

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

PRINTED: 08/29/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345504	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2014
NAME OF PROVIDER OR SUPPLIER J ARTHUR DOSHER MEM HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 924 N HOWE STREET SOUTHPORT, NC 28461		
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F 159 SS=C	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the</p>	F 159		9/4/14	

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

TITLE

(X6) DATE

Electronically Signed

08/28/2014

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 159	Continued From page 1 SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI. This REQUIREMENT is not met as evidenced by: Based on financial record reviews and interview, the facility failed to ensure residents received interest on resident's funds kept in an interest bearing account for one of one resident's with a resident fund account with the facility. (Resident # 1). The findings included: Review of Review Fund Accounts from January, 2014 through July, 2014 revealed that interest was not applied to Resident #1's fund account. During an interview on 8/7/14 at 4:55 PM, a representative from the business office revealed that the bank used by the facility used to apply interest on resident's fund accounts but stopped applying interest on resident's funds as of December, 2012. She stated that she did not know why the bank stopped paying interest on the accounts. During an interview on 8/7/14 at 4:00 PM, the Director of Nursing revealed that she did not know much about the interest for resident's fund accounts.	F 159	The facility has arranged with a local bank to set up the Resident Funds Account as an interest bearing account. Effective 9/1/14. Person Assigned: Business Office Representative -- Completion date 9/4/14 The facility will review the quarterly statements to ensure that interest has been applied to the account. Completion Date 9/4/14 and ongoing Person Assigned: Business Office Representative		
F 160 SS=B	483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH	F 160		9/4/14	

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F 160	<p>Continued From page 2</p> <p>Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on financial record review and staff interview, the facility failed to convey expired resident funds to the executor of the estate or probate jurisdiction administering the resident's estate for two of two expired resident's fund accounts reviewed. (Resident #24 and Resident #46).</p> <p>The findings included:</p> <p>1. Resident #24 expired on 4/13/14. A check for \$180.00 was issued to a family member on 5/6/14.</p> <p>During an interview on 8/7/14 at 4:00 PM, a representative from the business office revealed that the balance of Resident # 24's account was sent to a family member. She stated that she was not sure if the family member was the executor of the estate.</p> <p>During an interview on 8/7/14 at 4:55 PM, the Director of Nursing stated that she would call the family members to see if she could get the documentation needed.</p> <p>2. Resident # 46 expired on 7/24/14. A check for \$330.00 was issued to a family member who was</p>	F 160	<p>It is the policy of the facility that upon the death of a resident, his/her balance in his/her personal needs fund will be accounted for and conveyed to the administrator of the estate within thirty days after death. If an administrator has not been appointed, the balance will be paid to the Clerk of the Superior Court of the county providing the Medicaid assistance within thirty days after death with an accompanying letter. The letter remitting the funds will have the resident's full name, date of death, Medicaid identification number, and will identify the name of the county department of social services that provided the medical assistance. Person Assigned: Business Office Representative Completion Date 9/4/2014</p> <p>The facility will revise the admission procedures to include requesting documented evidence upon admission of appointment of administrator of estate, if indicated. Person Assigned: Case Manager Completion Date: 9/4/2014</p> <p>The facility will review all current resident</p>		

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F 160	Continued From page 3 reportedly the executor of the estate. However, there was no documentation verifying that the family member was the executor of the estate. During an interview on 8/7/14 at 4:00 PM, a representative from the business office stated that she did not have documentation to prove that the family member was the executor of Resident # 46's estate. During an interview on 8/7/14 at 4:55 PM, the Director of Nursing stated that she would call the family members to see if she could get the documentation needed.	F 160	records to determine if the administrator of the estate is identified and supported with documentation. Where there is no such documentation, the facility will send a certified letter to the responsible party of record requesting the supporting documentation. Responsible Party: Case Manager Completion Date: 9/4/2014 The facility will monitor this practice by performing a quarterly chart audit to ensure the documentation is present on the record and the Business Office has a copy. this audit will be submitted to the Case Manager for follow-up, when warranted. Person Assigned: Unit Secretary, Case Manager Completion Date: 09/4/2014 and ongoing		
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic	F 329		9/4/14	

