STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345123	A. BUILDING _____ B. WING _____	09/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA VILLAGE INC	600 CAROLINA VILLAGE ROAD SUITE Z HENDERSONVILLE, NC 28792

(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 332 SS=D	483.45(f)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE (f) Medication Errors. The facility must ensure that its- (1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to be free from of a medication error rate greater than 5% as evidenced by 2 medication errors out of 30 opportunities resulting in a medication error rate of 6.66% for 2 of 6 residents (Resident #32 and #114) observed during medication pass. Findings included: 1. On 9/27/2017 at 8:43 AM, nurse #1 was observed preparing medications for administration to Resident #32. The medication pulled for administration included chewable aspirin 81 milligrams (mg). The nurse was observed as she administered the chewable aspirin to Resident #32. A review of Resident #32's signed September 2017 physician orders included a current order for enteric coated aspirin 81 mg, take one tablet daily. An interview with nurse #1 was conducted on 9/27/17 at 12:52 PM. After reviewing the September 2017 physician orders, the September 2017 medication administration record (MAR) and the aspirin packaging, the nurse stated she had administered chewable aspirin to Resident #32 instead of the enteric coated aspirin that had	F 332	1. On 9/27/2017 the primary care provider for resident #32 and resident #114 was notified of the September 2017 physician orders for enteric coated aspirin 81 mg, take one daily and the administration of chewable aspirin 81 mg for resident #32 and resident #114. The provider provided a clarification telephone order for resident #32 and resident #114 to include aspirin 81 mg chewable tablet, take one tablet daily. On 9/28/2017 facility wide chart audits were completed for aspirin orders. All Aspirin orders were compared to signed physician's orders, electronic medication administration records, and medication cards to ensure accuracy. Staff education was provided for nurses and health care coordinators to ensure that when medication orders are being transcribed into the electronic health records the appropriate type of medication is being entered (enteric coated/chewable). The facility staff were provided with education regarding the six rights of medication administration to ensure that the resident is receiving the	10/13/17

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

Electronically Signed | 10/06/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345123	A. BUILDING _____ B. WING _____	09/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA VILLAGE INC	600 CAROLINA VILLAGE ROAD SUITE Z HENDERSONVILLE, NC 28792

(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 332	Continued From page 1 been ordered. An interview with the Director of Nursing (DON) was conducted on 9/27/17 at 2:34 PM. The DON stated it was her expectation of the nurse who administered medication to check the medication package label against the medication order on the MAR for accuracy. 2. On 9/27/2017 at 8:59 AM, nurse #1 was observed preparing medications for administration to Resident #114. The medication pulled for administration included chewable aspirin 81 milligrams (mg). The nurse was observed as she administered the chewable aspirin to Resident #114. A review of Resident #114's signed September 2017 physician orders included a current order for enteric coated aspirin 81 mg, take one tablet daily. An interview with nurse #1 was conducted on 9/27/17 at 12:52 PM. After reviewing the September 2017 physician orders, the September 2017 medication administration record (MAR) and the aspirin packaging, the nurse stated she had administered chewable aspirin to Resident #114 instead of the enteric coated aspirin that had been ordered. An interview with the Director of Nursing (DON) was conducted on 9/27/17 at 2:34 PM. The DON stated it was her expectation of the nurse who administered medication to check the medication package label against the medication order on the MAR for accuracy.	F 332	correct medication. The Director of Nursing or designee will complete audits to monitor aspirin orders to ensure compliance for appropriate transcription onto electronic health records and delivery of medication. The audits will be conducted weekly for three weeks, biweekly for three weeks, then monthly for three months. The findings of the audits will be presented at the quality assurance meetings. The contracting pharmacy, Director of nursing, or designee will perform ongoing medication pass observations for primary care nurses to ensure accurate medication preparation and delivery.	
F 431	483.45(b)(2)(3)(g)(h) DRUG RECORDS,	F 431		10/13/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345123	A. BUILDING _____ B. WING _____	09/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA VILLAGE INC	600 CAROLINA VILLAGE ROAD SUITE Z HENDERSONVILLE, NC 28792

(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=D	Continued From page 2 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 applicable. (h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws,	F 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345123	A. BUILDING _____ B. WING _____	09/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA VILLAGE INC	600 CAROLINA VILLAGE ROAD SUITE Z HENDERSONVILLE, NC 28792

