STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	C 10/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR HEIGHTS CENTER	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

(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 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to maintain housekeeping and maintenance services necessary to maintain a sanitary and comfortable interior on 3 out of 4 halls observed. FINDINGS: 1. On 10/6/15 at 3:15 p.m., an observation of room #206 revealed the following: a. The inside filter of the Packaged Terminal Air Conditioner (PTAC) unit was dirty. b. The front of the PTAC unit was dusty. c. Scuffed walls. 2. On 10/6/15 at 3:17 p.m., an observation of the bathroom for room #206 revealed the following: a. Scuffed walls. 3. On 10/6/15 at 3:32 p.m., an observation of room #203 revealed the following: a. The inside filter of the PTAC unit was dirty. b. The door frame molding around the bathroom door and closet door (closest to the bathroom) was scratched and marred. 4. On 10/6/15 at 4:15 p.m., an observation of room #202 revealed the following: a. The inside filter of the PTAC unit was dirty. b. The front of the PTAC unit dusty. c. Scuffed walls. 5. On 10/7/15 at 9:04 a.m., an observation of room #204 revealed the following: a. Several broken and/or missing slats on the mini-blinds were hanging on the window.	F 253	1. Identified areas needing repair or cleaning in rooms 206, 203, 202, 201, 204, 210, 211, 230, 218, and 213 and identified bathrooms have been addressed. All repairs and/or cleaning will be completed by the Maintenance Director and Housekeeping Director by 11/6/15. 2. Resident residing in the facility have the potential to be affected. The Administrator, Maintenance Director, and Housekeeping Director will assess remaining resident rooms, bathrooms, and adjoining hallways to identify repairs and cleaning needed. The Maintenance Director and the Housekeeping Director were educated by the Administrator on 11/3/15 on continuing repairs and cleaning of remaining rooms, bathrooms, and hallways until all have been addressed. This education included the regular cleaning of the inside filters and outside covers of the PTAC units as well as the routine cleaning of the divider curtains. Housekeeping staff were educated by the Housekeeping Director on the daily inspection of the divider curtains for soiling, the daily surface cleaning of the PTAC units, and routine daily cleaning of resident rooms, bathrooms, and hallways. Facility staff were educated on	11/6/15

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

Electronically Signed | 11/03/2015

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F 253	Continued From page 1 b. The insider filter of the PTAC unit was dirty. c. The door frame molding to the bathroom door and the closet door (closest to the bathroom) was scratched and marred. 6. On 10/7/15 at 9:12 a.m., an observation of room #205 revealed the following: a. Tube feed formula was dried on the wall above the nightstand on the " A " side of the room. b. The divider curtain was soiled with a dark brown stain on the " A " side of the room. c. Scuffed walls. d. The baseboard was missing by the closet door (closest to the bathroom). e. The baseboard was pulling off the wall underneath the PTAC unit. f. The inside filter of the PTAC unit was dirty. 7. On 10/7/15 at 9:23 a.m., an observation of room #210 revealed the following: a. The divider curtain had stains on the side that faced the " B " resident ' s side of the room. b. The inside filter of the PTAC unit was dirty. c. Chipped sheetrock on the corners of both sides of the recessed area in wall in front of the " B " resident ' s bed. d. Hole in the bathroom door. e. Scuffed walls. 8. On 10/7/15 at 9:25 a.m., an observation of the bathroom of room #210 revealed the following: a. Baseboard had pulled away from the wall beside toilet and underneath the sink 9. On 10/7/15 at 9:43 a.m., an observation of room #211 revealed the following: a. A hole in the closet door closest to the bathroom. b. The Bathroom light was dim and flickered constantly. c. The door frame molding around the bathroom	F 253	11/2/15-11/5/15 by the Nurse Practice Educator on completion of maintenance work request when need for repairs or cleaning is identified. 3. The Administrator will conduct environmental rounds of the facility weekly x 2 months, then monthly x 1 month with the Maintenance Director and Housekeeping Director using an audit tool to document negative findings. Negative findings will then be reviewed with the Maintenance Director and the Housekeeping Director for resolution. A Housekeeping checklist will be implemented and will include daily surface cleaning of all PTAC units and daily inspection of the divider curtains for soiling. The Maintenance Director will implement a log for the monthly cleaning of the PTAC units. The Administrator will review both the Housekeeping checklists and the PTAC cleaning logs weekly x 2 months, then monthly x 1 month to ensure compliance. 4. Results of the environmental rounds, housekeeping checklists, and PTAC cleaning logs will be reviewed by the facility's Quality Assurance Committee monthly x 3 months to ensure continued compliance with on-going repairs and cleaning.	

