliance at all times to include: The emergency heater in the sprinkler riser room will be installed and operational by	11/30/12

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K 056	Continued From page 2 1) The emergency heater in the sprinkler riser room at the time of the survey was not operational. 2) A sprinkler head is needed in the B-Hall Shower that will provide coverage to the two shower stalls.		<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
K 069 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation on Friday 11/2/12 at approximately 9:30 AM onward the following was noted: 1) Based upon observation at the time of the survey the kitchen was experiencing a severe negative pressure and the filters for the hood were being pulled up allowing for the grease to bypass the filters. NFPA 96 (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations 1998 Edition) Section 5-3* Replacement Air. - " Replacement air quantity shall be adequate to prevent negative pressures in the commercial cooking area(s) from exceeding 0.02 in. water column (4.98 kPa). " 2) The facility's cooking system was not protected in accordance with NFPA 96 - Ventilation Control and Fire Protection of Commercial Cooking Operations. Specific findings include; the deep fryer was located next to a prep serving area without the		11/30/2012 a sprinkler head will be installed in B- Hall shower room to provide coverage to the two shower stalls by 12/14/2012 Licensed Contractor will inspect all center areas to assure all areas are covered by system. All future system alterations will be corrected by licensed contractor. Licensed Contractor will inspect center Sprinkler System Quarterly thereafter to ensure continued compliance. Quarterly inspections will be completed by Plant Operations Director and a Licensed Contractor. These inspections will be documented in the Preventative Maintenance Program to ensure future compliance. Life Safety Preventive Maintenance Logs will be reviewed Quarterly by the Safety Committee to ensure continued compliance for one year following the noted issue.	12/14/12	

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K 069	Continued From page 3 required splash guard or seperation in the dietary kitchen. 42 CFR 483.70(a)	K 069	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>REQUESTING EXTENSION FOR THIS PROJECT- 90 DAYS. HVAC contractor will have to get an Engineer for a consultation, Drawing has to be made and submitted to the local gov. permits have to be obtained from the local code enforcement officials. Units need to be ordered / received and installed. Local inspection will be conducted by the local officials.</p> <p>K 69 It is the practice of this center to assure that all cooking facilities are protected in accordance to NFPA 96 to maintain compliance at all times to include:</p> <p>The negative pressure in the Kitchen will be corrected and balanced by 3/14/2013</p> <p>A splash guard will be installed to separate the deep fryer from the prep servicing area in the dietary kitchen by 12/14/2012</p> <p>All other kitchen equipment will be inspected for compliance.</p> <p>Preventive Maintenance Logs will be reviewed by the Safety Committee quarterly</p>	3/14/13	12/14/12

This Plan of Correction is the center's credible allegation of compliance.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

to ensure continued compliance for one year following the noted issue.