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	345546	A. BUILDING _____ B. WING _____	03/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ROSEWOOD HEALTH CENTER	8710 CYPRESS CLUB DRIVE RALEIGH, NC 27615

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F 278 SS=D	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. (2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code the Minimum	F 278	F-278	4/17/17

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

Electronically Signed | 04/11/2017

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F 278	Continued From page 1 Data Set (MDS) assessment to reflect the use of an anticoagulant medication administered during the 7-day look back period for 1 of 5 sampled residents (Resident #1) reviewed for unnecessary medications. The findings included: Resident #1 was admitted to the facility on 7/8/13 with re-entry from the hospital on 11/10/16. His cumulative diagnoses included atrial fibrillation (an irregular heartbeat). A review of Resident #1's annual Minimum Data Set (MDS) assessment dated 1/27/17 was completed. Section N (Medications) of the MDS did not indicate the resident received an anticoagulant medication at any time during the 7-day look back period. A review of the resident's Medication Administration Record (MAR) revealed the resident received 15 milligrams (mg) Xarelto (an oral anticoagulant) given as one tablet by mouth once daily each day during the month of January 2017. An interview was conducted on 3/23/17 at 1:53 PM with the facility's interim MDS Nurse. Upon inquiry, the MDS Nurse reviewed Resident #1's electronic medical record. Upon review of Section N on Resident #1's annual MDS assessment dated 1/27/17, the MDS nurse reported the assessment should have indicated this resident received an anticoagulant (Xarelto) 7 out of 7 days during the assessment period. The nurse stated the MDS would require modification and reported she would take care of it.	F 278	Resident # 1□s MDS dated January 27, 2017 was corrected and submitted to CMS and the State of North Carolina on April 3, 2017 and accepted. On April 12, 2017 All Residents who receive anticoagulant drug therapy had their most recent MDS records reviewed by the MDS coordinator and Administrator for accurate MDS coding of Section N. All were accurately coded. The MDS nursing staff were in-serviced by the DON on April 12, 2017 regarding proper coding section N of the MDS. Weekly times 4 weeks prior to submission the DON or their designee will audit all completed MDS□s prior to submission. Any section N coding errors will be corrected immediately and reported to the Administrator. Quarterly times two the Administrator will report audit findings to the Quality Assessment and Improvement Committee. The facility is confident and it attests to its substantial compliance with all regulations as of April 17, 2017.	

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F 278	Continued From page 2 An interview was conducted on 3/23/17 at 2:00 PM with the facility's Director of Nursing (DON). During the interview, the coding of medications on Resident #1's MDS was discussed with the DON. When asked, the DON indicated she would expect the MDS assessment to be coded correctly.	F 278		
F 356 SS=B	483.35(g)(1)-(4) POSTED NURSE STAFFING INFORMATION 483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law) (C) Certified nurse aides. (iv) Resident census. (2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.	F 356		4/17/17

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F 356	Continued From page 3 (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. (3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. (4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on record review and observations, the facility failed to post the correct census for 3 of 3 days during the recertification survey. Findings included: The daily staffing hours posting was observed on 3/21/17 during the initial tour at 10:16 AM. The staff hours posting dated 3/21/17 stated the facility's total census was 35 and included the facility's name and hours of the registered nurses, licensed practical nurse, nursing assistants and clinical leader/registered nurse supervisor hours. On 3/21/17 at 10:20 AM, the facility provided a copy of the census for the facility on 3/21/17. The facility's census sheet revealed there were 32 residents on 3/21/17. The unit manager was interviewed on 3/21/17 at 3:28 PM. She stated the Nurse on B hall completed the staff posting and it was updated every shift. The census was based on the	F 356	F 356 On April 12, 2017 The facility developed and implemented a new staff information posting tool that separates the reporting of Medicare Certified beds and the ACH beds in the combination facility. All licensed nursing staff will be in-serviced by the DON or their designee on or before April 17, 2017 on proper completion of the new form and the need to separate and individually report census for the two care setting types. Daily for seven days, then weekly times four thereafter the DON or their designee will audit the Nurse Staffing required posting for accuracy of census types and their separation by care setting types.	