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door and the closet door (closest to the bathroom) was scratched and marred.
10. On 10/7/15 at 10:01 a.m., an observation of room #201 revealed the following:
a. The door frame molding was scratched and marred.
b. Scuffed walls.
11. On 10/7/15 at 10:03 a.m., an observation of the bathroom for room # 201 revealed the following:
a. An area underneath the toilet paper holder and an area under the sink in need of sheetrock repair.
12. On 10/9/15 at 9:23 a.m., an observation of room #210 revealed the following:
a. The divider curtain had stains on the side that faced the " B " resident ' s side of the room.
b. The inside filter of the PTAC unit was dirty.
c. Chipped sheetrock on both sides of the recessed area in wall in front of the " B " resident ' s bed.
d. Hole in the bathroom door.
e. Scuffed walls.
13. On 10/9/15 at 2:00 p.m., an observation of room #230 revealed the following:
a. Two areas behind the door on the wall that had been repaired with a white material and not painted to match the green color of the rest of the walls in the room.
b. A long black scuff on the wall, 3 foot long x 4 inches wide, midway up on the wall closest to the call bell socket in the wall.
14. On 10/9/15 at 2:10 p.m., an observation of room #218 revealed the following:
a. Missing baseboard on the wall to the left of the closet (closest to the bathroom).
b. The door frame molding around the bathroom door and the closet door (closest to the bathroom) was scratched and marred.

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c. The inside filter to the PTAC unit was dirty.
15. On 10/9/15 at 2:15 p.m., an observation of the bathroom for room #218 revealed the following:
a. A hole in the door that opens into the resident room.
b. The door frame molding for both doors exiting the bathroom were scratched and marred.
16. On 10/9/15 at 2:20 p.m., an observation of room # 213 revealed the following:
a. An area on the wall by the foot of the bed patched with a white material and not painted to match the green color of the other walls in the room.
b. The front of the PTAC unit was not correctly attached to the unit, hung askew from the unit.
An interview with Resident #63 on 10/6/15 at 11:30 a.m. revealed she did not feel the facility was very clean, stating there were a lot of walls in need of repair and paint. She stated when she expressed her concerns about her bathroom to the facility staff, she was told her room was in better shape than some others in the facility.
An interview with the Maintenance Director on 10/8/15 at 3:15 p.m., revealed he had only been employed at the facility for six months. He stated that he had been working very hard trying to catch up on the maintenance needs at the facility and he had to prioritize the needs of the facility on a daily basis. He stated he was aware many of the resident rooms in the facility were in need of repair and paint. He stated he cleaned the inside filter of the PTAC units every 45 days and last performed this task in April and May of this year. He stated when he started with the facility, he marked the back of each filter with a number and admitted he may have overlooked some of them at that time.
An interview with the Housekeeping Manager and

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F 253	Continued From page 4 the Area Manager on 10/9/15 at 10:30 a.m. revealed maintenance is responsible for the cleaning of the PTAC units, including the inside filter and the front of unit. The Housekeeping Manager stated the divider curtains in resident rooms were taken down, washed, and replaced after a resident has been discharged. For rooms not having a discharge, divider curtains were checked on a monthly basis and cleaned as needed. An interview with Resident #40 on 10/9/15 at 1:30 p.m. revealed she felt the facility could use some maintenance touch-ups. An interview with the facility Administrator on 10/9/15 at 4:30 p.m. revealed his expectation for the facility was they provide a homelike environment for the residents - one that is clean and comfortable.	F 253		
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to initiate occupational therapy on 1 of 2 residents reviewed for range of motion (Resident # 113). Findings included:	F 318	1. Occupational Therapy evaluation completed for resident #113 on 10/8/15. 2. Current residents in facility and newly admitted residents have the potential to be affected. Therapy staff in-serviced on 11/4/15 by the Therapy Program Manager	11/6/15

