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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345232 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 03/10/2016 |
| NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHABI HICK | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3031 TATE BOULEVARD SE HICKORY, NC 28602 | | |
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| F 176 SS=D | <p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews, the facility failed to assess 1 of 1 residents for the ability to self-medicate prior to leaving medications at bedside for the resident to swallow at a later time (Resident #61).</p> <p>The findings included:</p> <p>Resident #61 was admitted to the facility with diagnoses which included depression, decreased cognition, Alzheimer's disease, muscle atrophy, confusion, hypertension, coronary artery disease and congestive heart failure.</p> <p>Resident #61's most recent Minimum Data Set (MDS) dated 12/17/15 assessed him as being moderately cognitively impaired with long and short term memory loss. The MDS indicated resident #61 was independent with activities of daily living with one person assist.</p> <p>Nurse's notes on 3/4/16 at 10:00 AM revealed that at 9:45 AM Nurse #1 took the resident's medications in his room in medicine cups. The resident stated he would take his medications in a minute. Nurse #1 told him that she would bring them back later. The resident stated, no leave them, I will take them in a minute, and told Nurse #1 to leave the room. Nurse #1 left them on the</p> | F 176 | <p>F176: Resident Self-Administer Drugs if Deemed Safe.</p> <p>This plan of Correction is the facility's credible allegation of compliance. It is the policy of this facility to ensure residents who wish to self administer drugs will be assessed by the Interdisciplinary team. Resident #61 was evaluated on 3/7/16 by the Interdisciplinary team including the Director of Nursing and was deemed unable to safely self-administer medications. This resident will continue to have a licensed nurse administer his medication or ordered by the physician. Residents who are able to self-administer medications have the potential to be affected by this alleged deficiency. The Director of Nursing, Unit Managers and Social Workers completed interviews with residents who have the potential to self-administer medications to determine their willingness, those residents wishing to self-administer were assessed by the Interdisciplinary Team including the Director of Nursing and care planned accordingly. These interviews and assessments were completed on 3/16/16. The Director of Nursing, Unit Managers</p> | 4/5/16 | |

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

TITLE

(X6) DATE

Electronically Signed

03/31/2016

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 176 | <p>Continued From page 1</p> <p>table. The nurse's note also stated that later, Nurse #1 went back into the room and the resident had taken the medications. The pills were not in the cups.</p> <p>Review of the Medication Administration Record for the month of March revealed that the resident's morning medications were: Aricept, Flonase, Plavix, isordil, potassium, Namenda, Zolof, metoprolol, Neurontin, Tylenol arthritis, and Pepcid.</p> <p>On 3/8/16 at 10:00 AM an observation was made of the resident lying in bed with his clothes on. The resident was alert, but unable to answer questions appropriately and acted confused.</p> <p>An interview was conducted on 3/10/16 at 10:00 AM with Nursing Assistant (NA) #3 who stated that the resident was confused at times, but could answer simple questions and could tell you what he wanted.</p> <p>On 3/9/16 at 11:30 AM, Nurse #1 stated that she took the medications in the room that morning and he wanted her to leave them and told her to get out of the room. She left the medications in the room because the resident told her she was treating him like a child. When she went back later, the resident had taken the medications. She further stated that the resident would not be a candidate for self-medication due to his confusion and forgetfulness at times.</p> <p>An interview was conducted on 3/10/16 at 1:00 PM with the Director of Nursing and the Administrator who stated that resident #61 would not be a candidate to self-medicate due to his confusion and forgetfulness. It would be their</p> | F 176 | <p>and Area Staff Development Coordinator re-educated Licensed Nurses on proper techniques for administration of medication to residents, including those assessed to safely self-administer medications. In-service Education was completed on 3/16/16.</p> <p>Unit Managers and/or the Director of Nursing will monitor medication administration on units for all shifts, randomly picking 10 residents on each unit for 4 weeks, then 10 residents monthly on each unit for 8 weeks. These observations will include validation of medication administration techniques by the Nurse and Residents who are self-administering medications. Completion 5/27/16.</p> <p>The Director of Nursing will report on all new admissions in morning meeting of residents who have a desire to self-medicate. Assessments will be performed and Care Plans updated by the Interdisciplinary Team including the Director of Nursing as required.</p> <p>Director of Nursing and Administrator will review data obtained during facility audits and rounds; analyze the data and report patterns/trends to the QAPI committee every month for 2 months. The QAPI committee will evaluate the effectiveness of the above plan and will add additional interventions based on identified trends/outcomes to ensure continued compliance.</p> <p>Date of Completion 5/27/16</p> | | |