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F 329	<p>Continued From page 4</p> <p>drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to ensure a resident ' s drug regimen was free from unnecessary medication by failing to discontinue an order for Zinc after the resident ' s wounds were healed for 1 of 5 residents whose medications were reviewed (Resident #7). The findings included:</p> <p>Resident #7 was re-admitted to the facility on 5/26/13 and had diagnoses that included Diabetes Mellitus and Dementia.</p> <p>Review of the physician ' s monthly orders for August 2014 revealed an order for Zinc Sulfate 220mg (milligrams) once daily to promote wound healing. The order date for the medication was 8/30/13. Zinc is an essential trace element in the body and is often used to enhance wound healing.</p> <p>Review of the resident ' s Medication Administration Record (MAR) for August 2014 revealed the resident received Zinc Sulfate 220mg once a day to promote wound healing. Initials on the MAR revealed the resident received this medication every day at 10:00 AM. The order date for the medication on the MAR was 8/30/13.</p>	F 329	<p>The facility will reinforce with the physicians the need to review the medication regimen of each resident at each visit. Person Assigned: Director of Nursing, Medical Director Completion Date: 09/04/2014</p> <p>The facility will review the records of all residents receiving Zinc sulfate for any irregularities. Person Assigned: Pharmacy Consultant, Director of Nursing Completion Date: August 26, 2014</p> <p>The facility will include a review of the medication regimen at each care plan meeting including medication related therapeutic goals and will continue to discuss with the physician the clinical indications for the assessed needs of the resident as a basis for decisions and interventions. Person Assigned: Director of Nursing Completion Date: Ongoing</p> <p>The facility will provide for oversight of the medication regimen reviews on a monthly basis by reviewing the Pharmacy Consultant Report and acting upon recommendations promptly.</p>		

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F 329	Continued From page 5 On 8/7/14 at 11:15 AM the Director of Nursing (DON) stated the resident was on Zinc for wound healing but the resident currently had no wounds. The DON stated she would call the physician regarding the medication. On 8/7/14 at 11:38 AM the DON provided a physician ' s order dated 8/7/14 that read: " D/C (discontinue) Zinc, wounds healed. " The DON stated she called the physician who stated he had overlooked the Zinc and the medication could be discontinued.	F 329	Person Assigned: Director of Nursing & Pharmacy Consultant Completion Date: Ongoing The Pharmacy Consultant provides a report to the Quality Assurance committee on a quarterly basis. Person Assigned: Pharmacy consultant Completion Date: Ongoing The supervising Pharmacy Consultant will monitor compliance with the Drug Regiment Protocol on a monthly basis. Person Assigned: Supervising Pharmacy Consultant Completion Date: Ongoing		
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to prepare foods under sanitary conditions by failing to serve hot foods at or above 135 degree Fahrenheit. The findings included: During the meal temperature observation on 8/5/14 at 12:39 PM the Certified Dietary Manager (CDM) was observed checking the food temperatures of food for the dining room buffet.	F 364	The facility has reviewed and revised the procedure for cooking and holding meats. Person Assigned: Dietary Supervisor- Completed 8/22/14 Inservice has been provided to all cooks on the procedure for cooking and holding meats to the correct temperature and documenting the temperature in the log. Person Assigned: Dietary Supervisor-	8/28/14	