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F 318	Continued From page 5 Resident #113 admitted on 9/23/15. The resident ' s diagnoses included history of sudden cardiac arrest. Orders hand written by facility physician on 9/28/15 for Occupational Therapy evaluation noted in medical record. Documented initial assessment of resident on 9/30/15 by facility physician revealed resident had contractures (conditioning of shortening or hardening of muscles or tissues) arms and legs, foot drop (dropping of the front of the foot due to weakness or paralysis of the lower leg) bilateral (both sides) extremity (arms and legs) contractures, arms with flexion contracture, no joint swelling. Observation of resident #113 on 10/06/2015 at 1:00 PM revealed resident lying in bed with bilateral contractures observed to arms and hands. Subsequent observations on: 10/6/15 at 3:30 PM resident lying in bed with bilateral contractures observed to arms, hands, and foot drop noted to bilateral feet. 10/7/15 at 845 AM resident lying in bed with bilateral contractures observed to arms, hands, and foot drop noted to bilateral feet. 10/7/15 at 3:50 PM resident lying in bed with bilateral contractures observed to arms, hands, and foot drop noted to bilateral feet. 10/8/15 at 8:50 AM resident lying in bed with bilateral contractures observed to arms, hands, and foot drop noted to bilateral feet. 10/8/15 at 11:40 AM resident lying in bed with bilateral contractures observed to arms, hands, and foot drop noted to bilateral feet. 10/8/15 at 4:10 PM resident lying in bed with	F 318	on timely completion of therapy screens for new admissions and timely implementation of physician's orders. Medical Records of new admissions, readmissions, and residents with therapy orders in the past 30 days were reviewed to ensure therapy screens were completed timely and physician's orders were implemented as written. Therapy Program Manager, Assistant Director of Nursing, and RN Unit Managers were educated on 10/30/15 regarding the new process for communicating therapy orders to the Therapy Program Manager. The admissions Director was educated on 10/30/15 on providing written communication to the Therapy Program Manager for new resident admissions and re-admissions. 3. Physician orders written for therapy services for current residents will be communicated to the Therapy Program Manager via e-mail by the Director of Nursing or the Assistant Director of Nursing at the time the order is received. New resident admissions or re-admissions will be communicated to the Therapy Program Manager via written notice from the Admissions Director on the day of arrival to the facility. The Director of Nursing will maintain a log of new admissions and re-admissions with the date of the completed therapy screen documented. Newly written therapy orders will be reviewed daily during the interdisciplinary clinical meeting and will remain on the daily clinical follow-up until the order has been implemented. The Director of Nursing will review the log of	

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F 318	Continued From page 6 bilateral contractures observed to arms, hands, and foot drop noted to bilateral feet. 10/9/15 at 9:00 AM resident lying in bed with bilateral contractures observed to arms, hands, and foot drop noted to bilateral feet. 10/9/15 at 2:30 PM resident up in geri-chair with bilateral contractures observed to arms, hands, and foot drop noted to bilateral feet. Interviewed Unit #1 Nurse Manager on10/08/2015 at11:25 AM. She reported therapy referrals are reviewed in clinical inter-disciplinary (IDT) meeting the day after orders are written. During the meeting orders from previous day are projected on a screen so all attending can review, the therapy director/attendee notes the orders at that time and will initiate the screens for services. No hard copies of orders are given to therapy director. Nurse also indicated she kept a personal log of orders and referrals and she would look for the orders. On 10/8/2015 at 3:45 PM, Unit #1 Nurse Manager indicated she was unable to locate reference to order for OT in her personal log. She said she reviewed the progress note dated 9/28/15 in medical record and reported it was an oversight that the therapy orders were omitted in the note. She was aware of resident's contractures and did not know why the resident had not been screened for therapy services. She was unaware of any system in place to follow up with orders reviewed in the daily meetings. Interviewed facility Occupational Therapist (OT) on 10/08/2015 at11:01 AM. She reported she had not received a therapy referral screen on resident # 113. She indicated referrals are usually given to her by the therapy director and she is able to screen for services on the day received or the day	F 318	new admissions and re-admissions as well as the daily clinical follow-up daily to ensure timely therapy response. The Director of Nursing will identify outstanding therapy screens and/or orders on a daily basis and address with the Therapy Program Manager as needed. 4. The Director of Nursing will report to the facility's Quality Assurance Committee monthly x 3 months any identified delays in therapy screens and/or implementation of orders for review of the process and further recommendations for improvement.	

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after depending on her caseload. She reported splinting and positioning devices are the most common treatments for contractures. She also indicated had she been aware of the order the resident could have been screened and services initiated.

