

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

PRINTED: 10/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/28/2014
NAME OF PROVIDER OR SUPPLIER HAYMOUNT REHABILITATION & NURSING CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2346 BARRINGTON CIRCLE FAYETTEVILLE, NC 28303		
(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	F 000			
F 164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 164		9/23/14	

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

TITLE

(X6) DATE

Electronically Signed

09/22/2014

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 164	<p>Continued From page 1</p> <p>Based on observations, staff interviews and record review, the facility failed to safeguard resident information on 2 of 5 medication carts. Findings included:</p> <p>A review of the facility policy dated revised December 2006 titled Confidentiality of Information in part read, " The facility will safeguard all residents records, whether medical, financial or social in nature, to protect the confidentiality of the information."</p> <p>On 8/25/14 at 12:20 PM, the 200 hallway the medication cart was observed unattended with a pharmacy reorder sheet on top of the medication cart for 13 minutes of continuous observation. The pharmacy reorder sheet listed resident names, room numbers and medication information. At 12:33 PM, nurse #1 returned to the medication cart and stated she should left the form face down on top of the medication cart because of confidentiality and Health Insurance Portability and Accountability Act (HIPPA) concerns.</p> <p>On 8/26/14 at 12:05 PM, nurse #2 was observed leaving his medication cart on 100 hallway during a medication pass to wheel a resident to the dining room. The 24 hour report/change of condition report was left face up uncovered on top of the medication cart. This form listed all his assigned resident's names, room numbers and any recent issues or items in need of follow up. He returned at 12:08 PM and stated should have covered clip board due to HIPPA and confidentiality concerns. At 12:12 PM, he left the medication cart and administered medications inside a resident ' s room leaving the report face up and uncovered. On return at 12:14 PM, he</p>	F 164	<ol style="list-style-type: none"> 1. Nurse #1 and Nurse #2 was in-serviced by the Administrator on 8/26/14 of the HIPPA policies and guidelines to protect resident information. 2. All other staff to include NA#2 were in-serviced by the Administrator and Director of Nursing Service on 8/26-8/28/14. 3. All staff not in-serviced by 8/29/14 were removed from the schedule by their dept manager until in-service completed by the DNS or their dept manager. 4. New hires will be in-serviced upon orientation of the new HIPPA policy and procedures by the SDC/DNS designee. 8/29/14 5. The HIPPA policy for residents framed and posted on the main activity hallway by the Environmental Director on 8/27/14. 6. Charge nurses will ensure that med cards are kept in the med cart when not in use. The charge nurse will remove labels containing resident information from the medication card before it is discarded. Labels will be shredded appropriately after removal by the charge nurses. (8/28/14, 9/23/14) 7. All resident report sheets will be kept face down or covered when not in use. When med cart is not visible by the nurse the report sheet will be placed in the med cart by the charge nurse. (8/28/14, 9/23/14) 8. HIPPA Compliance rounds will be conducted and documented on HIPPA Compliance Rounds sheet throughout the facility where PHI may be visible. Rounds will be conducted weekly x 4 by the Administrator, DNS, or Unit Coordinators, 		

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F 164	Continued From page 2 stated he forgot to cover up or turn the clipboard over due to confidentially and HIPPA concerns. On 8/26/14 at 12:36 PM, the medication cart for 100 hallway was observed outside room #111 unattended. The 24 hour report and change in condition report was again face up on top of the medication cart. Nurse #2 was inside room #111 and stated he forgot again to secure the resident information. In an interview on 8/27/14 at 4:25 PM, the director of nursing stated the no resident information should be left on top of the medication carts unless they are covered or turned over due to HIPPA regulations and confidentially concerns. In an interview on 8/28/14 at 2:10 PM, the administrator stated at a quarterly corporate meeting on 8/21/14, HIPPA was discussed. She provided a Plan of Action dated 8/23/14 (Saturday) which indicated the staff was to be in serviced by 8/27/14. The administrator provided in-service signature logs dated 8/26/14, 8/27/14 and 8/28/14 with numerous missing signatures. A copy of the flyer announcing the in-service read staff would be removed from the schedule until in-serviced. A review of the in-service logs revealed that NA #2 interviewed on 8/28/14 at 8:47 AM was working and her signature did not appear on any of the provided in-service logs.	F 164	followed by monthly x2, then quarterly thereafter.(9/4/14) 9. Staff found to be out of compliance will be re-insericed on policy and procedure by the Director of Nursing Services or Designee. 10. HIPPA Compliance rounds will be maintained by the Administrator and monitored for trends. All trends and compliance will be submitted to the Quarterly QA by the administrator or appropriate designess for the Committee's review. (9/23/14) 11.Changes by the Committee will be monitored as outlined in Step 8. (9/23/14)		
F 166 SS=D	483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may	F 166		9/23/14	

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F 166	<p>Continued From page 3</p> <p>have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review, the facility failed to obtain a replacement social security card identified as missing on 4/20/14 for 1 (Resident # 93) of 1 residents reviewed for missing items. Findings included:</p> <p>Resident # 93 was admitted to the facility 2/1/12 with a diagnosis of cerebral vascular accident. The quarterly Minimum Data Set dated 7/14/14 indicated Resident #93 was cognitively intact and required extensive assistance with activities of daily living (ADLs) and was non-ambulatory.</p> <p>In an interview on 8/26/14 at 10:45 AM, Resident #93 stated several months ago, a small purse was stolen from a handbag in her room. The purse contained what she recalled to be approximately \$60.00, her social security card and some expired credit cards. The incident was immediately reported and the following Monday (4/21/14), the social worker (SW) and the director of nursing (DON) followed up regarding the circumstances involving the stolen purse. Resident #93 stated the social worker had not followed up with her about the status of the replacement social security card since April and she was concerned about the status of her card.</p> <p>A review of the facility reported investigations revealed a 24-Hour Initial Report completed, dated 4/22/14 and sent to the Healthcare Personnel Registry. The police were notified and</p>	F 166	<ol style="list-style-type: none"> 1. Resident #93 received a replacement Social Security card on 9/4/14. 2. Social security card for resident#93 was placed in resident's locked box inside her room by the facility administrator on 9/4/14 at resident #93 request. 3. All grievances since 8/28/14 for all other residents have been reviewed by the Social Worker to ensure that resident grievance had been resolved according to the facility grievance policy of 10 working days. 4. All grievances are brought to the daily Stand Up meeting by the Social worker until resolution is obtained. If resolution is not obtained by the 10th business day, the party filing the grievance will be notified by the Social worker to update on progress. (9/23/14). 5. Once grievance is resolved, documentation will be noted on the Resident Grievance sheet by the Social worker that resident/family was notified of the outcome of the grievance. This sheet will be filed in the Grievance book and maintained in the Social Work office. (9/23/14) 6. Resident/family grievances will be audited on the Grievance Compliance form for completion and family resolution by the Administrator weekly x4, then monthly x3, then quarterly as needed. (9/23/14) 		