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F 364	Continued From page 6 The mixed vegetables registered 153 degrees Fahrenheit, mash potatoes registered 170 degrees, the squash registered 165 degrees, the rice registered 170 degrees and the spare ribs registered 126 degrees Fahrenheit. At 12:40 PM the CDM told a dietary staff to go to the kitchen for another pan of spare ribs. At 12:42 PM a nursing assistant (NA) approached the buffet line and asked the CDM for a plate of spare ribs and vegetables. At 12:43 PM the CDM was observed to plate up the spare ribs and vegetables that were on the buffet line and gave the plate to the NA who served the plate to a resident seated in the dining room. At 12:46 PM the dietary staff returned to the dining room with a pan of spare ribs and the CDM placed them on the buffet line. At 12:47 the CDM checked the temperature of spare ribs which registered 170 degrees Fahrenheit. The CDM continued plating up food per resident request only taking spare ribs from the hot pan of spare ribs. In an interview at 12:57 PM the CDM stated that she had checked the temperature of all the foods in the kitchen and it had been up to temperature. She stated that she should have waited for her staff to bring the other tray of spare ribs out before she served the ribs.	F 364	Completed 8/28/14 The facility will require that meats will be cooked in smaller batches to ensure holding at a correct temperature. Person Assigned: Dietary Supervisor Immediate and ongoing. The facility will require that temperatures be taken on food before leaving the kitchen and again before the start of serving in the dining room. These temperatures will be recorded in a separate log for the buffet. Food items that are not at the proper temperature will be removed and replaced immediately. Person Assigned: Dietary Supervisor Immediate and ongoing The facility will monitor compliance with completion of temperature logs on a weekly basis. Person Assigned: Dietary Supervisor- Ongoing		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371		8/28/14	

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F 371	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to prepare foods under sanitary conditions, by failing to clean 2 of 2 convection ovens to prevent the harboring of insects and pests. The findings included: Review of the facility ' s policy titled, " Doshier Memorial Hospital, Departmental Overall Cleaning and Sanitation " date revised: 1/15/2006, reads as follows under Procedure: " A weekly cleaning list for both cook and tray personnel will be posted at the start of each work week. The list will cover tasks for both shifts to be done and initialed after completion daily. If for any reason an employee can not complete their daily cleaning task, they are to notify the department supervisor or manager. Each employee is responsible in making sure their work area is kept clean and sanitary during their shift and follow the cleaning policy that pertains to the task given. " The initial tour of the kitchen was conducted with the dietary manger on 8/5/14 at 11:00 AM. The double stacked convection ovens were observed with black dried charred food particles on the bottom shelves and dark dried liquid spills on the door ledges. During a second observation on 8/6/14 at 3:26 PM the convection ovens were observed in the same condition.	F 371	The facility policy and procedure for cleaning and sanitation of kitchen equipment has been reviewed, revised and distributed to all dietary employees. Person Assigned: Dietary Supervisor--Completed 8/22/14 The convection ovens observed on day of survey were deep cleaned at the time of the observation. Person Assigned: Dietary Supervisor Completed during survey 8/7/14 Inservice has been provided to all dietary staff on the policy and procedure for cleaning and sanitizing kitchen equipment, including but not limited to the convection ovens. Person Assigned: Dietary Supervisor- Completed 8/28/14. The facility has developed a Master Cleaning Schedule with individual tasks and responsibilities which will be posted in the kitchen on a weekly basis. Person Assigned Dietary Supervisor Completed 8/7/14 and ongoing. Compliance with the cleaning and sanitation of the kitchen equipment, including the convection ovens will be monitored on a weekly basis. Person Assigned Dietary Supervisor- Ongoing.		