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| F 176 | Continued From page 2 expectation that the nurse would not leave the medications in the room for the resident to self-medicate. An assessment for competency to self-medicate should be done on any resident before medications are left in the room for a resident to self-medicate. | F 176 | | | |
| F 253 SS=D | 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 staff interviews the facility failed to label and properly store personal hygiene products and resident care equipment on 2 of 4 nursing units. The findings included: 1. a. Observations of the shared bathroom for rooms 210 and 211 on 03/08/16 at 11:25 AM revealed an emesis basin on top of the commode tank cover that contained an uncovered toothbrush, a tube of toothpaste, and two disposable razors. None of the items were labeled with a resident name or room number. Observations of the shared bathroom for rooms 210 and 211 on 03/09/16 at 2:16 PM revealed an emesis basin on top of the commode tank cover that contained an uncovered toothbrush, a tube of toothpaste, and two disposable razors. None of the items were labeled with a resident name or room number. | F 253 | F253 Housekeeping and Maintenance Services This plan of Correction is the facility's credible allegation of compliance. 1a. On 3/10/16 Room 210 and 211 emesis basin, toothbrush, toothpaste and two disposable razors were discarded and new supplies given to residents with their name on these items by the Charge Nurse. Items are to be stored in room in bedside table. 1b. On 3/10/16 Rooms 301 and 302 gray wash basins were discard by the Charge Nurse. New wash basins have been replaced to store in resident's room with name on them by the Charge Nurse. The Plunger on the bathroom floor next to the toilet was removed by the Maintenance Director on 3/10/16. All residents have the potential to be affected by the same alleged deficient practice. The Unit Managers completed | 4/5/16 | |

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| F 253 | Continued From page 3 Observations of the shared bathroom for rooms 210 and 211 on 03/10/16 at 8:14 AM revealed an emesis basin on top of the commode tank cover that contained an uncovered toothbrush, a tube of toothpaste, and two disposable razors. None of the items were labeled with a resident name or room number. An interview with Nurse #1 on 03/10/16 at 8:18 AM revealed emesis basins, wash basins, and personal hygiene products were stored in residents' night stand drawers. Nurse #1 stated she was not certain if the facility labeled these items with the resident's name and suggested I check with a nurse aide (NA). During an interview of 03/10/16 at 8:24 AM NA #1 stated residents' personal hygiene products were placed in bags labeled with the resident's name and stored in their night stand. NA #1 further stated emesis basins and wash basins were labeled with the resident's name and stored either in the cabinet under the sink or their night stand. An interview was conducted with the Director of Nursing (DON) on 03/10/16 at 8:40 AM. The DON stated she expected residents' personal hygiene products to be placed in bags labeled with the resident's name and stored in their night stand. The interview further revealed personal care equipment should be labeled with the resident's name and stored in their night stand. The DON was accompanied to the shared bathroom for rooms 210 and 211 on 03/10/16 at 8:49 AM and the confirmed the emesis basin, toothbrush, toothpaste, and razors should not be stored in the bathroom. The DON further stated staff should have placed the personal hygiene | F 253 | an audit of all resident rooms and bathrooms, discarding unlabeled personal care equipment and replacements were labeled with the resident's name. This audit was completed on 3/16/16. The Director of Nursing , Unit Managers and Area Staff Development Coordinator re-educated Nursing, Housekeeping and Maintenance staff on labeling and storage of resident care equipment and storage of toilet plungers. This education was completed on 3/18/16. The Housekeeping Manager will inspect 10 random resident rooms and bathrooms weekly for 4 weeks and then 10 random rooms twice per month for 2 months to include observation of plungers stored in bathrooms without plastic bags. The nursing management team will conduct a audit and inspect 10 rooms weekly for 4 weeks and then 10 rooms random rooms 2x/ month for 2 months to validate labeling and storage of personal care equipment. Completed Date: June 1, 2016 The Administrator, Housekeeping Director and Director of Nursing will review data obtained during facility audits and rounds; analyze the data and report patterns/trends to the QAPI committee every month for 2 months. The QAPI committee will evaluate the effectiveness of the above plan and will add additional interventions based on identified trends/outcomes to ensure continued compliance. | | |