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F 166	<p>Continued From page 4</p> <p>completed an investigation at the facility on 4/22/14. A review of the 5-Working Day Report indicated Resident #93 first noticed the items missing from her purse on 4/20/14. A search of the room did not turn up the missing items. The SW in-serviced the staff on resident rights and she contacted the social security administration about having her social security card replaced. Environmental Services provided a lock box for Resident #93 and responsible party (RP) stated the items may have not been in Resident #93's possession. This report was dated 4/28/14 and also sent to the Healthcare Personnel Registry.</p> <p>A review of the social services notes from 4/8/14 to present did not contain any documentation regarding the lost items or any follow up on the social security card.</p> <p>In an interview on 8/26/14 at 1:00 PM, the SW stated she completed an online application for a replacement social security card but she had not followed up on the application until today. SW stated she learned today that Resident #93 would have to go to the social security administration office via stretch and the facility could not do that.</p> <p>In an interview on 8/26/14 at 5:10pm, the DON provided the grievance log for April 2014. The intake was dated 4/22/14 and the log indicated the grievance was resolved. The DON provided a copy of a Lost/Stolen/Damaged Items Report and stated it was the form that was completed at the time the purse was discovered missing. The DON stated the SW indicated the grievance was resolved on the grievance log but she completed the missing items form on 4/22/14.</p> <p>In an interview on 8/27/14 at 9:10 AM, the SW</p>	F 166	<p>7. Findings of compliance will be submitted to the Quarterly QA Committee by the Administrator or Social worker monthly x3, then quarterly as needed. (9/23/14)</p> <p>8.If revisions are made by the Committee, monitoring will begin as stated in Step #6.</p>		

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F 166	Continued From page 5 stated she had made numerous calls and left messages with the social security office but was unable to provide any evidence of any follow up. She stated she had downloaded a paper application for a replacement social security card and was in process of completing the application. She stated she spoke to the social security office and she was informed she could send a copy of the Medicaid card along with the application and they would mail the facility a replacement social security card. In an interview on 8/28/14 at 2:20 PM, the administrator stated she thought the issue was resolved and referenced a care plan meeting with a new RP where the social security card was discussed but no evidence provided that Resident #93 attended the meeting. The administrator stated new RP was satisfied with the facility's attempts and understood the continued process of getting a replacement card but she was not aware Resident #93 was concerned what she felt was a lack of follow through. The administrator stated her expectation was any unresolved grievances should be addressed timely and communication be conveyed to the person filing the grievance.	F 166			
F 244 SS=E	483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.	F 244		9/23/14	

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F 244	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, and record review the facility failed to act on grievances raised by the residents attending the monthly Resident Council Meetings for 5 out of 6 monthly Resident Council Minutes reviewed. Findings included: In an interview on 8/27/14 at 3:10 PM with Resident #59, who serves as the current Resident Council Vice President, it was stated that facility staff do not respond to the Resident Council group's concerns. Resident #59 stated that the facility staff do not "take our concerns seriously." She further stated "we never hear back from any staff concerning our complaints." Resident #59's most recent Minimum Data Set (MDS) dated 5/21/14 specified she was cognitively intact without memory, mood, or behavior disorders. Record review of the Resident Council Meeting minutes dated 2/04/14 revealed resident concerns that stated "need to look at tables in dining room because some of them wobble." Additional concerns noted on the same minutes stated "need someone in charge to sit in dining room to watch nursing assistants (NAs) because they are still standing around and not passing out trays. Today a resident sat at the table for over an hour waiting on his tray while everyone else was eating." The minutes reflected the facility staff in attendance consisted of Activity Assistant #1 and Activity Assistant #2. The section of the minutes designated for facility response to previous issues stated "NAs answering call lights but not coming back. Just turning off lights" and "residents feel that certain NAs don't care about them just only care about the paycheck." The boxes indicating resolution of these problems	F 244	1. A special Resident Council meeting was held on 9/19/14 by the Administraort and Director of Nursing Services to listen to resident views and concerns. 2. The Administrator and Director of Nursing Services proposed a plan of action for each view/grievance voiced and proposed plan documented in the Council Meeting Minute notes, each plan was unanimously approved by the Resident Council committee. (9/19/14). 3. The Resident Council President will pose the question to the Committee to determine if grievance/view is an individual grievance or group grievance and findigs will be documented by the Activity person taking minutes. 4. A copy of the Resident Council meeting minutes will be forwarded by the Activity personnel to the DNS, Executive Director, and Social worker for resolution. 5. All individual grievances will be documented on an Resident/Family Grievance form by the Social worker and addressed according to the facility protocol for addressing individual grievance (9/23/14) 6. All group grievances will be investigated by the DNS/Administrator/or Social worker. Investigation findings and corrective action will be documented on the Resident Council meeting minutes form by the DNS/Administrator/Social worker and reported back to the monthy Resident Council Meeting by the Activity Director/appropriate designee for resolution.		

