STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345569	A. BUILDING _____ B. WING _____	C 07/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGBROOK NURSING & REHABILITATION CENTER	**195 SPRINGBROOK AVENUE CLAYTON, NC 27520**

(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 000	INITIAL COMMENTS No deficiencies cited as a result of complaint investigation of 07/27/2017 Event JC2R11.	F 000		
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. (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	F 431		8/14/17

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

Electronically Signed | 08/14/2017

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F 431	Continued From page 1 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 observation and staff interview, the facility failed to date an opened medication in one of two medication storage rooms and failed to discard an expired medication on one of four medication carts. Findings included: On 7/27/2017 at 9:30 AM, the medication room shared by the 100,200, 300 and 400 halls was checked for expired medications. The refrigerator contained one vial of Purified Protein Derivative (PPD, a test for tuberculosis). The box and the vial were dated 16 November 2018. The vial was opened with no date. On 7/27/2017 at 10:00 AM, the medication cart on the 500 - 600 hall was checked. A bottle containing Milk of Magnesia had an expiration date of June 2017.	F 431	F 431 483.45 (b)(2)(3)(g)(h) Drug Records, Label/Store Drugs and Biologicals The bottle containing the milk of magnesia that was expired and the vial of Purified Protein Derivative (PPD, a test for tuberculosis) that was opened but not dated, were discarded by the director of nursing on 7/27/17. A 100% audit was completed on 7/27/17 by the Director of Nursing of all medication rooms to include the medication room shared by 100, 200, 300, and 400 halls and medication carts to include the 500 and 600 hall carts, in the facility, to ensure all med rooms and medication carts did not have any	

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F 431	Continued From page 2 In an interview on 7/27/2017 at 10:45 AM, the Director of Nursing stated her expectation was the vial would be dated when opened, and expired medications would be discarded.	F 431	medications that were expired to include milk of magnesia and/or any medications that were opened and not dated that required an open date to include Purified Protein Derivative. No further areas of concern were noted during the audit by the Director of Nursing. A 100% in-service to all licensed nurses on dating medications that require dating upon opening and checking medication carts and medication rooms for expired medications, and discarding appropriately, was initiated on 7/27/17 by the Director of Nursing (DON) and will be completed on 08/14/17. All newly hired licensed nurses will be in-serviced by the Staff Development Coordinator SDC on dating medications that require dating upon opening and checking medication carts and medication rooms for expired medications, and discarding appropriately, during orientation. Medication Carts to include the 500 and 600 hall carts and Medication Rooms to include the medication room shared by 100, 200, 300, and 400 halls, will be monitored using a QI audit tool for Medication Carts and Medication Rooms for Expired/Undated medications to include milk of magnesia and PPD vials, by the ADON, Unit Manager, RN QI nurse and/or the LPN QI nurses, 3 times a week X's 4 weeks, then weekly X's 4 weeks then monthly X's 1 month. The licensed nurses will be immediately re-trained by the ADON, RN QI nurse and/or the LPN SDC nurses for any identified areas of	

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F 431	Continued From page 3	F 431	concern. The DON will review and initial the Medication cart/Expired medications QI Tool for completion and to ensure all areas of concerns were addressed weekly X's 8 weeks and then monthly X's 1 month. The Director of Nursing will forward the results of the Medication cart/Expired medications QI Tool to the Executive QI Committee monthly x 3 months. The Executive QI committee will meet to review the Medication cart and med rooms/expired medications QI tool monthly X's 3 months to determine issues and trend to include continued monitoring frequency.	