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F 371	Continued From page 8 During a third observation of the kitchen on 8/7/14 at 9:15 AM the bottom convection oven door ledge was observed with a dark dried liquid spill. The top convection oven shelf was observed covered with black dried charred food particles and the oven door ledge had dark dried liquid spills covering the oven door ledge. During an interview with the assistant dietary manger on 8/6/14 at 3:40 pm she stated that the dietary managers tour the kitchen on Fridays making a detailed list of what needs cleaning and assign staff to deep clean those areas over the weekend. During an interview with the Certified Dietary Manager (CDM) on 8/7/14 at 9:40 AM she stated that during the week the cooks know that we have a clean as you go system and if they drop something on the floor they will get a broom and clean it up. The CDM stated that the cook cleaned the bottom convection oven on Monday. In an interview with the cook on 8/7/14 at 9:50 AM he stated that when the convection oven got to the point he could not see into the oven windows or the oven was not looking right to him he would clean it. He stated he cleaned the convection oven every few months but did not document anywhere when he had last deep cleaned the convection ovens.	F 371			
F 372 SS=E	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly.	F 372		8/28/14	

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F 372	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to maintain the area surrounding one of one dumpsters was kept free of garbage and in a sanitary condition to prevent the harboring of insects and pests. The findings included: During the initial kitchen tour the dumpster was observed on 8/5/14 at 11:14 AM. An observation of the ground beside the dumpster revealed one disposable glove and one Styrofoam cup. A second observation of the dumpster on 8/7/14 at 8:20 AM revealed 3 disposable gloves, 2 styrofoam cups, one clear plastic bag of trash, a cardboard box and assorted paper on the ground beside the dumpster door. During an observation with the Dietary Manager on 8/7/14 at 9:30 AM the dumpster area was in the same condition. During an interview with the Dietary Manager on 8/7/14 at 9:35 AM she stated that between the dietary and housekeeping departments the area should be cleaned.	F 372	The area noted around the dumpster on day of survey was cleaned at the time of the observation. Person Assigned: Dietary Supervisor Completed during survey 8/7/14 The facility policy and procedure for cleaning and sanitation has been reviewed and revised to include the area around the dumpster. Person Assigned: Dietary Supervisor Completed 8/28/14 Inservice has been given to all dietary staff regarding their responsibility to ensure the area surrounding the dumpster is free of debris, garbage and in a sanitary condition to prevent the harboring of insects and pests. Person Assigned: Dietary Supervisor Completed 8/28/14 and ongoing. Compliance with the policy will be monitored on a daily basis. Person Assigned Dietary Supervisor -Ongoing.		
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of	F 428		8/26/14	

