STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345505	A. BUILDING _____ B. WING _____	C 06/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA REHAB CENTER OF CUMBERLAND	**4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306**

(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 conducted on 06/19/14. Event ID #BEVU11.	F 000		
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. 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.	F 431		7/3/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/01/2014

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	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, record review and interviews with facility staff, the facility failed to remove 1 bottle of Fiber-Stat RC and 3 bottles of Fiber-Stat that were out of date from the medication storage room for halls 700 and 800, for 1 of 3 medication storage rooms. The findings included: Record review of the policy titled " Storage and Expiration of Medications, Biologicals, Syringes and Needles " last revised 1/1/13, revealed, " Facility should ensure that medications and biologicals have not been retained longer than recommended by manufacturer or supplier guidelines; or, have not been contaminated or deteriorated, are stored separate from other medications until destroyed or returned to the pharmacy or supplier. The facility should ensure that medications and biologicals for expired or discharged residents are stored separately, away from use, until destroyed or returned to the provider. " Observations on 6/18/14 at 10:45 AM with the Unit Manager present, revealed that during the medication storage of stored medications in the medication storage room revealed one container of Fiber Stat RC (renal care) had expired on 8/13, two containers of Fiber Stat that had expired 10/13, and one container of Fiber Stat that had expired on 1/14, with all four containers on the shelf with the medications that had not expired.	F 431	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center□s allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. How corrective action will be accomplished for each resident found to have been affected by the deficient practice □ The unit manager for the 700/800 halls removed the four containers and disposed of them on 6/18/14. How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice □ Drugs and biologicals in each applicable storage area will be audited and any expired items will be removed and disposed of per facility policy.	

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F 431	Continued From page 2 The Unit Manager for the 700/800 halls took the four containers and disposed of them on 6/18/14 at 11:00 AM. Interview with the Director of Nursing on 6/19/14 at 9:31 AM revealed that none of the residents were currently on Fiber Stat RC or Fiber Stat. Her expectation was that they (facility staff) look at the date if they were going to use prior to using it. When taken out of medication room, they were suppose check expiration dates before use, and date it when opened. Pharmacy tech comes one a month and she audits the medication room and carts.	F 431	Nurses will be in-serviced on storage and expiration of drugs and biologicals. Measures to be put in place or systemic changes made to ensure practice will not re-occur Unit manager or designee will conduct audit of drugs and biologicals in each applicable storage area weekly X 4 weeks. Results will be reviewed in weekly quality assurance risk management meeting for further analysis. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur- Infection control nurse will conduct audit of drugs and biologicals in each applicable storage area monthly and results of audit will be reported during Quarterly QA for further analysis.	