

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345390	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2017
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 7700 US 158 EAST STOKESDALE, NC 27357		
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F 323 SS=G	<p>483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>(d) Accidents. The facility must ensure that -</p> <p>(1) The resident environment remains as free from accident hazards as is possible; and</p> <p>(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>(n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.</p> <p>(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to provide a safe transfer for 1 of 3 residents (Resident #8) reviewed for fall that resulted in Resident #8 sustaining a left knee fracture.</p> <p>Findings included: Resident #8 was admitted to the facility on 07/31/15 with diagnoses that included Type 2</p>	F 323	<p>On 03/02/17 at 12:00 PM, the Plan of Correction was validated. The survey team confirmed the mechanical lifts were working properly and that other residents who were identified as a fall risk were being assessed; the facility implemented auditing tools to validate to review residents who uses mechanical lift; staff was re-educated on the policy and procedure for transfer and care plans</p>	3/24/17	

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

TITLE

(X6) DATE

Electronically Signed

03/24/2017

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 323	<p>Continued From page 1</p> <p>diabetes mellitus with diabetic neuropathy, unspecified dementia without behavioral disturbance, contracture of left hand, acquired absence of other toes and chronic pain due to trauma. Prior to admission to this facility, Resident #8 was being transferred with a mechanical lift. Her body was very rigid.</p> <p>The Minimum Data Set (MDS) documentation dated 01/09/17, revealed Resident #8 had short-term and long-term memory loss and was moderately impaired with cognitive skills for daily decision making. Resident #8 required extensive assistance with bed mobility, dressing and personal hygiene while being total dependent with transfers and eating. Resident #8 required a 2 person assist with bed mobility and transfers. Resident #8 was totally dependent on staff for bathing.</p> <p>Review of Care Plan dated 05/30/16 stated that Resident #8 was at risk for falling. The resident had poor safety awareness due to diagnosis of dementia, diabetes, diabetic neuropathy and hypertension. It was further complicated by amputation of all toes to right foot and poor sitting balance.</p> <p>Review of Care Plan dated 05/30/16 stated that Resident #8 was also at risk for functional decline and began receiving restorative nursing care to include assisted active range of motion to both arms and hands 6 days per week. Resident #8 to maintain range of motion in both arms within functional limits and to maintain the ability to turn and position self in bed with minimal assistance.</p> <p>Review of Care Plan dated 08/22/16 stated that Resident #8 was at risk for decrease muscle</p>	F 323	were instituted; a system was in place for evaluating residents who uses mechanical lift.		

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F 323	<p>Continued From page 2</p> <p>strength and balance to promote independence. Resident #8 received assisted active range of motion exercises to both arms 6 days per week.</p> <p>Review of Care Plan dated 10/23/16 stated that Resident #8 was at risk for decrease range of motion to both arms 6 days per week. Resident #8 received assisted active range of motion exercises to both arms 6 days per week.</p> <p>Interview with the Administrator on 03/02/2017 at 9:37 AM, Administrator and staff members collaborated in reassessing resident's need to include policy/procedure for mechanical lift/sling, manufacturer's instructional information and new employee/updated training for current employees. Administrator reports that the staff was correct in their actions and the equipment was used properly but that the sling was not the appropriate sling for increased decline in condition for Resident #8. Administrator states that Resident #8 had a bed bath on 1/27/17 and was wearing a cotton gown.</p> <p>Interview with the Administrator on 03/02/17 12:07 PM revealed Resident #8 was admitted to facility with lift status meaning that a mechanical lift was being used for this resident for transfers prior to entering this facility. The Administrator further stated the facility only used one kind of sling for all of their residents who use mechanical lifts.</p> <p>CNA note by CNA #5 on 01/27/2017 02:28 PM Resident #8 had assisted active range of motion for 15 minutes to both arms. She was very tight today and did not want to exercise. CNA #5 was able to get resident to loosen up with time. Splint was applied to hand from 6:20 am to 12:20 pm.</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>No complaints with therapy today.</p> <p>Fall Scene Investigation Report dated 01/27/17 at 3:45pm, Resident #8 slipped out of the sling while being transferred via the mechanical lift with a 2 person assist; after a bath, in her room, hit her head on the nightstand and fell onto the floor. Nurse #1 and Physician assessed Resident #8 after the fall, Emergency Medical Services (EMS) transported Resident #8 to the emergency room at hospital for evaluation.</p> <p>A written statement reports on 01/28/17 that a Certified Nursing Assistant (CNA) #1 and CNA #2 were getting Resident #8 up to get ready for supper. The lift pad was under Resident #8 with the leg straps crisscrossed so it would cradle the right way. The lift pad was hooked on the black straps (smallest they could go). CNA #1 lifted Resident #8 up and all seemed fine until we moved her out from over the bed, then Resident #8 suddenly slipped out of the lift pad and to the floor. When Resident #8 fell, her legs went under her and she hit her head on the door on the nightstand. CNA #1 cradled her head while CNA #2 went to get help.</p> <p>Additional written statement reports on 01/28/17 that CNA #2 and CNA #1 had completed a bed bath for Resident #8. The lift pad was positioned under Resident #8 and CNA #2 and CNA #1 made sure to crisscross the legs of it before Resident #8 was transferred to her chair. Resident #8 was being lifted and as CNA #2 and CNA #1 turned Resident #8 towards her chair, then she suddenly she slipped out of the lift pad. Resident #8 slid out so fast that she hit her head pretty hard on the door of her nightstand and ended up on the floor with one of her legs tucked</p>	F 323			

