STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345142	A. BUILDING _____ B. WING _____	R-C 12/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	9200 GLENWATER DRIVE CHARLOTTE, NC 28262

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{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 observations, staff interviews and	{F 431}	On 12/29/2016 the expired Insulin for	1/16/17

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

Electronically Signed | 01/13/2017

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{F 431}	Continued From page 1 record review the facility failed to remove expired medications from use on 1 of 7 medication carts and 2 of 2 medication storage rooms. Findings included: 1. Review of the facility's insulin storage policy dated 10/1/15 revealed that vials should be dated upon opening and unused portions should be discarded within 28 days. a. Resident #98 was admitted 03/18/2014 with diagnoses that included Diabetes Type 2. Further review of the Medication Administration Record (MAR) revealed the resident had received the Humalog insulin for sliding scale coverage based on blood sugar readings at 4:30 PM on 12/12/2016, 12/13/2016, 12/16/2016, 12/19/2016, 12/21/2016, 12/22/2016 and 12/27/2016. Observation on 12/28/2016 at 12:06 PM of the Garden City medication storage room revealed Resident #98's Humalog insulin was dated as opened 11/08/2016 and had expired 12/08/2016, 28 days after being opened. Interview on 12/28/2016 at 12:06 PM with Nurse #1 revealed that each nurse checked and pulled expired medications. b. Observation on 12/28/2016 at 12:32 PM of the Arboretum medication storage area revealed pneumonia vaccine vial open and dated 08/19. Small amount of vaccine in the vial. The vial was labeled as single dose. Tuberculin skin test multi-dose vial was opened. It was not dated when it was opened so an expiration date 28 days after opening could be determined. Interview on 12/28/2016 at 12:32 PM with Nurse #2 revealed that each nurse checked and pulled expired medications. c. Resident #192 was admitted 06/29/2016 with diagnosis that included Diabetes Type 1. Further review of the MAR revealed Resident #192 received Humulin N insulin 8 units every	{F 431}	residents #98 and #192 were discarded by the Interim Director of Nursing and ordered from pharmacy. The expired PPD and Pneumovac vials from the medication room refrigerators were discarded by the Interim Director of Nursing on 12/29/2016 and reordered from pharmacy. A 100% audit was completed on 12/29/2016 by the Interim Director of Nursing to ensure all medications to include Insulin, PPD, and Pneumovac vials are properly stored, dated and labeled. All identified areas of concern were immediately corrected by the Interim Director of Nursing on 12/29/2016. An in-service was initiated with 100% of all licensed nurses to include nurse #1 and nurse #2 regarding the dating of an expiration of medications including Insulin, PPD, and Pneumovac vials by the Staff Facilitator. The in-service will be 100% completed on 1/16/2017. All newly hired licensed nurses will be in-serviced regarding dating of and expiration of multi-dose vials during new employee orientation. The Director of Nursing, Assistant Director of Nursing, Unit Manager, QI Nurse or RN Supervisor will check all medication carts and medication rooms weekly x 4 then biweekly x 8 weeks, then monthly x3 months to ensure each cart and medication room including medication refrigerators are free from expired medications to include Insulin, PPD, and	

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{F 431}	Continued From page 2 morning and Humulin N 11 units every evening. He received the insulin from the expired vial on 12/25/2016, 12/26/2016, 12/27/2016 and 12/28/2016. Observation on 12/29/2016 at 08:40 AM 900 hall medication cart revealed Resident #192's Humulin insulin label indicated it was opened 11/24/2016 and had expired 12/24/2016, 28 days after being opened. During an Interview on 12/29/2016 at 08:40 AM Nurse #2 revealed that all nurses were to check for expired medications and remove them from the medication cart. Interview on 12/29/2016 at 10:09 AM with the Interim Director of Nursing (DON revealed that if a vial was not totally used or they were expired by the 28th day after being opened, they should be discarded. We all make rounds and pull expired medications. The DON's expectation was that all medications that were administered should be in date when administered. Interview on 12/29/2016 at 10:55 AM with the Medical Director revealed he believed insulin given a couple of days after the expiration date would still be effective. He stated if it was 10 days or longer after it was expired on the 28th day in use, then one could not be sure it would have the same effectiveness. He stated the policy was to remove expired insulin and medication 28 days after it was opened. It was his expectation that medications were in date and not expired when administered.	{F 431}	Pneumovac vials using the Expired Medication Audit Tool. Audits will include ensuring vials of medication are properly dated and stored. All identified areas of concern will be immediately corrected. The monthly QI Committee will review the results of the Expired Medications Audit Tool monthly for 6 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The Administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly Executive QA Committee for further recommendations and oversight.	
{F 490} SS=E	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest	{F 490}		1/16/17