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F 356	Continued From page 4 number of residents. She stated there were 35 residents. An Interview with the administrator on 3/22/17 at 9:22 AM revealed the census was 32. The daily staffing hours posting was observed on 3/22/17 at 4:00 PM. The staff hours posting dated 3/22/17 stated the facility's total census was 35. The Director of Nursing was interviewed on 3/23/17 at 2:45 PM. She stated the nurse on B hall would fill out the staff posting sheet. She stated the facility's census included 32 residents that were in certified beds for the entire week. The daily staffing hours posting was observed on 3/23/17 at 2:50 PM. The staff hours posting dated 3/23/17 stated the facility's total census was 35. The Director of Nursing was interviewed again on 3/23/17 at 3:11 PM. She stated she would expect for the correct census to be recorded on the posted staffing sheet at the beginning of each shift.	F 356	Any non-compliance will be corrected immediately and reported to the Administrator. Quarterly time two the Administrator will report audit findings to the Quality Assessment and Improvement Committee for review. The facility is confident and attests to its substantial compliance with all regulations as of April 17, 2017.	
F 431 SS=D	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		4/17/17

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F 431	Continued From page 5 (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (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. (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. (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, and staff	F 431	F 431	

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F 431	Continued From page 6 interviews, the facility failed to store medications as specified by the manufacturer in 1 of 3 medication carts (200 Hall medication cart). The findings included: 1) An observation of the 200 Hall medication cart on 3/22/17 at 12:10 PM revealed an opened bottle of prednisolone acetate 1% ophthalmic suspension eye drops (a steroid medication) was stored in the manufacturer's box lying down on its side in a drawer of the medication cart. The eye drops were labeled for use by Resident #52. A handwritten notation on the bottle of the eye drops indicated it had been opened on 1/8/17. The pharmacy label placed on the outside of the box covered the manufacturer's storage instructions. However, the storage instructions printed directly on the eye drop bottle stored inside the box was visible and read in part, "Store in upright position." A review of Resident #52's March 2017 physician orders revealed the resident had a current medication order for prednisolone acetate 1% ophthalmic suspension eye drops to be given as one drop in the left eye once daily. An interview was conducted on 3/22/17 at 12:18 PM with Nurse #1. Nurse #1 was assigned to the 200 Hall medication cart. Upon inquiry, Nurse #1 reported she was not aware of the manufacturer's storage instructions which specified this medication needed to be stored upright. The nurse stated she would need to find another place on the cart to store the medication. An interview was conducted on 3/23/17 at 9:15 AM with the facility's Director of Nursing (DON).	F 431	On March 23, 2017 Member #9 and Member #52 Medications that were not stored per manufactures guidelines were disposed of by the Director of Nursing. Replacement medications were received on March 23, 2017 and are being stored following individual manufactures recommendations. On March 28, 2017 All medication storage areas were inspected by the DON or their designee and all medications are being stored per manufactures recommendations. The facility has modified the medication administration carts to segregate medications that need to be stored in an upright position. The segregated area has been labeled for upright storage only. On or before April 17, 2017 the DON or their designee will in-service all licensed nursing staff regarding the proper storage of medications, including storing all medications per manufactures recommendations. Daily times 30 days the DON or their designee will audit all medication storage areas to ensure all medications are stored per manufactures recommendations. Weekly times four weeks a representative of the pharmacy will audit all medication storage areas to ensure all medications are stored per manufactures guidelines. Any non-compliance areas will be	