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F 244	Continued From page 7 were checked resolved. No explanation of what action was taken to resolve the issues was noted in the minutes. Record review of the Resident Council Meeting minutes dated 3/04/14 revealed no resident concerns under the section for new business. The minutes reflected the facility staff in attendance consisted of the Dietary Manager, Activity Assistant #1, Activity Assistant #2, and the Dietary Assistant. The section of the minutes designated as facility response to previous issues stated "dining room tables wobble", "tables need to be cleaned after breakfast, lunch, dinner!", "need new table cloths" and "Administrative needs to take turns supervising NAs." The boxes indicating resolution of the first two complaints related to tables were checked resolved. No explanation of what action was taken to resolve these two issues was noted in the minutes. The boxes indicating resolution of the issue concerning clean tables and administration supervision of NAs were checked no resolution. None of the other resident concerns from the 2/04/14 Resident Council meeting were documented as having been addressed in the 3/04/14 minutes. The Resident Council Minutes for April were not available for review. Record review of the Resident Council Meeting minutes dated 5/06/14 revealed resident concerns that stated "residents feel NAs spend too much time talking instead of bringing food trays", "one resident complained of rough handling when being put into bed", "residents would like tastier food and more food choices" and "a resident brought up that certain residents would like to be allowed access to the activities room bathroom to avoid accidents." The minutes reflected the facility staff in attendance consisted	F 244	7. Any issues not resolved at the Resident Council meeting will be taken to the QA committee monthly by the Activity Director for review and changes will be made to the plan of action as needed. 8. Changes will be discussed by the Administrator or the Director of Nursing Services with Resident Council at their next meeting following the QA meeting.		

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F 244	Continued From page 8 of the Social Worker, Activity Director, Activity Assistant #1 and Activity Assistant #2. The section of the minutes designated for facility response to previous issues stated " Still having problem with food being cold when residents who eat in their room get their trays. Also still noted that food tastes bland" and "NAs are not meeting in dining room at the proper time to pass out trays and assist residents." The boxes indicating resolution of these problems were checked no resolution. None of the other resident concerns from the 3/04/14 Resident Council meeting were documented as having been addressed in the 5/06/14 minutes. Record review of Resident Council Meeting minutes dated 6/03/14 revealed resident concerns that stated "residents are still getting cold food", "a resident complained of an NA smacking gum during patient care", "one resident complains about treatment during patient care indicating NAs were not answering call lights", "NAs are turning off call buttons without performing patient care (same CNA repeatedly)", and "CNAs are coming in rooms rude and angry with attitudes because residents need assistance."The minutes reflected that the facility staff in attendance consisted of Activity Assistant #3, the Activity Director, and the Social Worker. The section of the minutes designated for facility response to previous issues stated "Still having problems with food being cold." The box indicating resolution of the problem was checked no resolution. None of the other resident concerns from the 5/06/14 Resident Council minutes were documented as having been addressed in the 6/03/14 minutes. Record review of Resident Council Meeting minutes dated 7/01/14 revealed resident concerns that stated "a resident would like to go	F 244			

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F 244	Continued From page 9 on a bowling outing" and "resident left alone while NAs go attend another residents." The minutes reflected that the facility staff in attendance consisted of the Activity Director and an activity assistant who was not named. The section of the minutes designated for facility response to previous issues stated "was happy with meal of the month", "not getting medicine on time", NAs talking and laughing in hallway while residents are trying to sleep " and " still having problems with call lights and NAs not answering." The boxes indicating resolution of these problems were left blank. None of the other resident concerns from the 6/03/14 Resident Council minutes were documented as having been addressed in the 7/01/14 minutes. Record review of Resident Council Meeting minutes dated 8/05/14 revealed resident concerns that stated "wants to go to Hamrick's to shop", residents not happy with NAs not answering call lights", 100 hall still not receiving anything on time" and "resident would like more church." The minutes reflected that the facility staff in attendance consisted of Activity Assistant #3 and Activity Assistant #4. The section of the minutes designated for facility response to previous issues stated "residents are still not happy with the NAs not answering call lights", "residents on 100 hall still not receiving anything on time", "churches cancelling on weekend" and "residents still not getting changed on time when needed." The boxes indicating resolution of these problems were left blank. None of the other resident concerns from the 7/01/14 Resident Council minutes were documented as having been addressed in the 8/05/14 minutes. In an interview on 8/28/14 at 2:10 PM with the Director of Food Service it was revealed that he sometimes attends the Resident Council	F 244			

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F 244	<p>Continued From page 10</p> <p>Meetings. He stated he listens to the resident concerns and tries to accommodate resident needs as possible but he does not have a formal plan for acting on the resident grievances and recommendations brought out in the Resident Council meetings. He further stated that he does not report his response back to the resident council.</p> <p>In an interview on 8/28/14 at 2:15 PM with the Activity Director it was stated that she sometimes attends the council meetings. She stated that one of several activity assistants is responsible for recording the Resident Council Meeting minutes. She stated that it is not always the same activity assistant who records the minutes. The Activity Director further stated that she does not always read the minutes. When asked if she followed up on any of the complaints brought up in the meetings she stated "sometimes she did if she was aware of the problem." She further stated that she did not report back to the Resident Council with information concerning the resolution of a complaint or request. When asked if she was aware that residents had voiced a concern regarding the use of the bathroom in the activity room she stated that she was not present at that council meeting and was not aware of the request.</p> <p>In an interview on 8/28/14 at 2:30 PM with the Director of Nursing (DON) it was revealed that she did not have a system for addressing grievances brought forward by the Resident Council or a system for reporting back to the council in response to their concerns. She stated "I guess we need to give the residents an answer to their concerns. Currently we do not usually report back to the council regarding their concerns." She indicated that she did receive a copy of the Resident Council minutes but did not</p>	F 244			