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| F 253 | <p>Continued From page 4</p> <p>products and the emesis basin in bags labeled with the resident's name and stored them in their night stand.</p> <p>1. b. Observations of the shared bathroom for rooms 301 and 302 on 03/08/16 at 9:04 AM revealed 2 grey wash basins stacked inside each other on the floor under the sink. The basins were not labeled with a resident's name and there was a dried green residue noted in the bottom of wash basin.</p> <p>Observations of the shared bathroom for rooms 301 and 302 on 03/09/16 at 9:16 AM revealed 2 grey wash basins stacked inside each other on the floor under the sink. The basins were not labeled with a resident's name and there was a dried green residue noted in the bottom of wash basin.</p> <p>Observations of the shared bathroom for rooms 301 and 302 on 03/09/16 at 3:19 PM revealed 2 grey wash basins stacked inside each other on the floor under the sink. The basins were not labeled with a resident's name and there was a dried green residue noted in the bottom of wash basin. In addition, there was a plunger on the bathroom floor next to the toilet.</p> <p>Observations of the shared bathroom for rooms 301 and 302 on 03/10/16 at 8:37 AM revealed 2 grey wash basins stacked inside each other on the floor under the sink. The basins were not labeled with a resident's name and there was a dried green residue noted in the bottom of wash basin. In addition, there was a plunger on the bathroom floor next to the toilet.</p> <p>An interview with Nurse #1 on 03/10/16 at 8:18</p> | F 253 | | | |

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| F 253 | Continued From page 5 AM revealed emesis basins, wash basins, and personal hygiene products were stored in residents' night stand drawers. Nurse #1 stated she was not certain if the facility labeled these items with the resident's name and suggested I check with a nurse aide (NA). During an interview of 03/10/16 at 8:24 AM NA #1 stated residents' personal hygiene products were placed in bags labeled with the resident's name and stored in their night stand. NA #1 further stated emesis basins and wash basins were labeled with the resident's name and stored either in the cabinet under the sink or their night stand. An interview was conducted with the Director of Nursing (DON) on 03/10/16 at 8:40 AM. The DON stated she personal care equipment should be labeled with the resident's name and stored in their night stand. The DON further stated plungers should be placed in a bag if they were stored in residents' bathrooms. The DON was accompanied to the shared bathroom for rooms 301 and 302 on 03/10/16 at 8:54 AM and the confirmed the 2 wash basins should not be on the floor under the sink. The DON further stated the wash basins should be labeled with a resident's name and placed in a bag if stored in the bathroom or stored in the resident's night stand. The interview further revealed the plunger should have been placed in a bag if stored in the bathroom and removed from the bathroom if staff had used it to plunge the toilet. | F 253 | | | |
| 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 | F 312 | | 4/5/16 | |

