STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345325	A. BUILDING ______ B. WING ______	C 02/27/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE NURSING AND REHABILITATION CENTER	**711 SUSAN TART ROAD BOX 948 DUNN, NC 28334**

(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey of 2/27/14. Event ID# N3YJ11.	F 000		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, observation, staff, resident and pharmacist interviews, the facility failed to administer eye medication, which resulted in eye pain for 1 of 4 residents observed during medication administration (Resident #76). Findings included: Resident #76 was admitted into the facility on 1/29/14. Diagnoses included glaucoma. The admission minimum data set completed on 1/29/14 indicated Resident #76's cognitive pattern was intact. There was no care plan for glaucoma. Glaucoma is an eye condition that involves damage to the optic nerve which leads to irreversible vision loss. A review of the physician order dated 1/22/14 read "xalatan 0.005% solution one drop each eye every night at bedtime." Xalatan is an eye solution used for the reduction of elevated inner eye	F 309	Cornerstone Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Cornerstone Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cornerstone Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute	3/21/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/20/2014

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F 309	Continued From page 1 pressure in patients with open angle glaucoma - a progressive form of glaucoma. A review of the pharmacy reorder sheet revealed that xalatan 0.005% eye drops was reordered by fax on 2/24/14 at 10:49 pm by the facility. A review of the pharmacy packing slip dated 2/25/14 revealed that xalatan 0.005% eye drops was reordered and packaged by the pharmacy to be sent to the facility for Resident #76. A review of the pharmacy delivery form provided by the pharmacy consultant for Resident #76 revealed that on 2/25/14 at 8:14 pm, medication delivery to the facility included xalatan 0.005 % eye drops. A review of the nurse's note dated 2/26/14 at 4:16 pm in part read "resident stated her eyes were burning due to not getting her eye drops last night." A review of Nurse #3 written statement dated 2/26/14 who worked on 2/23/14 in part read "resident received her eye drops." A review of Nurse #4 written statement dated 2/26/14 who worked on 2/24/14 in part read "When I went to give Resident #76 her meds, her eye drops ran out so I pulled the sticker to re-order them. I faxed the sheet to pharmacy." A review of Nurse #2 written statement dated 2/26/14 who worked on 2/25/14 in part read "I could not find the eye drops." During a medication administration observation on 2/26/14 at 9:05 am, Resident #76 stated to	F 309	Resolution, formal appeal procedure and/or any other administrative or legal proceeding. F309 For resident #76 MD notified on 2/26/14 by DON of resident's eye pain, new order obtained and eye drops given by Nurse #1. 100% audit of all medication carts will completed by 3/21/14 by DON and ADON to ensure all scheduled eye drops available. 100% in-servicing will be completed with all nurses by 3/21/14 by Staff Facilitator and DON on giving eye medications as ordered, utilizing back-up pharmacy to obtain medication, and notifying MD if medication not available. All newly hired nurses will be in-serviced by Staff Facilitator and DON upon hire on giving eye medications as ordered, utilizing back-up pharmacy to obtain medication, and notifying MD if medication not available. DON,ADON, Staff Facilitator, or RN Supervisor will monitor telephone orders daily utilizing Telephone Order Audit form to ensure eye medications obtained from pharmacy as ordered. Audits will be completed daily x 4 weeks, then 3 x week x 4 weeks, then weekly x 4 weeks, then monthly x 3. Medication administration records to be monitored 3 x week by DON and ADON to ensure eye medications are being given as ordered. Medication administration records audit to be completed 3 x week x 4 weeks, then weekly x 4 weeks, then monthly x 3	

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F 309	Continued From page 2 Nurse #1 "I have not received my eye drops the last three nights." Upon immediately observing the medication administration record (MAR) with Nurse #1; the MAR was observed signed on 2/23, 2/24, 2/25/14 that xalantan 0.005% solution (eye drops) was administered. Upon entry back into the resident's room with Nurse #1 at 9:07 am, she informed the resident that the MAR revealed the nurses' signed the eye drops were administered the last three nights. Resident #76 responded "that's not true; I did not receive the eye drops." In an interview on 2/26/14 at 9:10 am, Nurse #1 when questioned regarding Resident #76's reliability stated that this was the first time the resident had complained to her regarding her eye drops. She added that the resident was capable of knowing and conveying if she received her eye medications. In an interview on 2/26/14 at 9:20 am, Resident #76 indicated that on "last night" she told Nurse #2 that she needed her eyes drops and Nurse #2 stated that the eye drops were "not available" and that she had to reorder the eye drops. Resident #76 stated that she had not received her eyes drops the last three nights and it was difficult for her to see, and that both of her eyes felt like they were on fire. Resident #76 was observed with a furrowed brow to both eyes. During a medication cart observation on 2/26/14 at 9:22 am with Nurse #1 accompanied by the director of nursing (DON), xalantan 0.005% solution was observed available in the compartment for eye medications, with an order date of 2/25/14; sealed and unopened. In an interview on 2/26/14 at 9:25 pm Nurse #1	F 309	months. Follow up by DON or ADON will occur as indicated upon identification of any potential concerns. The QI committee will review the results of audit at weekly QI meeting for identification of potential issues with follow up taken as deemed appropriate and to determine the need and frequency of monitoring.	