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F 244	Continued From page 11 have a process for handling complaints or grievances brought out in the meetings. She stated that if a resident filed a formal grievance then she followed the facility policy for dealing with grievances. She further stated that she did not have a grievance policy for complaints identified in the Resident Council Meetings.	F 244			
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to provide the opportunity for a bedridden resident to attend music and church activities based on identified preferences for 1 (Resident #3) of 3 residents reviewed for activities. Findings included: Resident #3 was admitted on 1/8/13 with the diagnosis of cerebral vascular accident. A quarterly Minimum Data Set dated 5/27/14 indicated Resident #3 had severe cognitive impairment, nonverbal, nonambulatory and required total assistance with all activities of daily living (ADLs). A Care Area Assessment dated 8/27/14 indicated that Resident #3 was not an active participant in facility life/activities. Staff offer gentle touch and talk to resident during care. Resident #3 sits in common area and appears to enjoy church services and music. Staff was to	F 248	1. Careplan was held on 9/18/14 with the responsible party of Resident#3 to update resident activity preferences. 2. The Activity Director conducted an audit to ensure that all other resident activity preference were being honored, audit findings documented on the Activity Preference Audit Form(9/22/14) 3. All residents identified during audit for preferences not being met, were corrected by the Activity Director and the activity plan of care updated accordingly. (9/23/14) 4. Activity staff was in-serviced by the Administrator on Proper Documentation of Resident Activities on the resident individual log and in AHT. (9/03/14) 5. Random audits will be conducted on 10% of all residents by the SDC or	9/23/14	

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F 248	<p>Continued From page 12</p> <p>bring her to various activities. A Care Area Assessment was dated 8/27/14 for Resident #3 ' s psychosocial wellbeing due to impaired cognition, non-verbal and total dependence of staff for all her ADLs.</p> <p>A review of Resident #3's care plan for activities was updated 7/15/14 to include a new goal of Resident #3 to attend 3 activities each week. Other interventions included staff to provide in room visits, wheel resident outside weather permitting, and include Resident #3 in music and church activities. The most recent care plan review dated was 8/22/14.</p> <p>Throughout the course of the survey starting 8/25/14 through 8/28/14 revealed no observations of Resident #3 involved in any in room or out of the room activities.</p> <p>In an observation on 8/25/14 at 12:33 PM, Resident #3 was lying in bed. The lights in the room were off and there was no music playing. Resident #3 was awake but non-verbal.</p> <p>In an observation on 8/26/14 at 9:15 AM, Resident #3 was lying in bed with the lights on over the bed. There was no music playing. Resident #3 was awake with her eyes open.</p> <p>In an interview on 8/27/14 at 12:00 PM, nurse #1 stated the family put the sign up over Resident #3 bed requesting her to be up in the reclining chair daily. Nurse #1 stated Resident #3 was up in the reclining chair sitting in the hallway yesterday.</p> <p>In an interview on 8/27/14 at 3:10 PM, the activity assistant (AA) provided the activity participation records from January 2014 to present. Everyday</p>	F 248	<p>Administrator to ensure compliance and findings will be documented on the Activity Preference Audit Form. Audits will be conducted weekly x4, monthly x2, and quarterly as needed.(9/23/14)</p> <p>6.All findings will be taken to the Quarterly QA committee by the Administrator/SDC.</p> <p>7. Any change made by the QA committee will be monitored as stated in Step #5.</p>		

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F 248	<p>Continued From page 13</p> <p>from 1/1/14 to present except for a hospitalization 1/23/14 to 1/28/14 and 5/17/14 to 5/19/14 indicated Resident #3 was actively involved in walking/wheeling outdoors and visiting with family or friends daily.</p> <p>Monthly records indicated Resident #3 also participated in the following:</p> <ol style="list-style-type: none"> 1. January: 1 music/spiritual activity and 2 visits to the beauty shop 2. February: 1 visit to the beauty shop, no in room visits 3. March: No activities in or out of room 4. April: Pretty Nails done in room by volunteer 5. May: No activities in or out of room 6. June: 1 in room reading, 1 music/spiritual activity and 1 visit to the beauty shop 7. July: 1 in room reading and 1 out of room activity called the " birthday bash" 8. August: Pretty nails and current events in the room on the same day <p>A copy of the One on One Room Visits list updated 6/11/14 indicated Resident #3 was to have in room visits at least 1 to 2 times a week for sensory stimulation, spiritual reading, pretty nails, conversation, games, grooming or newspaper.</p> <p>It was during this same interview on 8/27/14 at 3:10 PM the AA confirmed Resident #3 had not attended an out of room activity since 7/15/14 for the " birthday bash." The AA explained the documented A's everyday for walking/wheeling outdoors on the activity participation records were documentation of what the Resident #3 was</p>	F 248			

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F 248	<p>Continued From page 14</p> <p>capable of performing and not necessarily what Resident #3 was performing. The AA stated Resident #3 was also one a 1:1 activity program but she neglected to document the visits. The AA confirmed the facility provided music and church activities during the week, evenings and also on weekends and stated she was aware Resident #3 enjoyed those types of activities. The AA stated the staff did not always have Resident #3 up in a reclining chair in order to attend the activities. The AA stated she had not discussed with her supervisor that there was an issue with Resident #3 not attending activities because the nursing staff were not getting her up out of bed.</p> <p>In an observation on 8/28/14 at 8:45 AM, Resident #3 was lying in bed. There was no music playing. The light in the room were off and she had her eyes open.</p> <p>In an interview on 8/28/14 at 8:47 AM, nursing assistant (NA) #2 stated Resident #3 had a supportative family and they wanted her up out of the bed everyday. NA #2 stated the family wanted Resident #3 to attend church activities but she had not seen Resident #3 in any activities in a very long time. NA #2 stated when she got Resident #3 up in the reclining chair, she placed Resident #3 in the common area and the AA assist Resident #3 to activities or ask the aides to assist in getting Resident #3 into the activity room. NA #2 stated Resident #3 may be attending an activity in the evenings she was not aware of.</p> <p>In an interview on 8/28/14 at 8:50 AM, nurse #1 stated she had seen the activity staff read to Resident #3 and sometimes she would sit up in the reclining chair in the hallway or nurses' station</p>	F 248			