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| F 312 | <p>Continued From page 6</p> <p>maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to provide a resident 2 showers every week and provide nail care to a resident for 2 of 5 dependent residents reviewed for activities of daily living (Resident #34 and #178).</p> <p>The findings included:</p> <p>1. Resident #34 was admitted to the facility on 07/21/09 with diagnoses including seizure disorder, cerebrovascular accident (CVA), and hemiplegia.</p> <p>Review of the annual Minimum Data Set (MDS) dated 01/15/16 revealed Resident #34's cognition was intact and there was no rejection of care noted. The annual MDS further revealed Resident #34 was totally dependent on staff with bathing.</p> <p>Review of the Care Area Assessment (CAA) Summary for Activities of Daily Living (ADL) Functional dated 01/29/16 revealed Resident #34 had diagnoses including CVA and seizure disorder. The CAA Summary noted Resident #34 was pleasant and cooperative with care and required limited to extensive assistance with ADL.</p> <p>Review of an ADL care plan dated 01/29/16 revealed Resident #34 required staff assistance and intervention for the completion of ADL needs.</p> | F 312 | <p>F312 ADL Care Provided for Dependent Residents.</p> <p>This plan of Correction is the facility's credible allegation of compliance.</p> <p>1. Resident # 34 has been scheduled for two showers per week per his choice by the Unit Manager on 3/11/16.</p> <p>2. Resident # 178 this residents nails were cleaned by the Charge Nurse on 3/10/16.</p> <p>All residents requiring assistance with ADLs have the potential of being affected by this alleged deficient practice. The Director of Nursing, Unit Managers and Charge Nurses completed an audit of all residents requiring assistance with ADLs to confirm showers are being completed according to their preferred schedule and validate nail care was completed. This audit was completed on 3/16/16.</p> <p>Education was given to all Nursing Staff regarding the completing of showers according to the facility's shower schedule and on providing nail care during showers and as needed. Completed Date: 3/16/16</p> <p>The Unit Mangers will randomly audit 3 residents per shift, 3 times a week for 4 weeks, to ensure nails are clean and showers are being completed. Completion Date: April 7, 2016</p> | | |

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| F 312 | <p>Continued From page 7</p> <p>Interventions included showers two times a week and as needed.</p> <p>Review of the nurse aide care guide revealed Resident #34 was scheduled for showers every Wednesday and Saturday during the 7:00 AM to 3:00 PM shift.</p> <p>Review of Resident #34's nurse aide documentation of showers from 02/10/16 through 03/10/16 revealed the following:</p> <ul style="list-style-type: none"> - For the week of 02/07/16 there was one shower documented on 02/10/16. - For the week of 02/14/16 there was one shower documented on 02/17/16. - For the week of 02/21/16 there were two showers documented. - For the week of 02/28/16 there was one shower documented on 03/05/16. <p>During an interview on 03/07/16 Resident #34 stated he was supposed to get two showers a week but usually only received one shower a week.</p> <p>An interview with Resident #34 on Wednesday, 03/09/16 at 4:57 PM revealed he had not received his scheduled shower.</p> <p>An interview was conducted with Nurse Aide (NA) #1 on 03/10/16 at 8:24 AM. During the interview NA #1 stated residents' showers were recorded in the NAs electronic documentation system. NA #1 further stated she had given Resident #34 his shower on 03/09/16 but may have forgotten to record it in the NAs electronic documentation system because she was running behind yesterday.</p> | F 312 | <p>The Administrator, and Director of Nursing will review data obtained during facility audits and rounds; analyze the data and report patterns/trends to the QAPI committee every month for 2 months. The QAPI committee will evaluate the effectiveness of the above plan and will add additional interventions based on identified trends/outcomes to ensure continued compliance.</p> | | |

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| F 312 | <p>Continued From page 8</p> <p>A follow up interview with NA #1 on 03/10/16 at 10:48 AM revealed she had thought about it and recalled she did not give Resident #34 a shower on 03/09/16 and had switched out his shower for a resident that had a doctor's appointment that day. NA #1 stated Resident #34 would be provided a shower today, 03/10/16.</p> <p>An interview was conducted with the Director of Nursing (DON) on 03/10/16 at 1:15 PM. The DON stated NAs were expected to record residents' showers in their electronic documentation system. The DON reviewed Resident #34's nurse aide documentation of showers from 02/10/16 through 03/10/16 during the interview and confirmed the nurse aides had recorded 5 showers during this time frame. The DON confirmed Resident #34 would be able to recall if he had received a shower or not and if he wanted 2 showers a week they should be provided to him. The interview further revealed the facility did not currently review the nurse aide documentation of showers to see if they were being provided per the residents' preferred schedule.</p> <p>2. Resident #178 was admitted to the facility on 12/04/15 with diagnoses that included left sided weakness, anxiety, hypertension, depression and others. The admission Minimum Data Set (MDS) dated 12/14/15 specified the resident had short and long term memory problems and had moderately impaired cognitive skills for decision making. The MDS also specified the resident did not have behaviors but required extensive assistance with activities of daily living (ADL).</p> | F 312 | | | |