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F 309	Continued From page 3 questioned Resident #76 who was the nurse on duty when she inquired regarding her eye drops. The resident was consistent and informed Nurse #1 that it was Nurse #2 and that she asked her why she did not administer her eye drops, and Nurse #2 responded to her, the eye drops were not on the med cart and she had to reorder the drops. In an interview on 2/26/14 at 10:35 am, Pharmacist #1 revealed per Resident #76's profile xalatan 0.005 % solution was reordered by the facility on 2/1/14 and 2/25/14. She added that a supply usually lasted twenty days. In an interview on 2/26/14 at 1:00 pm, the DON stated that per her investigation initiated on 2/26/14, the facility became aware on 2/23/14 that xalatan 0.005% eye drops were getting low and the resident was informed by Nurse #3 that the eye medication would be reordered, and that Nurse #3 indicated to her that she administered the eye medication as ordered. The DON added that on 2/24/14 Nurse #4 acknowledged to her that the resident was running low in eye drops and she administered the eye medication as ordered. The DON revealed that per her discussion with Nurse #2 who worked on 2/25/14, Nurse #2 acknowledged that she did not administer xalatan 0.005 % eye drops; due to she thought the medication was not available. In an interview on 2/26/14 at 1:15 pm with Resident #76 accompanied by the DON, Resident #76 stated to the DON that her eyes felt like they were on fire and were burning. She added that her eyes had not felt this way before and that's why she needed the eye drops as ordered by the physician. She stated the pain in	F 309		

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F 309	Continued From page 4 her eyes was a "9" on a scale from 1 (least level of pain) - 10 (greatest level of pain). The resident stated to the DON that she had not received her eye medication for the last 3 nights and she needed it to relieve the eye pain. Resident #76 continued with an observed furrowed brow to both eyes, while discussing her concerns with the DON. In an interview on 2/27/14 at 1:48 pm, the DON stated that Resident #76 was clear in her explanation to her regarding not receiving her eye medications, pain level in her eyes, and was for the most part a reliable resident, as it related to her awareness. The DON indicated that she expected the resident's eye meds to have been administered as ordered. In an interview on 2/27/14 at 2:52 pm, the consultant pharmacist who was onsite indicated that per her investigation; the xalatan 0.005% eye drops was reordered by the facility on 2/24/14, and was refilled by the pharmacy and resent to the facility on 2/25/14. The consultant pharmacist stated the eye med should have been administered to the resident as ordered. The pharmacist added the facility can always call the pharmacy and the pharmacist can arrange for medication to be picked up by the facility, at the local back up pharmacy, to ensure the resident received the medication as ordered.	F 309		
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	F 425		3/21/14

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F 425	Continued From page 5 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, record review and staff interviews, the facility failed to order and have available the medications ordered for 1 of 1 resident (Resident #115). The findings included: Resident #115 was readmitted to the facility on 2/26/14 with medical diagnoses which included congestive heart failure, atrial fibrillation and hyperthyroidism. The most recent annual Minimum Data Set (MDS) assessment dated 12/1/13 indicated the resident was severely cognitively impaired. The assessment further indicated the resident required total care assistance with activities of daily living.	F 425	Cornerstone Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Cornerstone Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cornerstone Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of	

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F 425	Continued From page 6 A review of the February 2014 readmission physician orders revealed an order for Captopril 6.25 milligrams (mg) by mouth twice a day and Coreg 3.125 mg by mouth twice a day (used to treat heart failure) and Tapazole 5 mg by mouth daily (used to treat hyperthyroidism). A review of the February 2014 Medication Administration Record (MAR) revealed an omission of Coreg and Captopril for pm dose on 2/26/14 and am dose for 2/27/14. The MAR further revealed an omission of Tapazole 5mg by mouth for am dose on 2/27/14. On 2/27/14 at 11:58 am during an interview, Nurse #5 stated she did not medicate Resident #115 with am doses of Coreg, Captopril and Tapazole because the medication was not available. She further stated she did not notify the physician the medication was not administered as ordered. The nurse further indicated she borrowed the am dose of Lanoxin 0.125 mg for Resident #115. In an interview on 2/27/14 at 12:24 pm, Nurse #6 stated she did not medicate Resident #115 with the pm scheduled doses of Coreg and Captopril on 2/26/14 because the medication was not available. She stated she did not notify the physician the medication was not administered as ordered. Nurse #2 further indicated she did not notify the pharmacy to obtain the medication from the backup pharmacy. During an interview on 2/27/14 at 12:44 pm, the pharmacist stated she expected the nurses to notify the pharmacy so the medications could be obtained from the backup pharmacy. The pharmacist indicated the backup pharmacy was	F 425	Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. F425 Medication record reviewed by DON on 2/27/14 for resident #115 to ensure all medications received from pharmacy and given as ordered. For all residents admitted, Medication Administration Record will be completed by hall nurse per discharge orders and orders are verified to include last dose received at hospital to ensure continuity of care. Medication administration record will be faxed to pharmacy by hall nurse. All scheduled medications will be administered utilizing the facility emergency drug kit and/or back-up pharmacy until all medications are received from pharmacy. 100% in-service to be completed with all nurses by 3/21/14 by Staff Facilitator and DON on verifying last dose of medication received in discharge report in order to ensure next scheduled dose given as ordered , proper use of emergency drug kit, back up pharmacy procedures, not borrowing medications, and notifying the attending physician if medication not available. All newly hired nurses will be inserviced upon hire by Staff Facilitator and DON on verifying last dose of medication received in discharge report in order to ensure next scheduled dose given as ordered , proper use of emergency drug kit, back up pharmacy procedures, not borrowing medications,	