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F 248	Continued From page 15 but nurse #1 was unsure when Resident #3 was last taken to the activity room. In an interview on 8/28/14 at 9:00 AM, the ward secretary stated she had not seen Resident #3 up in a reclining chair in over a week. She stated she was unsure about weekend activities, but she knew Resident #3's family wanted her to go to church and music services, especially the church services done on Thursday mornings. The ward secretary stated she did not think Resident #3 was in the church services last Thursday. In an interview on 8/28/14 at 11:40 AM, the Administrator stated the AA was documenting wrong on the activity logs. The activity director stated she was not aware that Resident #3 was not attending the music and church services or getting her in room visits as scheduled. The administrator stated her expectation was that the AA only document what she sees and Resident #3 be in religious activities as stated in a recent care plan meeting and received one on one visits as stated in her care plan.	F 248			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility	F 280		9/23/14	

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F 280	<p>Continued From page 16 for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to revise a care plan for a resident who was upgraded from nothing by mouth (NPO) to a pureed diet with nectar thick liquids for 1 (Resident #127) of 24 residents reviewed for care planning. Findings included:</p> <p>Resident # 127 was admitted to the facility 5/23/14 with a diagnosis of dysphagia. The 60 day Minimum Data Set dated 7/18/14 indicated Resident #127 was cognitively intact and required extensive assistance with activities of daily living (ADLs). This MDS also indicated Resident #127 was on a therapeutic diet.</p> <p>A review of the care plan dated 5/28/14 indicated Resident #127 was NPO. This care plan had not been discontinued as of last MDS review 7/18/14.</p> <p>A review of the speech therapist recommendations and physician orders dated 6/16/14 indicated Resident #127 was upgraded from NPO to a pureed diet and nectar thick liquids</p> <p>In an interview on 8/27/14 at 2:30 PM, the</p>	F 280	<ol style="list-style-type: none"> 1. The dietary careplan for resident #127 was updated by the MDS Coordinator on 8/28/14 to reflect current diet status. 2. The MDS/Careplan Team and resident #127 met on 9/19/14 to discuss the updated diet status and the plan of care. 3. The dietary care plans for all other residents will be updated to reflect any changes to the diet status by the MDS Coordinator and MDS assistant and families/residents will be updated accordingly. (9/23/14) 4. Residents/families will be invited by the social worker to participate in resident care plan with each resident quarterly assessment and any significant change assesemt. Attendance will be documented by the MDS coordinator on the Interdisciplanery Care Plan form(and resident and families will be notified accordingly. (9/23/14 and on-going) 5. Telephone orders will be continue to be reviewed daily by the Interdisciplinary team at the Stand Up meeting and careplans will be updated on eaxh resident's individual care plan by the 		

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F 280	Continued From page 17 registered dietitian (RD) stated she completed a care plan dated 5/26/14 on Resident #127 because he was underweight and she used a broad care plan to address a variety of therapeutic diets. The RD stated the MDS nurse was responsible for discontinuing the NPO care plan in June when the order was written for Resident #127's diet changed to pureed diet with nectar thick liquids. In at interview on 8/27/14 at 3:20 PM, the MDS nurse stated that each person was responsible for their section of the MDS and each discipline should review, revised or discontinue their part of the care plan. In an interview on 8/28/14 at 10:00 AM, the MDS nurse stated she identified a problem with care planning in February but Resident #127's care plan must have been missed during the course of the audits completed 6/30/14. In an interview on 8/28/14 at 2:10 PM, the administrator stated her expectation was for the care plan to reflect the care to be provided to each resident and the MDS was responsible to ensure each care plans accuracy.	F 280	interdisciplinary nursing team. 9/22/14 6.The DNS/Designee will complete a random audit of 10% of the resident census weekly x4 then monthly x2, then quarterly x2. Audits will be documented on the Care plan Audit Sheet by the DNS to ensure careplans are updated. 9/23/14 7. Findings from the Careplan Audit sheets will be reported the Quarterly QA committee by the DNS for recommendations and/or changes. 9/23/14 8. Changes to the plan of action will be made as needed and the monitoring process will begin as stated in Step 6 and 7.		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced	F 312		9/23/14	

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F 312	<p>Continued From page 18</p> <p>by: Based on observation, staff and resident interviews, and record review the facility failed to provide nail care to maintain grooming for 3 of 4 observed residents (Resident #52 #9, and #21). Findings included:</p> <p>1. Resident #52 was admitted to the facility on 10/30/13 with diagnoses of vascular dementia, lack of coordination, hypertension, chronic kidney disease, osteoarthritis, heart disease, general muscle weakness, and anxiety.</p> <p>Resident #52's most recent MDS dated 9/02/14 specified the resident had moderate cognitive impairment, was incontinent of bowel and bladder, and required total assistance with all activities of daily living including personal hygiene.</p> <p>Observation of Resident #52 on 8/25/14 at 11:10 AM revealed the resident lying in bed in her room. The resident was noted to have long fingernails which curved under and had yellow and brown matter on the underside of all 10 fingernails.</p> <p>Observation of Resident #52 on 8/26/14 at 4:15 PM revealed the resident lying in bed in her room. The resident was observed to have long fingernails which curved under and had yellow and brown matter on the underside of all 10 fingernails.</p> <p>Observation of Resident #52 on 8/27/14 at 9:10 AM revealed the resident sitting up in bed with her breakfast on her over-bed table. The resident was observed to be eating her breakfast. Resident #52's nails were observed to be long and curved under with yellow and brown matter</p>	F 312	<p>1. Nail care was provided to resident #52, resident #9, and resident #21 by the c.n.a on 8/27/14.</p> <p>2. All other residents received nail care by the c.n.a. assigned on 8/27/14.</p> <p>3. C.N.A.'s have been in-serviced by the Unit Coordinators and Director of Nursing Service on the daily requirement of nail care (cleaning,grooming). CNA will document daily on the C.N.A. daily assignment sheet of nail care performance. (9/5/14 and 9/23/14)</p> <p>4.Resident refusal of daily nail care will be documented in the resident's nurses notes of the electronic medical record by the assigned charge nurse.</p> <p>5. Repeated refusals will be care planned and the family will be notified by the charge nurse.</p> <p>5. Unit Coordinators will conduct random audits weekly x4, monthly x2, quarterly x3. 10% of the resident census to include #52,#9, and #21 will make up this audit. Audits will be documented on the Nail Care audit sheets by the Unit Coordinators. (9/19/14)</p> <p>6. Nail care audit sheets will be reviewed weekly weekly x4, monthly x2, quarterly x3 by the DON to monitor for compliance. (9/22/14)</p> <p>7. Any non-compliance will be discussed by the QA Committee to determine</p>		