(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	Continued From page 3 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, record review, and staff interview the facility failed to store medication according to manufacturer's recommendations for 2 of 4 medications observed in the station 2 medication refrigerator, and failed to keep an unattended medication cart locked for 1 of 4 medication carts observed for medication storage (Cart 1B). Findings included: 1.) Review of the facility's Compro 25mg suppository manufacturer's recommendations revised on 11/2016 revealed the medication was to be stored at 68°F to 77°F. During observation of the station 2 medication storage refrigerator on 9/27/17 at 1:15 PM the refrigerator contained 6 doses of Compro 25mg suppositories. The refrigerator temperature was 36°F. During an interview on 9/27/17 at 5:08 PM the	F 431	1. All Compro 25 milligram suppositories and Biacodyl 10 milligram suppositories that were being stored in the medication refrigerator were removed on 9/27/17 and stored per manufacturer and pharmacy recommendations. 2. The nursing staff were provided with education regarding appropriate storage recommendations for Compro and Bisacodyl suppositories. The staff was provided with education regarding referring to the package insert or consulting with the pharmacy if they are unsure of how to store medications. The consulting pharmacy will provide medication specific labeling for any special storage recommendations. The nursing staff were provided with education regarding the importance of not leaving medication cart unlocked when not attended or in use. The staff education	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345123	A. BUILDING _____ B. WING _____	09/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA VILLAGE INC	600 CAROLINA VILLAGE ROAD SUITE Z HENDERSONVILLE, NC 28792

(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	Continued From page 4 Quality Assurance Nurse stated that she was involved in the storage of medications at the facility. She further stated in her experience they had kept the Compro 25mg suppositories in the refrigerator to make sure it stayed cold and kept its shape. She further stated that they will need to work with the pharmacy because the facility does not always get the manufacturer's recommendations from the pharmacy. She added that it was her expectation that manufacturer's instructions would be followed. She further stated that she and the facility were not aware of the manufacturer's recommendations for the storage of Compro. During an interview on 9/27/17 at 5:14 PM the Director of Nursing stated she was not familiar with the storage of Compro. She further stated that it was her expectation that medications be stored according to the manufacturer's recommendations. 2.) Review of the facility's Bisacodyl 10mg suppository manufacturer's recommendations dated 3/2012 revealed the medication was to be stored "at room temperature." During observation of the station 2 medication storage refrigerator on 9/27/17 at 1:15 PM the refrigerator contained 28 doses of Bisacodyl 10mg suppositories. The refrigerator temperature was 36°F. During an interview on 9/27/17 at 5:08 PM the Quality Assurance Nurse stated that she was involved in the storage of medications at the facility. She further stated in her experience they had kept the Bisacodyl 10 mg suppositories in the refrigerator to make sure it stayed cold and kept	F 431	regarding medication cart will be completed by October 13, 2017. 3. The Director of Nursing or designee will complete audits to ensure that appropriate medications are stored per manufacturer recommendations. The audits will be conducted five times a week for three weeks, two times a week for three weeks, then monthly for three months to ensure compliance. The facility findings will be presented at the quality assurance meetings. The Director of Nursing or designee will complete audits to ensure that medication carts are locked when they are not being attended or in use. The audits will be conducted five times a week for three weeks, two times a week for three weeks, then monthly for three months to ensure compliance. The facility findings will be presented at the quality assurance meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345123	A. BUILDING _____ B. WING _____	09/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA VILLAGE INC	600 CAROLINA VILLAGE ROAD SUITE Z HENDERSONVILLE, NC 28792

(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	Continued From page 5	F 431		

its shape. She further stated that they will need to work with the pharmacy because the facility does not always get the manufacturer's recommendations from the pharmacy. She added that it was her expectation that manufacturer's instructions would be followed. She further stated that she and the facility were not aware of the manufacturer's recommendations for Bisacodyl.

During an interview on 9/27/17 at 5:14 PM the Director of Nursing stated that to her knowledge the facility had always kept the Bisacodyl 10mg suppositories in the refrigerator. She further stated that it was her expectation that medications be stored according to the manufacturer's recommendations.

3.) On 9/27/2017 at 7:55 AM medication cart 1B was observed parked outside of room 125. The medication cart lock was observed in the unlocked position. No nursing staff were observed in the area. A few moments later nurse #2 returned to the medication cart and activated the lock.

An interview with nurse #2 was conducted on 9/27/2017 at 7:57 AM. The nurse stated the medication cart had been left unlocked and she had activated the lock when she returned to the cart. The nurse stated the medication cart should not be left unlocked.

An interview with the Director of Nursing (DON) was conducted on 9/27/2017 at 2:34 PM. The DON stated it was her expectation for medication carts to be locked when out of sight of the nurse.