Interviewed facility Therapy Director on 10/08/2015 at 3:39 PM. He said he gets orders from the nursing department routinely. He reported normally all new admissions get screened for therapy services. He indicated he was made aware of referrals for services during the daily clinical/IDT meetings. All orders from the previous day are projected on a screen to ensure all disciplines aware of resident ' s needs. He stated if he knew he was not going to be able to attend the meeting a therapy representative would attend in his place. He recalled being in a family discharge planning meeting and not attending the clinical meeting on 9/29/15. He did not think the family meeting would interfere with clinical/IDT on that day but it had, and he was unable to attend. He reported normally the nursing department would give him a hard copy or verbally inform him of referrals, no one had communicated anything to him regarding resident # 113 therapy orders. He also stated he had not known anything about the referral order " prior to today " (10/8/2015). He indicated if he had been aware of the order, screening for services would have taken place and therapy initiated.

Interviewed Director of Nursing on10/08/2015 3:50 PM. She stated all orders were reviewed the day after they were written during the clinical/ IDT meeting. She reported the orders were projected on a screen to ensure all disciplines involved in the order can review and proceed appropriately.

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F 318	Continued From page 8 She recalled the therapy orders on resident #113 and did not recall the therapy director ' s absence on 9/29/2015. She indicated orders were not on hard copies as they were reviewed in the daily meetings. She was familiar with resident #113 condition and was aware of the contractures upon admission. She said there was no system in place to follow up on orders that were reviewed in the clinical meeting. The DON was not sure why the therapy screening was not completed. Her expectation was for all orders to be reviewed daily and appropriate disciplines act in response to orders.	F 318		
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 This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to maintain sanitary conditions in one of two ice machines used for residents and one of two nourishment rooms ' refrigerators used for residents. The findings included: 1. Observations of Nourishment Room #1 on 10/8/15 at 11:52 AM revealed the ice machine	F 371	1. Ice machine located in Nourishment Room #1 was cleaned in accordance with the manufacturer's guidelines on 10/12/15. The refrigerators in Nourishment Room #1 and #2 were deep cleaned on 10/30/15. 2. Residents residing in the facility have the potential to be affected. Housekeeping staff in-serviced on 11/3/15	11/6/15

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F 371	Continued From page 9 had pink sticky built up underneath the machine ' s interior ice guard. Interview with District Dietary Manager on 10/8/15 at 11:52 AM revealed the maintenance department was responsible for cleaning the ice machine. On 10/8/15 at 12:09 PM, a nurse was observed taking ice out of the ice machine and placing it into the water pitcher from the ice machine with pink sticky built up underneath the ice guard. In an interview with the maintenance supervisor on 10/8/15 at 3:13 PM, the supervisor revealed he was responsible for cleaning the ice machine in the main kitchen as well as in the Nourishment Room #1 and performed deep cleaning every month and as needed. According to the maintenance supervisor log, cleaning of the Nourishment Room #1 ice machine was overdue. The maintenance supervisor mentioned it was possible that algae built up underneath the ice guard with moisture and higher temperature of the Nourishment room #1. An interview with the Administrator on 10/8/15 at 3:35 PM, revealed the cleaning of the ice machine needed to be done as scheduled and the ice machine should be in sanitary condition. The Administrator further stated that any staff member can report or fill out a work order form for maintenance, if they noticed cleaning was needed. An interview with the Director of Nursing (DON) on 10/8/15 at 3:42 PM, revealed the ice machine should be maintained in sanitary condition, and	F 371	and 11/5/15 on daily surface cleaning of nourishment room refrigerators and weekly deep cleaning of the nourishment rooms and refrigerators. Maintenance Director was in-serviced by the Administrator on 11/2/15 regarding cleaning the ice machine monthly and documenting date cleaned. Nursing staff in-serviced on 11/3/15, 11/4/15, and 11/5/15 on routine monitoring of the nourishment room refrigerators and cleaning of intermittent spills as identified. Newly hired housekeeping and nursing employees will receive the training during orientation. 3. A checklist has been implemented to log cleanings of the ice machine, refrigerators, and nourishment rooms. The ice machine cleanings will be conducted monthly by the Maintenance Director and documented on the log. The nourishment rooms and refrigerators will be cleaned by housekeeping daily documented on the log. Deep cleaning of the refrigerator will be conducted by housekeeping weekly and documented on the log. The Administrator or designee will monitor the nourishment rooms, refrigerators, and ice machine weekly x 2 months, then monthly x 1 month to ensure cleanliness and compliance with documentation of cleaning schedule. 4. The audits will be reviewed by the facility's Quality Assurance Committee monthly x 3 months to ensure continued compliance.	