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F 323	<p>Continued From page 4 under her.</p> <p>A telephone interview with CNA #1 on 03/02/2017 2:40 PM CNA #1 stated she was with CNA #2 and just completed bed bath for Resident #8. They used the mechanical lift as directed. Resident #8; legs were crossed and sling was crossed underneath both legs. Resident #8 slipped out of the sling onto floor so fast. CNA #1 secured neck until Emergency Medical Service (EMS) arrived.</p> <p>Telephone interview with CNA #2 on 03/02/2017 2:17:15 PM CNA #2 stated they just completed a bed bath for Resident #8 and she was being transferred from her bed to her chair. The pad/sling was positioned under her correctly and CNA #1 and CNA #2 made sure her legs were crossed. CNA #1 was at the head and CNA #2 was at the feet. When Resident #8 was turned, CNA #1 positioned her hand near head of Resident #8 for support and resident slipped out.</p> <p>An interview with Nurse #1 on 03/02/2017 2:49 PM, Nurse #1 was the Supervisor that evening. CNA #1 and CNA #2 reported that Resident #8 had slipped through the sling on was on the floor. Resident #8 hit the back of her head; swelling was present and there was no active bleeding. Both legs were flexed up under resident and abrasion was noted to left shin. No prior incidents noted with this specific lift/sling or staff with this resident.</p> <p>Review of the Nursing note/Nurse #1 on 01/28/2017 at 01:08 AM [Recorded as Late Entry on 01/28/2017 01:15 AM] for 1/27/2017 3-11 shift. At approximately 3:30 pm, resident slipped out of the sling while being transferred via mechanical lift by from her bed to her chair by 2 CNAs.</p>	F 323			

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F 323	<p>Continued From page 5</p> <p>Physician was in the facility, assessed the resident and gave order to send resident to the emergency room for evaluation. Emergency Medical Services (EMS) contacted and family also notified. Resident left the facility around 4:45pm being transported to hospital. At approximately 8:30pm, hospital notified this writer that Resident #8 would be returning to the facility. Chest, pelvis and left leg x-ray as well as CT scan of head and neck were unremarkable. Awaiting resident's return to this facility.</p> <p>The Physician note on 01/27/17 at 4:07 pm, Physician assessed Resident #8 immediately after the incident. He reported that Resident #8 hit her back of her head and sustained abrasion. Resident #8 was lying on the floor, on her back with her left knee flexed with the thigh internally rotated. Resident #8 stated she "hurts all over" and complained of pain in many places with palpation but was greater with when externally rotating left thigh. The Physician ordered to send the resident to hospital for evaluation due to multiple trauma, pain over left hip and abrasion to back of head.</p> <p>Emergency room notes dated 01/27/17, Resident #8 had a history of prior left knee replacement. Resident #8 complaining of soreness to anterior chest. Observations included: vomiting, swollen areas to scalp, left knee and over left clavicle, superficial abrasion to right lower leg and hematoma (bruise) on posterior scalp. Multiple tests conducted to include: Chest x-ray, Pelvis x-ray, CT head without contrast and CT cervical spine without contrast. Test results were within normal limits. Left knee x-ray also completed and showed no acute abnormality. Left knee replacement is in place. No hardware</p>	F 323			