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F 428	<p>Continued From page 10 nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff and pharmacist interviews, the Consultant Pharmacist failed to report to the Director of Nursing and the attending physician irregularities in the medicine regimen for 1 of 5 residents reviewed for unnecessary medications (Resident #7). The findings included:</p> <p>Resident #7 was re-admitted to the facility on 5/26/13 and had diagnoses including Diabetes Mellitus and Dementia.</p> <p>Review of the August 2014 monthly physician 's orders for Resident #7 revealed an order for Zinc Sulfate 220mg (milligrams) once daily to promote wound healing. The order date listed on the monthly orders was 8/30/13.</p> <p>Review of the August 2014 Medication Administration Record (MAR) for Resident #7 revealed an entry for Zinc Sulfate 220mg once daily to promote wound healing. The medication was initialed as given daily at 10:00 AM. The order date for the medication was 8/30/13.</p> <p>Review of the most recent pharmacist monthly notes back to the order date of the medication revealed no information regarding the Zinc and no recommendations to the physician regarding the Zinc.</p> <p>On 8/7/14 at 11:38 AM the Director of Nursing</p>	F 428	<p>The facility has contracted with a consultant pharmacist to review medication regimens on a monthly basis to identify irregularities; and to identify clinically significant risks and/or adverse consequences resulting from or associated with medications. Person Assigned: Pharmacy Consultant -Ongoing</p> <p>The physician of record for Resident #7 was contacted by the Director of Nursing as soon as the surveyor brought this finding to her. The physician gave a telephone order to the Director of Nursing to discontinue the Zinc since the wounds were healed. Persons Assigned: Director of Nursing/Physician Completed during survey 8/7/14.</p> <p>The Pharmacy Consultant will review the records of all residents currently receiving Zinc Sulfate to ensure that it is clinically indicated and will report irregularities to the Director of Nursing and Physician. Person Assigned Pharmacy Consultant Completed 8/26/14.</p> <p>The facility will review with the Pharmacy Consultant</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345504	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2014
NAME OF PROVIDER OR SUPPLIER J ARTHUR DOSHER MEM HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 924 N HOWE STREET SOUTHPORT, NC 28461		
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F 428	<p>Continued From page 11</p> <p>(DON) stated in an interview that she called the physician and he discontinued the Zinc and told her he had overlooked the medication. The DON provided a copy of a physician ' s order dated 8/7/14 that read: " D/C (discontinue) Zinc, wounds healed. " A progress note dated 8/7/14 read: " order obtained from (name of physician) to d/c Zinc, all wounds healed. "</p> <p>On 8/7/14 at 11:45 AM the Consulting Pharmacist stated in an interview that she had observed physician ' s using Zinc for 60 days and had seen physician ' s using the medication ongoing. The Pharmacist stated she did not want to decrease the resident ' s ability to maintain intact skin because she made a recommendation to discontinue a medication.</p> <p>On 8/7/14 at 5:27 PM the DON stated in an interview that she had not known a resident to be on Zinc for as long as Resident #7 had been on the medication. The DON stated she expected the pharmacist to make the appropriate recommendations to the physician.</p>	F 428	<p>the process by which the Medication Regimen Review is conducted by the Pharmacy Consultant and will provide her with the Drug Regimen Review Protocol from the Federal Guidelines that addresses Unnecessary Drugs. Person Assigned: Director of Nursing & Pharmacy Consultant Completion Date: 8/26/14</p> <p>The Pharmacy Consultant, as part of the Medication Regimen Review, performs a record review which will include treatment records to determine status of wounds. Person Assigned: Pharmacy Consultant Completion Date: Ongoing</p> <p>Compliance with Medication Regimen Reviews and identification of irregularities will be monitored on a monthly basis. Person Assigned: Director of Nursing Completion Date: Ongoing</p> <p>A Pharmacy report is presented to the Quality Assurance Committee on a quarterly basis outlining findings and recommendations. Person Assigned: Pharmacy Consultant Completion Date: Ongoing</p> <p>Compliance with this requirement will be monitored by the Supervising Pharmacy Consultant on a monthly basis who will report findings to the Director of Nursing and QA Committee. Person Assigned: Supervising Pharmacy Consultant Completion Date: Ongoing</p>		
F 431	483.60(b), (d), (e) DRUG RECORDS,	F 431		8/28/14	

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F 431 SS=D	<p>Continued From page 12 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: Based on observation, record review and staff</p>	F 431	(1) A work order request was submitted		