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{F 490}	Continued From page 3 practicable 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's administration failed to utilize its resources effectively to sustain an effective Quality Assurance and Assessment program through implemented procedures and monitoring of these interventions that the committee put into place after three federal survey of record for two repeat deficiencies in the areas of medication storage and Quality Assessment and Assurance. The findings included: This tag is cross referenced to: F431: Based on observations, staff interviews and record review, the facility failed to remove expired medications from use on 1 of 7 medication carts and 2 of 2 medication storage rooms. The facility was recited for F431 regarding failure to remove expired insulin and an undated, opened tuberculin skin test vial. F431 was originally cited during a survey completed on 11/03/16 for failure to remove an expired pain medication. F431 was also cited on a recertification survey on 02/04/16 for failure to remove expired insulin. F520: Based on observations, staff interviews and record review, the facility's Quality	{F 490}	On 1/16/2017 the facility QI Committee held a meeting. The Medical Director, Administrator, DON, ADON, QI Nurse, MDS Nurse, Maintenance Supervisor and Housekeeping Supervisor will attend QI Committee Meetings on an ongoing basis and will assign additional team members as appropriate. On 1/9/2017 the Facility Consultant in-serviced the Facility Administrator, DON, ADON, MDS Nurse, Maintenance Supervisor, Housekeeping Supervisor related to the appropriate functioning of the QI Committee and the purpose of the committee to include identified issues related to quality assessment and assurance activities as needed and developing and implementing appropriate plans of action for identified concerns, to include F 431 Pharmacy, F490 Effective Administration and F520 Quality Assessment and Assurance Committee. The Committee will continue to meet a minimum of monthly. The QI Committee including the Medical Director, will review monthly complied QI Report for information, review trends, and review corrective actions taken and date's completion. The QI Committee will validate the facility's progress in correction of deficient practices or identified	

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{F 490}	Continued From page 4 Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions the committee put into place in December, 2016. This was for recited deficiencies which were originally cited during the facility's current recertification survey completed on 11/03/16. The deficiencies were in the area of medication storage and facility administration. In addition, the facility received citations for medication storage and effective administration during a recertification survey conducted on 02/04/16. The continued failure of the facility during three federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program. During 3 federal surveys of record, February 2016 Recertification/Complaint survey, November 2016 Recertification/Complaint survey and the facility's current Revisit survey of December 2016, the facility's Administrator failed to sustain an effective Quality Assurance Program due to repeat deficiencies in medication storage.	{F 490}	concerns. The Administrator will be responsible for ensuring the Committee's concerns are addressed through further training and other interventions. The Administrator or her designee will report back to the Executive QI Committee at the next scheduled meeting.	
{F 520} SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and	{F 520}		1/16/17

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{F 520}	Continued From page 5 develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions the committee put into place in December, 2016. This was for recited deficiencies which were originally cited during the facility's current recertification survey completed on 11/03/16. The deficiencies were in the area of medication storage and facility administration. In addition, the facility received citations for medication storage and effective administration during a recertification survey conducted on 02/04/16. The continued failure of the facility during three federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program. Findings included: This tag is cross referred to: F 431: Based on observations, staff interviews	{F 520}	On 1/16/2017 the Facility QI Committee held a meeting. The Medical Director, Administrator, DON, QI Nurse, MDS Nurse, Maintenance Supervisor,and Housekeeping Supervisor will attend QI Committee Meetings on an ongoing basis and will assign additional team members as appropriate. On 1/9/2017 the Facility Consultant in-serviced the Facility Administrator, DON, QI Nurse, MDS nurse, Maintenance Supervisor and Housekeeping Supervisor related to the appropriate functioning of the QI Committee and the purpose of the committee to include developing and implementing facility concerns, to include F431 Pharmacy, F490 Effective Administration and F520 Quality Assessment and Assurance Committee. As of 1/9/2017, after the Facility Consultant in-service, the facility QI Committee began identifying other areas	

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{F 520}	Continued From page 6 and record review, the facility failed to remove expired medications from use on 1 of 7 medication carts and 2 of 2 medication storage rooms. The facility was recited for F431 regarding failure to remove expired insulin and an undated, opened tuberculin skin test vial. F431 was originally cited during a survey completed on 11/03/16 for failure to remove an expired pain medication. F431 was also cited on a recertification survey on 02/04/16 for failure to remove expired insulin. F490: Based on observations, staff interviews and record review, the facility's administration failed to utilize its resources effectively to sustain an effective Quality Assurance and Assessment program through implemented procedures and monitoring of these interventions that the committee put into place after three federal survey of record for one repeat deficiency in the area of medication storage. Interview with the Administrator on 12/29/16 at 11:03 AM revealed the facility's Quality Assurance Committee met weekly since the 11/03/16 survey. The Administrator reported the facility's nursing management audited medication storage weekly and could not provide the reason expired medications remained available. The administrator reported weekly audits continued and the reason for the expired medication availability would be explored. Interview with the interim Director of Nursing on 12/09/16 at 11:30 AM revealed she could not provide a reason the expired and unlabeled medications had not been identified and	{F 520}	of quality concern through QI review process, for example: review rounds tools, review Pharmacy Reports and Regional Facility Consultant Recommendations. The Facility QI Committee will meet at a minimum of Quarterly to identify issues related to quality assessment and assurance activities as needed and will develop and implement appropriate plans of action for identified facility concerns. Corrective action has been taken for the identified concerns related to F431 Pharmacy, F490 Effective Administration and F520 Quality Assessment and Assurance Committee. The Committee will continue to meet at a minimum of monthly. The QI Committee including the Medical Director, will review the monthly complied QI Report information, review trends and review corrective actions taken and the date's completion. The QI Committee will validate the facility's progress in correction of deficient practices or identified concerns. The Administrator will be responsible for ensuring Committee concerns are addressed through further training and other interventions. The Administrator or her designee will report back to the Executive QI Committee at the next meeting.	

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{F 520}	Continued From page 7 removed.	{F 520}		