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F 323	<p>Continued From page 6</p> <p>complication is identified. Bones loss present. The fracture wasn't seen on the this x-ray.</p> <p>The Nurse's note by Nurse #2 on 01/28/2017 at 02:02 AM indicated patient arrived from the emergency room visit at 12 midnight. No acute distress. Left knee noted with swelling. Tylenol given (as needed per order). Abrasion to left lower leg noted. Dressing changed. Patient denies any discomfort. No other skin abnormalities noted. Family requested their mother be fed all meals in bed for the next few days.</p> <p>A note provided to surveyors on 01/28/17, Mechanical lift inspected on 01/28/17 per Plant Operation Manager (POM) after incident on 01/27/17. Lift sling/pad and mechanical lift to function as designed.</p> <p>The Nursing note by Nurse #3 dated 01/28/2017 at 11:05 AM revealed that Resident #8 stay in bed per family's request for next couple of days due to fall. Patient reported no pain upon assessment. Tylenol was given on midnight shift and was effective. Left knee was noted to be swollen. Family members were in room visiting with patient and husband. The call light was in reach and the bed was in low position.</p> <p>CNA note by Restorative Aide on 01/28/2017 02:52 PM Resident #8 had assisted active range of motion for 15 minutes to both legs. Slow stretching done due to soreness from fall. Splints on at 7:30 am and removed at 1:30 pm. Tolerated therapy well today even though body was sore while touched.</p> <p>Nursing note by Nurse #3 on 01/28/2017 at 3:02</p>	F 323			

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F 323	<p>Continued From page 7</p> <p>PM Resident #8 with skin tear to left lower leg. Area cleansed and dressing applied. Post fall bruising noted to left lower leg measuring 3.0 x 2.0 cm. Bruising noted to right lower leg (below knee) measuring 8.0 x 4.0 cm and right mid shin measuring 2.7 x 2.0 cm.</p> <p>Nursing note by Nurse #2 on 01/28/2017 at 10:22 PM revealed family requested Resident #8 be evaluated for pain and stronger pain relief medication. Resident was red in the face, vital signs as follows: 130/78-110-20-97.1; Tylenol 500mg was administered for pain. Norco 5/325mg 1/2 tablet by mouth was ordered every 6 hours as needed for severe pain per Physician. The order was faxed to the pharmacy.</p> <p>Nursing note by Nurse #2 on 01/28/2017 at 2:37 AM Post fall, no injuries noted. No indication of pain or discomfort. No facial flushing, moans or grimacing. Resident #8 rested comfortably with eyes closed since the start of this shift.</p> <p>Nursing note by Nurse #3 on 01/29/2017 at 11:22 AM Patient was lying in bed and moaning noted during CNA changing the resident. Physician was contacted and an order was received to start Oxycodone 5-325 mg 1/2 tablet by mouth every 6 hours as needed for pain. The medication was administered to patient and was effective. Patient was noted to be resting comfortably in bed with no signs of discomfort.</p> <p>Nursing note by Nurse #2 on 01/30/2017 at 01:31 AM Post fall, no injury noted. No indication of pain or discomfort. Swelling of the left knee is improving. Resident #8 has voiced being very sore since the fall but currently denies being in pain.</p>	F 323			

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F 323	Continued From page 8 A CNA note by CNA #3 on 01/30/2017 03:03 PM indicated left knee was swollen and Norco was given at 1:30pm; as needed order. Physician note dated 01/30/2017 05:43 PM revealed assessment of Resident #8 after fall on 01/27/17. Resident #8 was evaluated at the hospital and no significant injury was found. This, despite the fact that she has no sensation in her legs (it is noteworthy that her multiple toe amputations were accomplished without anesthesia). Her pain complaints are not explainable, but she seems to benefit from having a low dose of analgesia. Since returning to the facility, Resident #8 has complained of knee pain which sustained much of the trauma of the fall. Family were present for this evaluation. Bilateral legs appear symmetrical though there is a large bruise on the inner aspect of her right lower leg. No joint tenderness is found. It seems to induce pain when either knee is flexed - even a small amount. Hydrocodone dose changed to routine administration. CNA note by CNA #5 on 01/31/2017 03:10 PM Resident #8 had assisted active range of motion for 15 minutes to both arms and performed well. Splints on at 7:00 am and removed at 1:30 pm. Nursing note by Nurse #8 on 02/01/2017 at 03:37 AM Rested well all night. Routine Norco given earlier and will repeat later. CNA note by CNA #5 on 02/01/2017 02:32 PM Resident #8 had assisted active range of motion for 15 minutes to both arms and was able to do all exercises. Splints on at 6:45 am and removed at 2:15 pm. No complaints with therapy today.	F 323			