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F 312	<p>Continued From page 19 under all 10 fingernails.</p> <p>In an interview on 8/27/14 at 9:15 AM NA#3, who was observed assisting the resident with her morning meal, stated that she should have cleaned the resident's hands and nails prior to her meal being served.</p> <p>Observation of Resident #52 on 8/27/14 at 12:10 PM revealed the resident lying in bed in her room with a family member at her bedside. The resident was observed to have long fingernails which curved under and had yellow and brown matter on the underside of all 10 nails.</p> <p>In an interview on 8/27/14 at 12:15 PM the resident's family member stated that he expected his mother's nails to be cut and clean. He further stated that he did not consider the current condition of Resident #52's nails to be acceptable in terms of cleanliness or length.</p> <p>In an interview on 8/27/14 at 12:25 PM NA#4 stated that she was responsible for cleaning and cutting the nails of any resident in her care who required assistance with nail hygiene. NA#4 stated that she was responsible for Resident #52's care and had failed to clean the resident's nails when she gave her a bath that morning.</p> <p>In an interview on 8/27/14 at 12:35 PM the Director of Nursing (DON) stated that it was her expectation that all staff providing care to residents cleaned the resident's nails during bathing and as needed to maintain proper hygiene. She also stated that it was her expectation that staff cut resident's nails as needed to keep them well groomed.</p>	F 312	<p>revisions to the plan. Revisions will require monitoring to begin as stated in Step 5.</p> <p>7. Findings will be reported to the Quarterly QA meeting and changes will be made as indicated by the Committee.</p>		

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F 312	<p>Continued From page 20</p> <p>2. Resident #9 was admitted to the facility on 7/26/13 with diagnoses that included muscle weakness, history of cerebral vascular accident with resultant left sided weakness, joint contracture of the left arm and left leg, and incontinence of bowel and bladder.</p> <p>Resident #9's most recent Minimum Data Set (MDS) dated 6/30/14 specified the resident had long term memory impairment, was cognitively intact and was able to make himself understood. The MDS also specified the resident required total assistance with all activities of daily living including personal hygiene.</p> <p>Record review revealed a nursing assessment dated 4/28/14 assessed the resident as having severe functional limitation in range of motion resulting from right upper arm weakness with moderate contracture and left upper arm paralysis with severe contracture.</p> <p>A review of Resident #9's Nursing Care Plan dated 8/17/14 revealed the resident was care planned to receive total care for activities of daily living including all aspects of personal hygiene.</p> <p>Observation of resident #9 on 8/25/14 at 11:15 AM revealed the resident sitting in his wheelchair in the facility common area. The resident was noted to have long fingernails (at least ¼ inch) with black matter on the underside of 7 out of 10 nails.</p> <p>Observation of Resident #9 on 8/26/14 at 2:30 PM revealed the resident sitting in his wheelchair in the facility courtyard. The resident was noted to have long fingernails (at least ¼ inch) with</p>	F 312			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/28/2014
NAME OF PROVIDER OR SUPPLIER HAYMOUNT REHABILITATION & NURSING CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2346 BARRINGTON CIRCLE FAYETTEVILLE, NC 28303		
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F 312	<p>Continued From page 21</p> <p>black matter on the underside of 7 out of 10 nails.</p> <p>Review of the nursing assistant shower log indicated that the resident had received a shower earlier in the morning on 8/26/14.</p> <p>In an interview on 8/26/14 at 2:45 PM NA#3, who was responsible for Resident #9's care, verified that she had given him a shower on the morning of 8/26/14.</p> <p>Observation of Resident #9 on 8/27/14 at 12:30 PM revealed the resident sitting in the main facility dining room eating his meal. The resident was noted to have long fingernails (at least ¼ inch) with black matter on the underside of 7 out of 10 nails.</p> <p>In an interview on 8/27/14 at 12:40 PM NA #4, who was observed setting up the residents lunch tray, stated she had not noticed the dirt under Resident #9's fingernails. Upon examination of his fingernails NA #4 stated that the nails were dirty and should have been washed prior to him beginning his meal. She stated that she was busy distributing lunch trays and did not usually wash the resident's hands when they were in the dining room unless "they were very dirty."</p> <p>In an interview on 8/27/14 at 12:55 PM NA#3 stated that she was supposed to provide nail care to Resident #9 during his shower and bath as well as on an as needed basis to keep his nails clean and cut. NA#3 further stated that she had not provided nail care to resident #9 on 8/26/14 or 8/27/14 even though she was responsible for providing his hygiene care on those two days. Upon observation of the resident's nails, NA#3 agreed that the nails were dirty. When asked</p>	F 312			