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| F 312 | <p>Continued From page 9</p> <p>The Care Area Assessment (CAA) dated 12/14/15 read in part, "Resident requires extensive assistance for ADL. Proceed [to care plan] to provide needed assistance."</p> <p>Resident #178's ADL care plan dated 12/15/15 indicated the resident required extensive assistance for completion of ADL.</p> <p>The following observations were made of Resident #178:</p> <ul style="list-style-type: none"> - On 03/07/16 at 2:04 PM Resident #178 was in her bed eating chocolates from a box. Observations of her right hand revealed that her nails were approximately 1/8 inch long but had black debris imbedded underneath the nails. - On 03/08/16 at 10:44 AM Resident #178 was sitting in her wheelchair across from the East Wing nurses' station. Observations of the resident's right hand revealed her nails had black debris imbedded underneath her nails. During the observation, Resident #178 had her hand up to her mouth. - On 03/09/16 at 3:28 PM Resident #178 was in her bed scratching her skin with her right hand. Observations of her right hand revealed the nails had black debris imbedded underneath the nails. - On 03/10/16 at 9:15 AM Resident #178 was observed in therapy. After her therapy session, Resident #178 was in her wheelchair across from the nurses' station. Observations of the resident's right hand revealed her fingernails had black debris imbedded under the nails. <p>On 03/10/16 at 9:45 AM Nurse #2 was</p> | F 312 | | | |

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| (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 312 | <p>Continued From page 10</p> <p>interviewed and reported that nail care was to be performed by the nurse aides as needed. Nurse #2 observed Resident #178's right hand and stated her nails needed to be trimmed and cleaned.</p> <p>On 03/10/16 at 9:48 AM nurse aide (NA) #3 was interviewed and explained that nail care was performed as needed. She stated that she was assigned to Resident #178 but she had not made a "round" (offer/provide ADL care) to Resident #178 yet because night shift got the resident up, then the resident ate breakfast and went to therapy. NA #3 stated she was not very familiar with Resident #178 but did not think she refused care. NA #3 observed Resident #178's fingernails and cleaned them.</p> <p>On 03/10/16 at 9:55 AM the Director of Nursing (DON) was interviewed and reported that nurse aides were expected to routinely check residents' nails and provide nail care as needed. She observed Resident #178's nail after NA #3 had attempted to clean and observed that the nails still had black debris imbedded.</p> <p>On 03/10/16 at 10:29 AM NA #2 was interviewed on the telephone and reported that she was assigned to care for Resident #178 on 03/07/16, 03/08/16 and 03/09/16 from 7 AM to 3 PM. The NA explained that Resident #178 did not refuse care and was "easy to care for." The NA added that Resident #178 was a diabetic and therefore she could not trim or clean the resident's nails. She stated that she had observed Resident #178's nails to be "very dirty." NA #2 added that she had observed Resident #178 scratching her skin and leaving red marks and notified a nurse that the resident needed her fingernails trimmed</p> | F 312 | | | |

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

PRINTED: 04/13/2016
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345232 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 03/10/2016 |
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| F 312 | Continued From page 11 (the NA provided a name of a nurse but there was no nurse with that name working in the facility). NA #2 stated that she made attempts on 03/08/16 to clean the resident's nails but could not get them clean of the debris imbedded underneath the nails. | F 312 | | | |
| 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 | F 431 | | 4/5/16 | |