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F 323	Continued From page 9 Nursing note by Nurse #4 on 02/01/2017 at 10:34 PM no complaints of pain this shift, ate in dining room and took medications without difficulty. CNA note by CNA #5 on 02/02/2017 02:42 PM Resident #8 had assisted active range of motion for 15 minutes to both arms. Splints on at 7:00 am and removed at 1:00 pm. No complaints with therapy today. CNA note by Restorative Aide on 02/03/2017 02:14 PM Resident #8 had assisted active range of motion for 15 minutes to both legs. Resistant at first but was more relaxed with time. Splints on at 8:00 am and removed at 2:00 pm. Nursing note/Nurse #4 on 02/03/2017 09:55 PM Nurse #4 changed dressings to chin and leg per family's request. No notes documented on 02/04/17 and none on 02/05/17 until 1:53 PM. Nursing note/Nurse #5 on 02/05/2017 01:53 PM indicated the left knee remains swollen. Resident #8 to be reassessed by Physician. Nursing note/Nurse #6 (Diagnostic Test Result): 02/06/2017 09:53 PM Increased swelling and pain to left knee noted. An X-ray was ordered, completed and results received via fax from mobile imaging company. The result came back positive for fracture to left knee. Physician was notified and Resident #8 was referred to orthopedist. Family notified the facility staff to make appointment immediately. A phone interview with Physician on 03/02/2017	F 323			

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F 323	<p>Continued From page 10</p> <p>at 2:28 PM revealed that he was in the facility when Resident #8 was found on the floor. The Physician further stated that by his professional opinion the knee fracture was related to the fall.</p> <p>Facility Plan of Correction:</p> <p>The facility provided the following corrections that had been completed on 02/02/17.</p> <p>Interview with Restorative Aide and Director of Nursing (DON) on 03/01/17 at 11:21 AM, the Restorative Aide and DON stated they have assessed the needs for Resident #8. The types of slings: full body sling (which is the newly ordered sling) and the sling (which is the type Resident #8 was previously using and the most commonly used in the facility) were discussed.</p> <p>The Care Plan was modified on 02/01/17. The care plan was updated to state that Resident #8 was to be transferred to and from bed using only the sling via the mechanical lift with 2 people assisting while being supervised by a nurse or restorative CNA.</p> <p>The MDS #2 notes on 01/30/17 indicated they have in-service, meetings and reenactment of fall was conducted. The sling was properly applied and lift was properly used by staff. The sling failed to guide the resident in a cradle position due to stiffness of her body. Another type of sling was required and new hip sling provided for resident safety and comfort.</p>	F 323			

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F 323	<p>Continued From page 11</p> <p>On 01/30/17 new hip slings were ordered, as soon as the company opened for the day, for Resident #8 and 5 other residents.</p> <p>01/27/17 Initial interventions to prevent future falls included assuring proper placement of proper/correct size sling and in-servicing the staff on 3-11pm shift. The facility conducted multiple meetings to address proper technique, lift safety, updated the policy, re-educated staff, reviewed the root cause and ordered 5 hip slings for lifts to prevent reoccurrence.</p> <p>01/27/17 List of topics addressed by facility post fall: Equipment check for proper functioning, sling check for safe usability, staff demonstration of events leading up to event, statements gathered from all staff involved, event form per protocol, audit of all residents for hip flexion. 100% of staff in-service of use of mechanical lift (initiated 01/27/17 and completed on 01/30/17).</p> <p>01/31/17 Staff in-service for new hip slings initiated on 01/31/17 and completed on 02/02/17 prior to any use of new hip sling.</p> <p>An observation was done for CNA#5, CNA#6 and Nurse #7 on 03/01/2017 at 10:07 AM. CNA#5, CNA#6 and Nurse #7 transferred Resident #8 from recliner type wheelchair to bed without incident using the mechanical lift and new style (full body) sling. Staff explained the process to Resident #8 and encouraged Resident #8 throughout transfer. Resident #8's husband was present in room during transfer; as he is her roommate.</p> <p>On 03/01/17 at 1:56 PM the Restorative Aide stated that CNA #1, CNA #2 and other staff</p>	F 323			