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F 312	<p>Continued From page 22</p> <p>why she had not performed nail care on the resident she stated "I did not notice that his nails were dirty."</p> <p>In an interview on 8/27/14 at 12:35 PM the Director of Nursing (DON) stated that it was her expectation that all staff providing care to residents cleaned the resident's nails during bathing and as needed to maintain proper hygiene. She also stated that it was her expectation that staff cut resident's nails as needed to keep them well groomed.</p> <p>3. Resident #21 was readmitted to the facility on 03/13/13. Diagnoses included depression disorder, muscle weakness, difficulty in walking, diabetes mellitus, hypertension, dementia, osteoporosis and cerebral vascular accident.</p> <p>Resident #21 most recent quarterly minimum data set (MDS) completed on 06/28/14 specified the resident was cognitively intact and required extensive assistance of one person physical assist for all activities of daily living (ADL) including personal hygiene. The quarterly MDS also noted rejection of care was not exhibited.</p> <p>A review of the care plan dated on 06/28/14 documented the resident problem was self care deficit. The goal stated for the problem was the resident will maintain her current physical functioning abilities and avoid any preventable decline to physical functioning complications through the next review. The interventions for the problem read in part "Provide assistance as needed to complete ADL tasks. Encourage active participation to promote confidence/stimulate motivation. Provide bed</p>	F 312			

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F 312	<p>Continued From page 23 baths with AM cares."</p> <p>Observation of Resident #21 on 08/25/14 at 3:36 PM revealed the resident was lying in bed. The resident was noted to have brown debris underneath all ten fingernails.</p> <p>Observation of Resident #21 on 08/26/14 at 4:00 PM revealed the resident was lying in bed. The resident was noted to have brown debris underneath all ten fingernails.</p> <p>Observation of Resident #21 on 08/27/14 at 12:30 PM revealed the resident was in her room eating lunch. The resident was noted to have brown debris underneath all ten fingernails.</p> <p>In an interview with the Resident #21 on 08/27/14 at 12:45 PM revealed that no one in the facility has ever asked her to clean her nails. The resident further stated that she likes her nails long and clean.</p> <p>In an interview on 08/27/14 at 12:55 PM, NA #5 (nursing assistant) stated that when she would attempt to clean the Resident # 21 nails the resident would refuse or say she will get her nails done when she go to activities. NA #5 further stated that she did not document or report refusals to the nurse. NA #5 stated she would only clean and file the resident's nails and the nurse would cut the nails.</p> <p>Review of the nurses notes dated 08/27/14 revealed: Resident received nail care during am care, however refused to have nails cut. Asked resident multiple times if she wanted her nails trimmed and she refused.</p>	F 312			

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F 312	Continued From page 24 In an interview on 08/27/14 at 2:45 PM, NA #6 stated she cleaned and filed the resident's nails. Observation of Resident #21 on 08/27/14 at 3:00 PM revealed all ten fingernails were free of brown debris underneath nails. The resident stated that she would get her nails polished in activities when she feels better. In an interview on 08/27/14 at 3:15 PM, Activities Director stated that the resident has not had her nails done in the pretty nails activity since April 2014. In an interview on 08/28/14 at 2:45 PM, Nurse #4 (Unit Manager) stated that it was her expectation that when a resident refuses nail care that the nurse on the hall is notified. In an interview on 08/28/14 at 2:55 PM, Director of Nursing (DON) stated that it was her expectation Resident #21 nails to be cleaned during her bath. The DON further stated if a resident refuses nail care that the NA's should check with the resident later and if the resident refuses again to notify the nurse on the hall and the nurse would document that the resident refused nail care.	F 312			
F 431 SS=E	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	F 431		9/23/14	

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F 431	<p>Continued From page 25 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, staff interviews and record review, the facility failed to ensure medications carts were securely locked when left unattended for 2 of 5 medications carts and failed to refrigerate unopened insulin on 2 of 5 medication carts reviewed for medication storage. The facility also failed to dispose of expired insulin in 2 of 5 medication carts and failed to date opened medications for 2 of 5 medication carts reviewed for medication storage. Findings</p>	F 431	<p>1. Nurse#2 and Nurse#3 were in-serviced by the Director of Nursing on the locking of med carts, proper storage, labeling, and disposal of drugs. (8/26/14).</p> <p>2. All other licensed nurses and medication aide were in-serviced on the locking of the med carts, proper storage, labeling, and disposal of drugs. (9/5/14)</p>		

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F 431	<p>Continued From page 26 included:</p> <p>1. On 8/26/14 at 12:05 PM, nurse #2 was observed leaving his medication cart unlocked on 100 hallway during a medication pass to wheel a resident to the dining room. He returned at 12:08 PM and stated should have locked his medication cart.</p> <p>On 8/26/14 at 12:36 PM, the medication cart for 100 hallway was observed unlocked outside room #111. Nurse #2 was inside room #111 with the door open assisting the resident. Nurse #2 stated he was unaware he had to lock the medication cart if the cart was outside the doorway in his line of vision.</p> <p>On 8/27/14 at 9:45 AM, the medication cart was observed on 300 hallway unlocked and unattended. Nurse #3 returned to the cart at 9:47 AM and stated she should never leave an open medication cart unattended.</p> <p>In an interview on 8/27/14 at 4:25 PM, the director of nursing stated all medication carts must be locked when unattended to secure resident's medications, prevent theft and for resident safety.</p> <p>2. On 8/26/14 at 12:20 PM, a review of the 300 hallway medication cart revealed the following: *Unopened Humalog Lispro Flexpen for Resident #71 was inside the medication cart labeled as dispensed 8/22/14. (Manufacture guidelines read unopened Humalog Lispro Flexpen should be stored in a refrigerator 36 degrees to 46 degrees F).</p> <p>In an interview on 8/26/14 at 1:39 PM nurse #3 stated she was unaware that unopened insulin</p>	F 431	<p>and 9/23/14)</p> <p>3. All medication carts were audited by the Unit Coordinators and findings were documented on the Med Cart Audit Sheet. (9/11/14).</p> <p>4. Date Opened and Date Expired stickers were placed all insulin vials by the Unit Coordinator (9/11/14).</p> <p>5. Charge nurses will check at each change of shift for expired drugs and proper labeling of all insulin vials at shift change. After check is completed nurses will sign the Change of Shift Count sheet. (9/19/14)</p> <p>7. All med carts (5/5) will be randomly audited weekly x4, then monthly thereafter by the Unit Coordinators and documented on the Med Cart Audit Sheet. (9/19/14)</p> <p>8. Med Cart Audit sheets will be reviewed weekly x4, then monthly thereafter by the DON to monitor trends and to address areas of noncompliance with staff with in-servicing and counseling if warranted. (9/23/14)</p> <p>9. The DNS or appropriate designee will report findings to the QAA committee monthly x3 and changes will be made to the plan as needed and documented in the QAA committee meeting minutes. (9/23/14)</p> <p>10. Changes in the plan will require monitoring as outlined in Step 8.</p>		