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F 431	Continued From page 7 The manufacturer's storage instructions for the prednisolone acetate 1% ophthalmic suspension eye drops were discussed. The DON stated she had not been aware of this storage requirement. A follow-up interview was conducted on 3/23/17 at 3:00 PM with the DON. Upon inquiry, the DON stated she expected medications to be stored correctly. 2) An observation of the 200 Hall medication cart on 3/22/17 at 12:10 PM revealed a QVAR aerosol inhaler (an inhaled corticosteroid) 40 micrograms (mcg) per actuation was stored in the manufacturer's box lying down on its side in a drawer of the medication cart. The inhaler was labeled for use by Resident #9 and dispensed from the pharmacy on 1/14/17. Manufacturer storage instructions printed on the box containing the QVAR inhaler read, in part: "Store in upright orientation." A review of Resident #9's March 2017 physician orders revealed the resident had a current medication order for QVAR 40 mcg per actuation inhaler to be given as two inhalations two times daily. An interview was conducted on 3/22/17 at 12:18 PM with Nurse #1. Nurse #1 was assigned to the 200 Hall medication cart. Upon inquiry, Nurse #1 reported she was not aware of the manufacturer's storage instructions which specified this medication needed to be stored upright. The nurse stated she would need to find another place on the cart to store the medication. An interview was conducted on 3/23/17 at 9:15 AM with the facility ' s Director of Nursing (DON).	F 431	corrected immediately, and the Administrator will be notified. Quarterly the Administrator will report the audit findings to the Quality Assurance Performance Improvement Committee for review and feedback. The facility is confident and attests to its substantial compliance with all regulations as of April 17, 2017.	

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F 431	Continued From page 8	F 431		

The manufacturer's storage instructions for the QVAR inhaler were discussed at that time. The DON stated she was not aware of the QVAR inhaler needing to be stored upright and had contacted the facility's pharmacy to inquire more about it.

A review of the full prescribing information for QVAR Inhalation Aerosol (revised July 2014) included information on "How Supplied/Storage and Handling" (Section 16). Section 16.2 on the "Storage and Handling" of the QVAR aerosol inhaler read in part: "Store QVAR Inhalation Aerosol when not being used, so that the product rests on the concave end of the canister with plastic actuator on top."

A review of a document from the facility's contracted pharmacy entitled, "Recommended Minimum Medication Storage Parameters" (last revised 9/29/16) was completed. The document listed "Storage Recommendations" for a QVAR inhaler which read, in part: " ...Store the inhaler resting on the concave end of the canister with the plastic actuator on top ..."

A follow-up interview was conducted on 3/23/17 at 3:00 PM with the DON. Upon inquiry, the DON stated she expected medications to be stored correctly.

3) An observation of the 200 Hall medication cart on 3/22/17 at 12:10 PM revealed a QVAR aerosol inhaler (an inhaled corticosteroid) 40 micrograms (mcg) per actuation was stored in a plastic bag lying down on its side in a drawer of the medication cart. This was the second QVAR inhaler stored on the medication cart and labeled for use by Resident #9. The QVAR inhaler was

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F 431	Continued From page 9	F 431		

dispensed from the pharmacy on 3/17/17. A pharmacy auxiliary label placed on the plastic bag containing the QVAR inhaler read: "Store upright, mouthpiece up."

A review of Resident #9's March 2017 physician orders revealed the resident had a current medication order for QVAR 40 mcg per actuation inhaler to be given as two inhalations two times daily.

An interview was conducted on 3/22/17 at 12:18 PM with Nurse #1. Nurse #1 was assigned to the 200 Hall medication cart. Upon inquiry, Nurse #1 reported she was not aware of the manufacturer's storage instructions which specified this medication needed to be stored upright. The nurse stated she would need to find another place on the cart to store the medication.

An interview was conducted on 3/23/17 at 9:15 AM with the facility's Director of Nursing (DON). The manufacturer's storage instructions for the QVAR inhaler were discussed at that time. The DON stated she was not aware of the QVAR inhaler needing to be stored upright and had contacted the facility's pharmacy to inquire more about it.

A review of the full prescribing information for QVAR Inhalation Aerosol (revised July 2014) included information on "How Supplied/Storage and Handling" (Section 16). Section 16.2 on the "Storage and Handling" of the QVAR aerosol inhaler read in part: "Store QVAR Inhalation Aerosol when not being used, so that the product rests on the concave end of the canister with plastic actuator on top."

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F 431	Continued From page 10 A review of a document from the facility's contracted pharmacy entitled, "Recommended Minimum Medication Storage Parameters" (last revised 9/29/16) was completed. The document listed "Storage Recommendations" for a QVAR inhaler which read, in part: " ...Store the inhaler resting on the concave end of the canister with the plastic actuator on top ..." A follow-up interview was conducted on 3/23/17 at 3:00 PM with the DON. Upon inquiry, the DON stated she expected medications to be stored correctly.	F 431		