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F 425	Continued From page 7 available 24 hours a day. She further indicated the nurses should never borrow medications from another resident. In an interview on 2/27/14 at 1:48 pm, the Director of Nursing (DON) stated she expected the admitting nurse to call the pharmacy so the medications could be obtained from the backup provider and administered at the next scheduled dose. The DON further indicated the nurses should never borrow any medications from another resident.	F 425	and notifying the attending physician if medication not available. DON, ADON, Staff Facilitator, or RN Supervisor will review admission orders on day of admission to ensure next scheduled dose is obtained from emergency medication kit and/or back up pharmacy utilizing admission orders audit form. Admissions order audits to be completed daily x 4 weeks, then 3 x week x 4 weeks, then weekly x 4 weeks, then monthly x 3 months. Follow up by DON or ADON will occur as indicated upon identification of any potential concerns. The QI committee will review the results of audit at weekly QI meeting for identification of potential issues with follow up taken as deemed appropriate and to determine the continued need and frequency of monitoring.	
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS 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. 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.	F 431		3/21/14

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F 431	Continued From page 8 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. 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to discard discontinued medications from 2 of 5 medication storage areas (400 hall medication cart, medication room) reviewed for drug storage. The findings included: A review of the facility policy "Drug Storage and Disposition" dated July 2012 indicated "Drugs that are outdated, discontinued or deteriorated shall be removed from the facility within five days." A review of the medication room on 2/25/14 at 4:00 pm revealed three bottles of Kayexelate suspension for Resident #23. A review of the physician orders revealed the Kayexelate was discontinued on 12/27/13.	F 431	Cornerstone Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Cornerstone Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cornerstone Nursing and Rehabilitation Center reserves the right to refute any of	

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F 431	Continued From page 9 A review of the 400 hall medication cart on 2/26/14 at 11:15 am revealed 9 bottles of heparin lock flush for Resident #33. A review of the progress note dated 2/5/14 at 4:48 pm revealed the Peripherally Inserted Central Catheter (PICC) was discontinued on 2/5/14. On 2/25/14 at 4:10 pm during an interview, Nurse #6 stated it was all of the nurses responsibility to remove medications that are expired or discontinued and return to the pharmacy. In an interview on 2/27/14 at 11:58 am, Nurse #5 stated it was every nurse responsibility to remove expired or discontinued medications. On 2/27/14 at 1:48 pm in an interview, the Director of Nursing (DON) stated she expected the nurse that discontinued the medications to remove the medication from the drug storage area and return to pharmacy.	F 431	the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. F431 100% audit of medication carts and medication room will be completed by 3/21/14 by DON, ADON, and Staff Facilitator to ensure all discontinued medications were removed from medication carts and/or medication room to include residents #23 and #33. 100% in-service to be completed with all nursing staff by 3/21/14 by Staff Facilitator and DON on removing discontinued medications from the medication cart and medication room on the shift the medication was discontinued and returned to pharmacy utilizing the Return of Drugs Form. Newly hired nurses will be in-serviced upon hire by Staff Facilitator and DON on removing discontinued medications from the medication cart on the shift the medication was discontinued and returned to pharmacy utilizing the Return of Drugs Form. DON, ADON, Staff Facilitator, or RN Supervisor to review telephone orders daily to assure that all discontinued medications are removed from medication cart and/or medication room and returned to pharmacy utilizing the return of Drug Form. Audits to be completed utilizing Discontinued Medication Audits daily x 4 weeks, then 3 x week for 4 weeks, then weekly x 4 weeks, then monthly x 3 months. Follow up by DON or ADON will	

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F 431	Continued From page 10	F 431	occur as indicated upon identification of any potential concerns. The QI committee will review the results of audit at weekly QI meeting for identification of potential issues with follow up taken as deemed appropriate and to determine the continued need and frequency of monitoring.	