STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345196	A. BUILDING _____ B. WING _____	08/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VISTA HEALTH PARK	106 MOUNTAIN VISTA ROAD DENTON, NC 27239

(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=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 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 record review, observations and staff	F 431	Disclaimer	8/31/16

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

Electronically Signed | 08/19/2016

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 431	Continued From page 1 interview the facility failed to remove expired medications from 2 of 2 medication carts checked for medication storage (summer medication cart and spring medication cart). The findings included: Review of the FDA recommended storage instructions dated 2012 for Ipratropium Bromide/Albuterol Sulfate revealed the vials should be protected from light before use. Therefore, keep the unused vials in the foil pouch or carton. Do not use after the expiration date printed on the carton. An observation of the summer hall medication cart on 8/3/16 at 10:07 AM revealed a foil package of Ipratropium Bromide/Albuterol Sulfate that was opened and was not labeled or dated when it was opened. The foil package was not sealed shut. The expiration date on the back of the package was dated 07/16. Four of the individual plastic vials were also dated 07/2016. Continued observation of the summer hall medication cart revealed a box of MAPAP 325 milligrams (mg) (used for Tylenol) tablets labeled for Resident # 31 had a hand written expiration date on it of 6/2016. Five individual MAPAP pills packages had the expiration date of 6/16 and two MAPAP pill packages had an expiration date of 5/16. Resident #31 ' s Medication Administration Record (MAR) was reviewed and revealed the resident last received the medication MAPAP 6/21/16 at 8:30 AM. An observation of the spring hall medication cart on 8/3/16 at 10:34 AM revealed a box of acetaminophen suppositories available for use and labeled for Resident #24. The box contained an expiration date of 7/2016. There were six suppository bullets inside the box. Resident #24 ' s MAR was reviewed and revealed	F 431	Mountain Vista Health Park submits this Plan of Correction (PoC) in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this PoC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services (CMS), the State of North Carolina or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis. The Provider has not had any remedies imposed against it as a result of the alleged deficiencies. Without such remedies, the Provider will not be granted an appeal before the U.S. Department of Health and Human Services Departmental Appeals Board to challenge the alleged deficiencies cited in the CMS-2567.	

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F 431	Continued From page 2 the resident had not received Acetaminophen rectal suppositories in 5/2016, 6/2016, 7/2016 or 8/2016. Nurse #1 was interviewed on 8/3/16 at 11:08 AM. She stated it varied who checked the medication carts .It was based on whomever had the time. If a medication had expired then they would send it back to the pharmacy to be replaced. Nurse #2 was interviewed on 8/3/16 at 12:36 PM. She stated the nurses are supposed to check the medications and it depends on whomever had the time to check it. She stated she was unaware about the dating or storage of the ipratropium/albuterol solution. Nurse #3 was interviewed on 8/3/16 at 12:38 PM. She stated she called the company about information on the ipratropium/albuterol medication. She stated if the vials of ipratropium/albuterol solution were in the foil pack and were folded over and sealed with a piece of tape then the vials were good until the expiration date on the carton. If the vials were not in the foil package and exposed to light then they had to be used within a week. The Director of Nursing was interviewed on 8/4/16 at 1:29 PM. She stated if a physician stopped or discontinued a medication then it would be returned to pharmacy. She stated she had talked to the administrator about getting a new process for checking the medications. The pharmacist came every month and checking for expired medications was on her list of things to do. The nurse that pulled the medication should also check that it is in date. The expectation was the medications that are stored in the medication carts to be in date. The staff pharmacist was interviewed on 8/4/16 at 2:12 PM. She stated for the nursing home side of the building, she checked the emergency	F 431	F431 The facility utilizes a contracted clinical pharmacy to provide the system and services of licensed pharmacists that are in accordance with state and federal guidelines related to drugs and biologicals, their records, labeling and storage. There are multiple checks and balances to monitor the various drug and biological systems. It is the policy and normal practice to label drugs and biologicals in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions and the expiration date when applicable. Affected Residents: The PRN (as needed) medication (Ipratropium Bromide/Albuterol Sulfate) for Resident (#no number assigned by surveyor in 2567) with a use by date of 7/31/2016 was removed immediately from the cart on 8/03/16. A refill was provided by the pharmacy. The PRN over-the-counter (OTC) generic acetaminophen (Tylenol) (MAPAP 325mg) pills for Resident #31 was removed immediately from the cart on 8/3/16. A replacement package was provided by the pharmacy. The PRN OTC Tylenol suppository (Acetaminophen) for Resident #24 with a use by date of 7/31/2016 was removed	

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F 431	Continued From page 3 medication box, reviewed resident ' s charts and wrote recommendations for the physician. She also checked for out of date drugs in the cabinets and refrigerator. She stated she does not check the medication carts. She does not have the key to the medication cart.	F 431	immediately from the cart on 8/03/16. A replacement package was provided by the pharmacy. Other Residents: The medication carts, medication storage room, and medication refrigerator were checked on 08/3/16 and 08/4/16 by the licensed nurses designated by Director of Nursing for other items with dates past a manufacturers□ recommended use by date. No other out of date range items were found. Systemic Changes: Licensed nurses were retrained by the Director of Nursing (DON) from 08/03/16 through 08/18/16 on the policy and procedures for checking, removing and returning of medications and biologicals that have exceeded the manufacturers□ use by date. Emphasis was placed on audit practices regarding infrequently used PRNs and biologicals with month-end use by dates versus day-specific use by dates. Licensed nurses will be assigned by DON to check the carts and storage areas for expired medications on a daily basis for two weeks, then carts and storage areas will be checked weekly on an ongoing basis. Results of these inspections will be reported to the QAPI Committee monthly using the Quality Improvement Tool for monitoring for expired medications and biologicals.	

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F 431	Continued From page 4	F 431	The pharmacy consultant will continue their monthly inspection practice including a review/audit of medication carts for expiration/use by dates regarding medications. Quality Assurance: After two weeks of daily monitoring, the licensed nurses will check the medication carts and storage areas on a weekly basis and report findings to the DON. The Pharmacy Consultant will check the medication carts and storage areas monthly and report findings to DON. DON or designee will report findings monthly to the Quality Assurance Performance Improvement Committee (QAPI) to monitor effectiveness of the plan.	