

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/14/2014
NAME OF PROVIDER OR SUPPLIER  TRIAD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	
(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=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; 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: Based on observations, record reviews, and staff</p>	F 431	<p>The filing of this plan of correction does not constitute an admission that the deficiencies alleged, did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulations and to provide high quality resident care.</p> <p>F431</p> <p>1. Expired treatment medications in 1 North treatment cart were discarded appropriately. All other treatment medications not stored as specified by the manufacture were discarded appropriately. All other treatment carts were audited for expired treatment medications as well as discharged resident's treatments. An audit was completed of resident rooms to ensure there were no treatment medications at bed side.</p> <p>2. Licensed nurses were in-serviced on monitoring expired treatment medications on 1-13-14. Omni Care Pharmacy representative did a complete audit on all treatment carts in the facility for expired treatment medications, on 1-14-14.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Alysa Hopping* TITLE *Administrator* (X8) DATE *2/3/14*

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.

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/14/2014
NAME OF PROVIDER OR SUPPLIER  TRIAD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	
(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	<p>Continued From page 1</p> <p>interviews the facility failed to ensure they properly secured, stored, and/or removed from service medications for 4 of 4 residents (residents #3, #4, #5, &amp; #6) discharged from the facility. The findings include:</p> <p>A review of the facility's policies and procedures entitled - 5.3 Storage and Expiration Dating of Drugs and Biologicals, Syringes, and Needles, dated 08/01/2002 with revision on 05/16/2011, reads in part</p> <p>Paragraph 2.2 - All drug and biologicals including treatment items are securely stored in a locked cabinet/cart or locked medication room, inaccessible by patients and visitors.</p> <p>Paragraph 12 - All discontinued drugs and biologicals for expired or discharged patients are stored separately, away from use, until destroyed or returned to the provider.</p> <p>On 01/13/2014 at 2:25 p.m. an observation of resident # 1 was conducted. The resident was awake but could not verbally respond to questions due to his severe cognitive deficit. Staff member # 3 indicated the resident was not cognitively aware and remained in a vegetative state. An observation of the bedside table revealed wound care products including bandages, gauze, wraps etc. to treat the resident's multiple pressure ulcers. Also on the bedside table was an open tube, with no cap, of 1/2 used of Silver Sulfadiazine (Silvadene) Cream 1% (lot # B1323 expiration date 02/2016 dispensed by the pharmacy on 09/03/2013). The prescription medication had an Rx label attached indicating the medication was prescribed for resident # 4.</p>	F 431	<p>3. Unit Manager/designee will check the treatment carts weekly for 8 weeks and monthly for two months.</p> <p>4. The DNS will be responsible over the audits and the audits will be brought to the PI meeting monthly for analysis and evaluation.</p>	02/06/14

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  348172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/14/2014
NAME OF PROVIDER OR SUPPLIER  TRIAD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	
(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	<p>Continued From page 2</p> <p>A review of the Treatment Administration Record (TAR) for resident #1 indicated the resident was receiving the medication - Silver Sulfadiazine (Silvadene) Cream 1% as a wound care treatment to his right ankle. The TAR indicated the wound care for resident #3's right ankle was signed off as being completed on 01/12/2014 by the weekend nurse, staff member #4. There was no documentation to indicate the wound care that was due on 01/13/2014 had been initiated or conducted.</p> <p>On 01/13/2014 at 2:40 p.m. an interview was conducted with the unit manager, staff member #5. Staff member #5 indicated resident #4 was not a current resident at the facility and had been discharged some time ago, maybe a month or two and she was not sure how the prescription Silvadene medication came to be in resident #3's room and on resident #3's bedside table with the other wound care products. Staff member #5 observed the open tube of Silvadene medication on resident #3's bedside table and indicated it was not prescribed for resident #3 but was prescribed for resident #4 and should not have been in the room. Staff member #5 indicated she was not sure if the medication had been used on resident # 3 or not.</p> <p>A review of the facility's admission and discharge logs indicated resident #4 was discharged on 09/04/2013 (4 months prior to this observation)</p> <p>On 01/13/2014 at 3:10 p.m. an observation of the wound care/treatment cart was made with the unit manager (staff member #5) and the facility's Corporate Nursing Consultant. The observation revealed there were 5 prescription medications in</p>	F 431		