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F 431	<p>Continued From page 27 was to be stored in the refrigerator.</p> <p>On 8/26/14 at 12:36 PM, a review of the 100 hallway medication cart revealed the following: * Unopened Levemir Insulin Flexpen for Resident #95 was inside the medication cart and labeled as dispensed 8/14/14. (Manufacture guidelines read unopened Levemir should be stored in a refrigerator 36 degrees to 46 degrees F). *Unopened Lantus Insulin for Resident #17 was inside the medication cart and labeled as dispensed 8/4/14. (Manufacture guidelines read unopened Lantus should be stored in a refrigerator 36 degrees to 46 degrees F).</p> <p>In an interview on 8/26/14 at 12:36 PM nurse #2 stated he was unaware unopened insulin was to be stored in the refrigerator.</p> <p>In an interview on 8/26/14 at 4:27 PM, the consultant pharmacist stated it was his expectation that unopened insulin be stored in the refrigerator prior to opening because if left un-refrigerated on the medication cart, the countdown to expiration begins once the insulin was placed on the medication cart whether it was opened or not.</p> <p>3. On 8/26/14 at 12:20 PM, a review of the 300 hallway medication cart revealed the following: *One dated as opened on 6/3/14 Novolog Flexpen for Resident # 77. (Manufacture guidelines read once a cartridge or Novolog Flexpen is punctured, it should be kept at temperatures below 86 degrees F for up to 28 days).</p> <p>In an interview on 8/26/14 at 1:39 pm nurse #3 stated insulin over 30 days old should be</p>	F 431			

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F 431	<p>Continued From page 28 discarded.</p> <p>On 8/26/14 at 12:36 PM, a review of the 100 hallway medication cart revealed the following: *One Novolog Flexpen for Resident #4 labeled as dispensed 7/12/14 and opened 7/13/14 and dated as expired 8/11/14. (Manufacture guidelines state once a cartridge or Novolog Flexpen is punctured, it should be kept at temperatures below 86 degrees F for up to 28 days).</p> <p>In an interview on 8/26/14 at 12:36 PM nurse #2 stated insulin over 28-30 days should be discarded.</p> <p>In an interview on 8/27/14 at 11:45 AM, the consult pharmacist stated his expectation that the nurses date the insulin pens when opened to ensure the medications are not used beyond the "Beyond use date" to ensure the medications are still effective and not considered expired.</p> <p>4. On 8/26/14 at 12:20 PM, a review of the 300 hallway medication cart revealed the following: *One dated as dispensed 5/29/14 and undated when opened Novolog Flexpen for Resident #77. (Manufacture guidelines state once a cartridge or Novolog Flexpen is punctured, it should be kept at temperatures below 86 degrees F for up to 28 days). *One bottle of Fluticasone nasal spray for Resident # 71 undated dispensed 7/8/14. *Opened bottle of Polymixin eye drops for Resident #71 dispensed 8/25/14. *Two Humalog Lispro Flexpen dispensed 8/5/14 opened but undated for Resident # 92. (Manufacture guidelines read opened Humalog Lispro Flexpen should be stored at room temperature below 86 degrees F and discarded</p>	F 431			

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F 431	<p>Continued From page 29 after 28 days).</p> <p>*One bottle of opened Cipro eye drops for Resident # 127 dispensed 8/14/14 was undated.</p> <p>*One opened Levemir Flexpen for Resident #80 was undated no pharmacy label on the bag. (Manufacture guidelines state opened Levemir should be stored at room temperature below 86 degrees F and discarded after 42 days).</p> <p>In an interview on 8/26/14 at 1:39 pm nurse #3 stated when a medication was opened for use, it should be dated in order to determine when it would expired if the expiration date was not written on the label.</p> <p>On 8/26/14 at 12:36 PM, a review of the 100 hallway medication cart revealed the following: * One vial of Novolin Regular insulin dispensed 7/28/14 for Resident # 24 was not dated when opened. (Manufacture guidelines read opened vials of Novolin Regular insulin should be stored at room temperature below 86 degrees F and discarded after 28 days). * One Fluoromethol Suspension 0.1% dispensed 8/23/14 for Resident #93 was not dated when opened. *One Brimonidine eye drops dispensed 8/13/14 for Resident # 54 was not dated when opened.</p> <p>In an interview on 8/26/14 at 12:36 PM nurse #2 stated when a medication was opened for use, it should be dated in order to determine when it would expired if the expiration date was not written on the label.</p> <p>In an interview on 8/27/14 at 11:45 AM, the consult pharmacist stated his expectation that the nurses date the insulin pens when opened to ensure the medications are not used beyond the</p>	F 431			

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F 431	Continued From page 30 "Beyond use date" to ensure the medications are still effective and not considered expired. In an interview on 8/27/14 at 4:25 PM, the director of nursing stated her expectation that any eye drops, nasal sprays and inhalers should be dated when opened in order to know when the medications would be considered expired.	F 431			