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F 431	<p>Continued From page 13</p> <p>interviews, the facility failed to maintain a medication refrigerator temperature between 36 to 46 degrees Fahrenheit for 1 of 2 medication refrigerators. The facility also failed to remove expired medications from 1 of 2 medication carts. The findings included:</p> <p>1. An observation of the medication refrigerator on the north hall was made with Nurse #1 on 8/7/14 at 3:37 PM. The temperature was 32 degrees Fahrenheit. Nurse #1 stated the refrigerator temperature should be between 36 and 46 degrees Fahrenheit and that the night shift was responsible for checking the refrigerator temperature. Stored in the refrigerator were 2 bottles of Duke ' s Magic Mouthwash. The package insert for Duke ' s Magic Mouthwash read: " Store final compounded formulation at refrigerated temperature of 36 to 46 degrees Fahrenheit. Review of the Refrigerator Temperature Schedule read: " Normal Range 36-46 degrees F (Fahrenheit). Call Pharmacy & Facility Services if out of this range. " The temperature was recorded on the schedule sheet for August 2, 3 & 4 as being 32 degrees Fahrenheit.</p> <p>On 8/7/14 at 5:11 PM, the Director of Nursing (DON) stated in an interview that staff was supposed to call plant operations if the medication refrigerator temperature was out of range. The DON stated the staff had not reported anything to her regarding the refrigerator temperature. The DON stated she would check with plant operations to see if staff had reported the problem with the medication refrigerator temperature. The DON did not provide additional information regarding the refrigerator temperature.</p>	F 431	<p>to Plant Operation to inspect the medication refrigerators to determine effective operation as soon as it was made know to the Director of Nursing that there was an issue with the temperature of the medication refrigerator. Person Assigned: Director of Nursing Completed 8/7/14</p> <p>The facility policy for maintaining safe, clean medication refrigerators will be reviewed with all licensed staff. Person Assigned: Director of Nursing completed 8/28/14</p> <p>The Weekly Medication Audit form was revised to include monitoring of the recorded temperatures. Person Assigned: Director of Nursing Completed 8/26/14</p> <p>Weekly medication Audits will continue to be done by the assigned shift nurses. Compliance with the policy for weekly medication audits will be monitored weekly. Person Assigned: Assigned shift nurses-Ongoing</p> <p>The pharmacy Nurse Consultant will inspect the Medication refrigerators on a monthly basis and report findings to the Director of Nursing. Persons Assigned: Director of Nursing Pharmacy Nurse Consultant Ongoing</p> <p>2 The opened vials of Lidocaine dated 6/27 and 6/28 observed in the medication carts at the time of survey were removed from the carts immediately and returned to the pharmacy on the day of survey</p>		

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F 431	<p>Continued From page 14</p> <p>2. The facility ' s policy regarding suggested drug storage and expiration per manufacturer ' s specifications dated 2/2011 revealed multi-dose vials of lidocaine injection expired 30 days after the date opened.</p> <p>An observation of the medication cart on the south hall was made with Nurse #2 on 8/7/14 at 4:20 PM. Three opened multi-dose vials of 1% Lidocaine were observed in the top drawer of the cart. One vial was not dated with the date of opening. One vial was dated as being opened on 6/27 and the other vial was dated as being opened on 6/28.</p> <p>Nurse #2 stated the Lidocaine was good for 30 days once it was opened. The Nurse stated she would dispose of the Lidocaine.</p> <p>A multi-dose vial is a vial of medication intended for injection or infusion that contains more than one dose of medication. These vials typically contain an antimicrobial preservative to help prevent the growth of bacteria. According to the CDC (Centers of Disease Control) if a multi-dose vial has been opened or accessed (needle-punctured) the vial should be dated and discarded within 28 days.</p> <p>The Director of Nursing (DON) stated in an interview on 8/7/14 at 5:11 PM that the night shift nurses were supposed to check the medication carts and the medication rooms for expired medication on Mondays and were supposed to send expired medications back to the pharmacy and it was her expectation that this be done. The DON stated the consulting pharmacist also checked the medication carts once a month for expired medications.</p>	F 431	<p>8/7/14. Person Assigned: Director of Nursing Completed 8/7/14.</p> <p>The facility policy and procedure for dating opened vials of medications was reviewed and revised with the pharmacist. Person Assigned: Director of Nursing and Consultant Pharmacist-Completed 8/26/14</p> <p>Inservice will be provided to all licensed staff regarding the policy and procedure for opened vials of medication, including dating when opened and checking for a 28 day expiration. Person Assigned Director Of Nursing 9/4/14.</p> <p>The Weekly Medication Audit will continue to be done by the assigned shift nurses. Person Assigned: Assigned shift nurses-Ongoing.</p> <p>The Weekly Audit results will be submitted to the Director of Nursing who will review same for irregularities. Compliance with this policy will be monitored by the Pharmacy Nurse Consultant on a monthly basis. Person Assigned: Director of Nursing Pharmacy Nurse Consultant-Ongoing</p>		

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