STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345472	A. BUILDING _____ B. WING _____	C 01/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWOOD NURSING AND RETIREME	**180 SOUTHWOOD DRIVE BOX 708 CLINTON, NC 28328**

(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 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the	F 431	The statements made on this plan of	1/29/16

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

Electronically Signed | 02/11/2016

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 1 facility failed to discard expired medications from one (1) of one (1) medication rooms. Findings include: On 1/28/16 at 9:02 AM, the medication room was observed. In the stock medication, the following expired stored medications were noted: one unopened bottle of Fiber Therapy by Equate (lot # 17759) with an expiration date of 9/2015 and one unopened 500 cc bag of D51/2NS intravenous fluid (lot #C950105) with an expiration date of 11/2015. On 1/28/16 at 9:05 AM Nurse #1 was observed to remove the expired Fiber Therapy bottle and bag of intravenous fluid from the stock medication and gave the medication to the Unit Director to give back to the pharmacy for disposal. The Unit Director stated in an interview on 1/28/16 at 9:07 AM, the bottle of Fiber Therapy and bag of intravenous fluid was in the stock medication that could be used on the residents in the facility. She further stated the expired medications should have been removed from the stock medication supplies and sent back to the pharmacy for disposal. The Administrator stated in an interview on 1/28/16 at 9:40 AM, the expired medications in the medication room should have been removed and sent back to the pharmacy for disposal.	F 431	correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility□s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F 431 Corrective Action for Resident Affected On 1/28/16 the nurse removed the expired Fiber Therapy bottle and bag of intravenous fluid from floor stock. Corrective Action for Resident Potentially Affected On 1/29/16 the Nurse Secretary audited all stock meds for any expired Fiber Therapy or intravenous fluid. Systemic Changes On 1/29/16 all Nurse Managers and Nurse Secretary/Supply Clerk, were in-serviced on the McNeill□s Long Term Care Pharmacy Recommended Storage for Selected Items. This education included responsibility of Supply Clerk or designee to remove expired medications from floor stock monthly. Any Nurse Managers who did not receive in-service training will not be allowed to work until training has been completed. This information has been integrated into the standard orientation training for all new	

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F 431	Continued From page 2	F 431	Nurse Managers and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Quality Assurance The Nurse Secretary/Supply Clerk will monitor this issue using the "Survey Quality Assurance Tool for Monitoring Expired Medications. The monitoring will include reviewing all stock meds for expired medications utilizing the McNeill□s Long Term Care Pharmacy Recommended Storage for Selected Items. This will be completed weekly for two weeks, and monthly for three months or until resolved by Quality Of Life/Quality Assurance Committee. Reports will be given to the monthly Quality of Life- QA committee and corrective action initiated as appropriate. The Quality of Life Committee consists of the Administrator, Director of Nursing, Unit Support Nurse, MDS Coordinator, and Medical Director, at a minimum.	