STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345468	A. BUILDING _____ B. WING _____	C 02/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS REHABILITATION CENTER	121 RACINE DRIVE WILMINGTON, NC 28403

(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 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(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. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(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. §483.45(h)(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 and staff interviews, the facility failed to lock an unattended medication cart for 1 of 4 medication carts observed. The findings included: During an observation on 2/21/19 at 3:00 PM, the 200-hall medication cart was observed to be unlocked with the push in lock observed to be in the out position and the nurse was not in view of	F 761	Nurse immediately locked her medication cart after going into a resident room and coming back to find her medication cart had not been locked. This nurse was educated on locking her medication cart when not in use or at her cart on 2/21/19. No other carts were found unlocked. All licensed nurses will be re-educated by	2/28/19

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

Electronically Signed | 03/05/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 761	Continued From page 1 the cart. The nurse was observed to return to the cart within two minutes coming from a resident ' s room. The cart was parked directly in front of the door of that resident. There were no residents observed in the hallway near the cart at the time of the observation. During an interview on 2/21/19 at 3:05 PM with Nurse #1, she stated she had forgotten to lock the cart and was observed immediately to push the lock inward locking the cart. During an interview with the Director of Nursing on 02/21/19 at 4:15 PM she stated the medication cart should be locked when the nurse was away from the cart. During an interview with the Director of Nursing on 02/22/19 at 5:35 PM she stated she expected the nurses to lock the medication cart when they leave the cart.	F 761	the Director of Nursing and/or her designee on remembering to lock their medication cart when not in use or when they are not at their cart by 2/28/19. The Director of Nursing and/or her designee will conduct three random medication cart observations to include both 12-hour shifts for each audit to ensure that medication carts are locked when not in use and the licensed nurse is not at his/her cart. Medication cart audits will be conducted three times weekly for four weeks, then monthly for two months. Results of the audits will be presented weekly by the Director of Nursing for four weeks, then monthly for 2 months to the Quality Assurance Committee to ensure corrective action for trends or ongoing concerns is initiated until no longer necessary. The Nursing Home Administrator is responsible for implementing and ensuring this plan of correction. Compliance Date: February 28, 2019	