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F 323	Continued From page 12 members were re-trained with new mechanical lift, pads/slings, oxygen tanks and shower stretcher. Dates of in-services were on 01/31/17, 02/01/17 and 02/02/17. An interview conducted with the Quality Assurance staff of the facility on 03/02/17 at 1 PM revealed the mechanical lift and sling were included in their quarterly meeting to monitor and prevent reoccurrence of the incident. On 03/02/17 at 12:00 PM, the Plan of Correction was validated. The survey team confirmed the mechanical lifts were working properly and that other residents who were identified as a fall risk were being assessed; the facility implemented auditing tools to validate to review residents who uses mechanical lift; staff was re-educated on the policy and procedure for transfer and care plans were instituted; a system was in place for evaluating residents who uses mechanical lift.	F 323			
F 431 SS=E	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	F 431		3/24/17	

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F 431	<p>Continued From page 13</p> <p>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--</p> <p>(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>(g) Labeling of Drugs and Biologicals. 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.</p> <p>(h) Storage of Drugs and Biologicals. (1) 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.</p> <p>(2) 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, record review, staff</p>	F 431	The following plan of correction is		

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F 431	<p>Continued From page 14</p> <p>interview and pharmacist interview, the facility failed to discard out of date influenza vaccine in 2 of 2 medication rooms and failed to date opened multidose vial in 1 of 2 medication rooms.</p> <p>Findings included:</p> <p>The review of manufacturer's specifications revealed that influenza vaccine vial should be discarded 28 days after opening and included in the undated medication storage policy and procedure provided by the facility. The facility did not provide any guidelines, policies or procedures to address dating, labeling and discarding medications.</p> <p>1.a. An observation on 02/28/17 at 4:38 PM in the Front Hall refrigerator, there was a multidose influenza vaccine vial opened on 10/11/16 still stored.</p> <p>Interview with Nurse #1 on 02/28/17 at 4:40 PM, Nurse #1 stated the influenza vials are good for 6 months after opening before they must be discarded. Nurse #1 reviewed several laminated informational sheets on the bulletin board in the medication room as well as other areas in the facility. A smaller laminated sheet was discovered and Nurse #1 reported that was a guideline from Pharmacy stating the 6-month time frame she was referring to as a discard date.</p> <p>On 02/28/17 at 4:45 PM Nurse #1 read the manufacturer's specifications contained in the box with the influenza vial and immediately discarded the influenza vial.</p> <p>1.b. An observation on 02/28/17 at 4:38 PM Front Hall refrigerator, Resident #66's Novolog insulin</p>	F 431	<p>required by rules found in Title 42, Code of Federal Regulations and is submitted in order to remain in compliance with these rules and regulations, thus allowing residents who depend upon Medicare and Medicaid to continue to receive care here. This plan of correction is not an admission of lack of compliance with Federal requirements. Countryside Manor does not agree with all statements of fact or observations stated by the survey agency and reserves the right to appeal these findings, and submits the plan of correction prior to any appeals or review of facts, as required by regulation.</p> <p>FLU VACCINE</p> <p>1.) Interventions for affected resident:</p> <p>No residents were identified as being affected.</p> <p>2) Interventions for residents identified as having potential to be affected:</p> <p>On 02.28.17 vials of beyond use date were discarded.</p> <p>3.) Systemic Change</p> <p>On 02.28.2017, the Nurse Administration Team was in-serviced on the updated information regarding the manufacturer guidelines for flu vaccine that is currently in house.</p> <p>The Pharmacy Consultant provided an updated list of medication discard dates</p>		