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during cleaning ice could be taken from another ice machine in the main kitchen.

A review of the cleaning log revealed the ice machine was due for descaling on 9/18/15, but descaling or cleaning was not performed on that date . According to the maintenance log, last descaling was performed on 8/13/15. On 10/8/15 at 4: 42 PM, the maintenance supervisor stated ice machine cleaning was overdue for 30-45 days.

On 10/9/15 at 4:27 PM, the Interim food service director stated the kitchen and the Nourishment Room #1 ice machines were used to get ice for the residents and should be cleaned as needed.

2. An observation of Nourishment Room #1 on 10/8/15 at 11:52 AM revealed the interior of the refrigerator was visibly soiled with what appeared to be dried food and debris along the inside of the door and walls, as well as melted chocolate on the bottom of the freezer.

An interview with District Dietary Manager on 10/8/15 at 11:52 AM revealed Housekeeping is responsible for cleaning the refrigerator in Nourishment Room #1. On 10/8/15 at 2:02 PM, the District dietary manager further stated dietary staff were responsible for stocking nourishment in the refrigerators in nourishment rooms daily, and the nursing staff is responsible for passing nourishments to the residents every day, and if the nourishment room refrigerator needs cleaning, any staff can notify housekeeping.

An interview with the Housekeeping Manager on 10/8/15 at 2:11 PM revealed the nourishment room refrigerator cleaning should be done every

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POPLAR HEIGHTS CENTER	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

(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 371	Continued From page 11 morning by housekeeping staff assigned for the hall. No cleaning log was being kept by housekeeping as per Housekeeping Manager. The Housekeeping Manager further stated housekeeping staff cleaned the refrigerator and freezer in the morning, but did not clean under the boxes and overall cleaning was not done properly. An interview with the Administrator on 10/8/15 at 3:35 PM, revealed cleaning of the nourishment room refrigerator needed to be done as scheduled and it should be in sanitary condition. An interview with the Director of Nursing (DON) on 10/8/15 at 3:42 PM, revealed the nourishment rooms ' refrigerators should be clean and in sanitary condition, and cleaning should be done as needed. On 10/9/15 at 4:27 PM, the Interim food service director reported, the dietary staff used both nourishment rooms ' refrigerators to keep resident ' s nourishments and should be cleaned.	F 371		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted	F 431		11/6/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	C 10/09/2015

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F 431	Continued From page 12 professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility record, the facility failed to ensure that there were no expired medications in one of four medication carts (cart #2, Unit 1). Findings included: On 10/09/2015 at 3:11 PM, an observation was made of medication cart #2 on Unit #1. The cart was located at the nurse ' s station. In a medication drawer located on the right side of the cart was a blue plastic basket with 5 Glucagon 1 milligram injectable kits (used to treat low blood sugar). The kits were stored in individual zip top plastic bags. The expiration dates on 2 of the 5 kits were prior to 10/9/2015. The expiration dates were 2/2015 and 9/2015. Nurse #1 observed the	F 431	1. Two identified expired Glucagon injectable kits were removed from medication cart #2 and discarded by the Director of Nursing on 10/9/15. 2. Medication carts #1, #3, and #4 were audited by the RN Unit Managers on 10/9/15 with no expired medications identified. Residents receiving medications within the facility have the potential to be affected. Education provided on 11/3/15, 11/4/15, and 11/5/15 by the Nurse Practice Educator for licensed nurses regarding the importance of checking expiration dates for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 431	Continued From page 13 medications and the expiration dates and reported she would send them back to the pharmacy. Interview with the Director of Nursing on 10/09/2015 at 3:30PM revealed her expectation was no expired medications on the medication carts.	F 431	medications kept on the medication carts and timely removal of expired medications from the medication carts. Newly hired licensed nurses will receive the education during orientation. 3. RN Unit Managers will audit medication carts weekly x 1 month, 2 x month x 1 month, then monthly x 1 month to validate expired medications are removed from the medication carts. 4. Results of these audits will be reported to the facility's Quality Assurance Committee monthly x 3 months for review and/or further recommendation.	