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| F 431 | <p>Continued From page 12</p> <p>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 review of facility policy and procedure the facility failed to: maintain medications and medical solutions within expiration dates in 3 of 7 medication carts and 2 of 4 medication rooms. Findings included: The Facility Policy for Storage and Expiration of Medications, Biologicals, Syringes and Needles, dated 12/01/2007 was reviewed. The procedure reads under number 4. Facility should ensure that medications and biologicals: are not retained longer than recommended by manufacturer guidelines.</p> <p>1. a. On 3/10/16 at 10:30 am Hall 100 medication room #1 observed with 3 bottles of Povidone iodine solution expired 2/2016. Interview with unit manager #1 and assistant DON on 3/10/16 at 11:54 am revealed the solution should have been discarded.</p> <p>b. On 3/10/16 at 11:00 am Hall 200 medication room #2 observed with 1 bottle of Povidone iodine solution expired 2/2016. Interview with nurse #1 on 3/10/16 at 11:59 am revealed the solution should have been discarded.</p> <p>c. On 3/10/16 at 11:15 am Hall 300 medication carts (2) and medication room observed with Medication cart #5 with Folic Acid expired 2/2016. Interview with unit manager #2 on 3/10/16 at 12:02 pm revealed the medication should have been discarded.</p> <p>d. On 3/10/16 at 11:30 am Hall 500 medication cart and medication room observed with Zinc</p> | F 431 | <p>F431 Drug records, Label/Store Drugs and Biological.</p> <p>This plan of Correction is the facility's credible allegation of compliance.</p> <p>a. Hall 100 medication room 3 bottles of Povidone Iodine Solution that was expired on 2/2016 were removed and discarded on 3/10/16 by the Director of Nursing.</p> <p>b. Hall 200 medication room 1 bottle of Povidone Iodine Solution that was expired on 2/2016 was removed and discarded on 3/10/16 by the Director of Nursing.</p> <p>c. Hall 300 medication carts and medication room with Folic Acid expired 2/2016 has been removed and discarded on 3/10/16 by the Director of Nursing.</p> <p>d. Hall 500 medication cart and medication room with Zinc Sulfate and Nicotine Transdermal System Patches expired 2/2016 have been removed and discarded on 3/10/16 by the Director of Nursing</p> <p>All resident have the potential to be affected by this alleged deficient practice. The Unit Managers conducted an audit of medication carts, treatment carts and medication storage rooms to validate no other expired drugs were present. This audit was completed on 3/16/16. The Director of Nursing and Area Staff Development Coordinator re-educated Licensed Nurses on the Facility's policy</p> | | |

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| F 431 | <p>Continued From page 13</p> <p>Sulfate and Nicotine Transdermal System patches (10 pcs) in medication cart #7 expired 2/2016. Interview with unit manager #2 on 3/10/16 at 12:02 pm revealed that both medications should have been discarded. 03/10/2016 11:54:13 AM Interviewed Unit Manager #1 and Assistant DON on Hall 100 regarding responsibilities for checking medications - Assistant DON stated that it is the responsibility of the medication nurses to check carts daily. First shift is responsible for insulins, second shift cart medications and third shift ear and eye drops. On the weekends the unit supervisor is responsible for checking the medication rooms.</p> <p>03/10/2016 11:59:00 AM Interviewed Nurse #1 on Hall 200 regarding responsibilities for checking medications - stated that it is the responsibility of the medication nurses to check carts and medication rooms daily.</p> <p>03/10/2016 12:02:48 PM Interviewed Unit Manager #2 on Hall 300 and Hall 500 (Short Term Care) regarding responsibilities for checking medications - stated that it is responsibility of the medication nurses to check carts daily. First shift checks insulins, second shift checks medication carts and narcotic box and third shift checks eye and ear drops and patches. The nurses are also responsible for checking the medication rooms as well as the weekend unit supervisor</p> <p>03/10/2016 12:06:20 PM Interviewed DON and she stated that her expectation is that all nurses and unit managers' check for medication expiration dates and that all medications given to residents are within date.</p> | F 431 | <p>for storage and labeling of medications to include discarding expired medications. Completed 3/16/16.</p> <p>The Unit Managers will audit each medication cart and medication storage room weekly for 12 weeks to ensure labeling and dating of medications according to the Facility policy, any expired drugs will be discarded as identified.</p> <p>The Pharmacy Tech will audit medication carts monthly and report to the Director of Nursing any findings. Audit completed on 3/24/16 and ongoing monthly.</p> <p>The Administrator, Director of Nursing and Pharmacy Consultant will review data obtained during facility audits and rounds; analyze the data and report patterns/trends to the QAPI committee every month. The QAPI committee will evaluate the effectiveness of the above plan and will add additional interventions based on identified trends/outcomes to ensure continued compliance.</p> | | |