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/14/2014
NAME OF PROVIDER OR SUPPLIER  TRIAD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		
(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	<p>Continued From page 3</p> <p>the cart that had no name or pharmacy labeling on them to indicate which resident they were prescribed for, when they were prescribed, or when they were dispensed. Three additional medications prescribed for the following residents were found comingled with current resident medications in the treatment cart and were indicated by staff member #5 to be prescribed for residents who had been discharged from the facility:</p> <p>Resident #3 (discharged 11/19/2013) - 1 tube of Clotrimazole 1% cream Resident #5 (discharged 08/30/2013) - 1 tube of Clotrimazole and Betamethasone cream Resident #6 (discharged 11/11/2013) - 1 tube of Voltaren Gel 1% cream</p> <p>Staff member #5 indicated residents #5, #6, and #7 had been discharged some time ago but could not state when. Further observation of the unit's wound care/treatment cart with the unit manager and the corporate consultant revealed there was no Silvadene cream prescribed for resident #3 available for use on the cart. Staff member #5 was asked if there was any where else resident #1's medication could be and she indicated the medication would only be placed in the wound care/treatment cart as a new tube would not be ordered until the old tube was empty.</p> <p>A review of the facility's admission and discharge logs indicated the noted residents were discharged on: Resident #3 (discharged 11/19/2013) Resident #5 (discharged 08/30/2013) Resident #6 (discharged 11/11/2013)</p> <p>On 01/13/2014 at 3:40 p.m. an interview was</p>	F 431			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/14/2014
NAME OF PROVIDER OR SUPPLIER  TRIAD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	
(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	<p>Continued From page 4</p> <p>conducted via phone with the weekend nurse, staff member # 4. The nurse indicated she had worked this past weekend (01/11-12/2014) and did the wound care treatment for resident #1 on 01/12/2014. The nurse indicated she took the resident's medication (Silvadene) out of the resident's night stand drawer with his dressings as she knew that's where they were being kept by the other nurses when she did resident #1's wound care on the weekends. The nurse indicated she used all of resident #1's Silvadene medication in the tube she took out of resident #1's night stand. Staff member #4 indicated the tube of Silvadene cream had resident #1's name on the tube and did not know how resident #4's medication came to be in the room/on the bedside table of resident #1. Staff member #4 indicated she did not order more Silvadene cream when she used the last of resident #1's medication. She indicated she knew she was supposed to order more from the pharmacy but just forgot and didn't know why since she used the last of the medication from the tube. Staff member #4 indicated she placed all of resident #1's dressings back into his night stand when she finished doing his wound care.</p> <p>On 01/13/2014 at 3:50 p.m. an interview was conducted with staff member #3 who was assigned to care for resident #1 on 01/13/2014. Staff member #3 indicated she was the floor nurse for resident #1 almost every day including today. Staff member #3 indicated she had not done resident #1's wound care today as she was going to do it right before she got off shift at 3:00 p.m. Staff member #3 indicated she had taken some of resident #1's medications, dressings, and roller gauzes out of the wound care/treatment cart and resident #1's night stand and placed</p>	F 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/14/2014
NAME OF PROVIDER OR SUPPLIER  TRIAD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		
(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	<p>Continued From page 5</p> <p>them on the resident's bed side table. Staff member #3 indicated she did not know where the tube of Silvadene cream for resident #4 came from or how it got onto the bedside table of resident #1. Staff member #3 indicated she had not done resident #1's wound care today as she was waiting to do his wound care right before she got off shift as he was the hardest of all of the residents to do because of his multiple wounds. Staff member #3 indicated they had been keeping some of resident #1's wound care supplies in the resident's bed side night stand prior to today which was not locked or secured in any fashion.</p> <p>On 01/14/2014 at 5:25 p.m. an interview was conducted with the facility's ADON. The ADON indicated it was her and the facility's expectation that all medications belonging to or prescribed for residents who were discharged or expired were removed from the medication carts and wound care treatment cart and either turned back into the pharmacy or destroyed. Medications were not to be left (comingled) with current resident's medications or used on resident's they were not prescribed for. The DON also indicated all prescription and over the counter medications were supposed to be locked up when not being use and not kept in any unsecure place where residents or visitors might have access.</p>	F 431			