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F 431	<p>Continued From page 15</p> <p>70/30 vial opened with no open date. The insulin vial was last filled on 12/30/16.</p> <p>Interview with Nurse #1 on 02/28/17 at 4:44 PM, Nurse #1 also asked about the insulin dates. Nurse #1 also could not locate an opened date on this vial and she discarded this immediately after learning about this situation.</p> <p>2.a. Observation on 02/28/17 at 4:50 PM Back Hall refrigerator, there was an influenza vaccine vial opened on 11/08/16 still stored.</p> <p>Interview with Nurse #1 on 02/28/17 4:55 PM, Nurse #1 had read the manufacturer's specifications contained in the box with the influenza vial on the front hall and immediately discarded this influenza vial. Nurse #1 stated she was going to contact the Pharmacy.</p> <p>Interview with Director of Nursing (DON) on 03/01/17 at 9:52 AM she stated the Pharmacist is in the facility today to assist in the survey. The vials were discarded. The open date will be clearly labeled on each vial and they will be discarded after 28 days as recommended.</p> <p>Interview with Pharmacist on 03/01/17 in the afternoon, the Pharmacist explained that she had no idea where the smaller laminated sheet came from; that she has never seen one. Pharmacist reported that she has discarded that information and will be providing the facility with an up-to-date list. The vials should be discarded after 28 days of open date.</p>	F 431	<p>per manufacturer guidelines for products currently being offered by the Pharmacy. The Pharmacy Policy and Procedure Manual at each Nurses' Station and all other LTC buildings they service was updated on 03.01.2017 to reflect this new information.</p> <p>The Director of Nursing or her Designee will complete weekly audits of correct date and storage of the flu vaccine beginning 04.03.2017.</p> <p>4.) Monitoring of the change to sustain system compliance ongoing:</p> <p>The Quality Assurance Committee will discuss and review the results of the flu vaccine audits for a minimum of three months. Suggestions and recommendations will be made as needed by the Quality Assurance</p> <p>Committee to ensure compliance is sustained ongoing.</p> <p>NOVALOG</p> <p>1.) Interventions for affected resident:</p> <p>No residents were identified as being affected.</p> <p>2. Interventions for residents identified as having potential to be affected:</p> <p>On 02.28.17 the vial of beyond use date was discarded.</p> <p>3.) Systemic Change</p>	

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F 431	Continued From page 16	F 431	<p>An in-service for all nurses regarding dating and storage by manufacture guidelines for all multi-dose containers was completed on 02/24/2017.</p> <p>The Pharmacy Consultant provided an updated list of medication discard dates per manufacturer guidelines for products currently being offered by the Pharmacy. The Pharmacy Policy and Procedure Manual at each Nurses' Station and all other LTC buildings they service was updated on 03.01.2017 to reflect this new information.</p> <p>The Director of Nursing or her Designee will complete weekly audits of correct date and storage of insulin beginning 04.03.2017.</p> <p>4.) Monitoring of the change to sustain system compliance ongoing:</p> <p>The Quality Assurance Committee will discuss and review the results of the flu vaccine audits for a minimum of three months. Suggestions and recommendations will be made as needed by the Quality Assurance Committee to ensure compliance is sustained ongoing.</p> <p>MULTI-DOSE CONTAINERS 1.) Interventions for affected resident:</p> <p>No residents were identified as being affected.</p>		

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F 431	Continued From page 17	F 431	<p>2) Interventions for residents identified as having potential to be affected:</p> <p>On 02.28.17 an audit was completed of all refrigerators, carts and cabinets for all medications beyond date of use.</p> <p>3.) Systemic Change</p> <p>The Pharmacy Consultant provided an in-service for all nurses and medication aides 02.21.2017 through 02.23.2017 regarding multi-dose containers, storage, expiration date, F431 requirements, and beyond use dating. Director of Nursing continues in-service to reach all PRN nursing staff.</p> <p>The Director of Nursing or her Designee will complete weekly audits of medication carts, cabinets and refrigerators beginning 04.03.2017.</p> <p>The Pharmacy Consultant will complete monthly audits of medication carts, cabinets and refrigerators beginning 04.01.2017 for 3 months. Thereafter Pharmacy Consultant quarterly audits will resume.</p> <p>4.) Monitoring of the change to sustain system compliance ongoing:</p> <p>The Quality Assurance Committee will discuss and review the results of the multi-dose container audits for a minimum of three months. Suggestions and</p>		

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F 431	Continued From page 18	F 431	recommendations will be made as needed by the Quality Assurance Committee to ensure compliance is sustained ongoing.		