

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/02/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW RIDGE OF NC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>237 TRYON ROAD</b> <b>RUTHERFORDTON, NC 28139</b>		
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F 000	INITIAL COMMENTS  An unannounced complaint and follow-up survey was conducted on 10/29/19. There were 10 allegations and 2 allegations were substantiated. Event ID #9RGO11.	F 000			
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 discard expired intravenous (IV) medications and fluids in 1 of 2 medication	F 761	Address how corrective action will be accomplished for those residents found to have been affected by the deficient	11/8/19	

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

TITLE

(X6) DATE

Electronically Signed

11/11/2019

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 761	<p>Continued From page 1 storage rooms.</p> <p>The findings included:</p> <p>In the presence of Nurse #2 an observation of the 200 Hall Medication Storage Room was conducted on 10/29/2019 at 10:20 AM and the following expired IV medications and fluids were noted:</p> <p>-4 bags/120 ml (milliliters) of Piperacillin (antibiotic) with an expiration date of 08/23/2019 located in the refrigerator.</p> <p>-1 bag/1000 ml of Sodium Chloride 0.45% (used mostly for dehydration given IV) with an expiration date of 09/2019 located with other stock IV fluids.</p> <p>An interview with Nurse #2 on 10/29/2019 at 10:20 AM revealed that the bag of Sodium Chloride IV fluids that was expired should have been taken off the shelf, and the expired IV antibiotics that were in the refrigerator should have been sent back to the pharmacy. She further revealed she had no idea the antibiotics were in the refrigerator and not sure why they were not sent back in August 2019.</p> <p>Interview with the Director of Nursing on 10/29/2019 at 01:17 PM revealed she expected the nurses to discard or return to pharmacy any expired IV medications/fluids in the medication storage room. She further revealed that it was policy for the nurses to check the medications daily on night shift and when any nurse was getting IV fluids in the medication storage rooms to remove any expired meds and send them back to the pharmacy.</p>	F 761	<p>practice;</p> <p>The licensed nurse placed the (4) bags of expired Piperacillin in the pharmacy tote, to be returned to the pharmacy on 10/29/19, to be discarded by the pharmacy.</p> <p>The licensed nurse placed the (1) bag of expired Sodium Chloride 0.45% IV solution in the pharmacy tote on 10/29/19, to be discarded by the pharmacy.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>Current facility residents have the potential to be the alleged deficient practice of failure to discard expired IV medications and fluids.</p> <p>The Director of Nursing (DON), Assistant Director of Nursing (ADON), Unit coordinators (UC) and licensed nurses (LN) started the audit 10/29/2019 and completed the audit of all medication carts and medication rooms on 10/29/19, to identify expired, undated/unlabeled medications and storage of medications. There were no other discrepancies identified.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>The DON and ADON completed education for licensed nurses regarding storage of medications, dating and</p>		

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F 761	Continued From page 2	F 761	<p>labeling of medications and monitoring for expiration dates. Education completed by 11/01/2019. The Pharmacy provided an IV tote on 10/30/19, for both Nurses Stations A and B, that will supply IV fluids. The tote will be returned to pharmacy every Friday and restocked, removing any IV fluids that will expire before the next pick up. Newly hired licensed nurses will be educated during new hire orientation</p> <p>The Licensed nurses on second shift will check medication rooms and 11-7 nurses will check medication carts nightly to assure medications are stored properly, dated and labeled appropriately, including monitoring medications for expiration dates. Expired medications and IV fluids will removed from medication rooms/carts and returned to pharmacy for destruction.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>The ADON and/or the UCs started the audit 11.02.2019 medication carts and medication rooms 5 x week for 4 weeks, then weekly for 5 months to validate that medication carts and medication rooms are free of loose medications, medications are properly stored, dated and labeled, and medications are not expired.</p> <p>The DON will audit the medication rooms and medication carts 3 x week for 4 weeks starting 11.4.2019, then weekly for 5 months to validate that medication carts</p>		

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F 761	Continued From page 3	F 761	and medication rooms are free of loose medications, medications are properly stored, dated and labeled, and medications are not expired.  The DON and/or the ADON will review the audits monthly to identify patterns/trends and will adjust the plan as necessary to maintain compliance. The DON and/or the ADON will review the plan during the monthly QAPI meeting and the audits will continue according to the discretion of the QAPI committee.  Indicate dates when corrective action will be completed; November 8, 2019		
F 925 SS=E	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4)  §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident and staff interviews the facility failed to keep pests out of 1 (A Hall) of 3 nourishment rooms and 3 (room 101 and room 112 on the A Hall, and room 126 on the B Hall) of 15 residents' rooms reviewed for providing an effective pest control program.  Findings include:  An observation of room 101-B on 10/29/2019 at 09:00 AM revealed 2 small black ants on top of the dresser, located in the top drawer observed 1	F 925	Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;  1) The A Hall nourishment room was treated for pests on 11-14-19, by the pest company. 2) Room 101, Room 112 and Room 126 was treated for pests on 11-14-19, by the pest company.  Address how the facility will identify other	11/8/19	

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F 925	<p>Continued From page 4</p> <p>live adult roach and 3 empty roach egg sacs. Resident #3 was lying on the bed with her eyes closed during the observation.</p> <p>An observation of room 126-A on 10/29/2019 at 10:00 AM revealed in the top drawer of Resident #1 was a live adult roach and 6 empty roach egg sacs. An observation of a live baby roach crawling on the floor in front of the dresser.</p> <p>An interview with Resident #1 in room 126-A on 10/29/2019 at 10:00 AM revealed that she saw a roach last night on her son's dresser top, so she slept in her wheelchair because she did not want a roach crawling on her in bed. She further revealed that she had seen roaches in the room and reported it to the housekeeping manager approximately 3 weeks ago. Resident #1 further revealed that the room was sprayed about 3 weeks ago by the maintenance manager and she had not seen any more roaches until about a week ago. Resident #1 and her son reside in the same room.</p> <p>An observation of room 126-B on 10/29/2019 at 10:00 AM revealed 1 live adult roach in Resident #2 top dresser drawer, 2 baby roaches crawling on top of the dresser, and a brown spider with black stripes approximately 4 inches wide sitting in a brown paper bag on the floor next to the air conditioning unit. A dead roach was seen in the bottom dresser drawer.</p> <p>An observation of the B Hall nourishment room on 10/29/2019 at 1:00 PM revealed when a drawer was opened that contained packaged cookies approximately 6 live adult roaches scattered to the back of the drawer.</p>	F 925	<p>residents having the potential to be affected by the same deficient practice;</p> <p>The Maintenance director and Housekeeping director started a 100% audit on 10-30-2019 and completed the 100% audit on _10-30-19_ of the facility, to identify areas of pest infestation. The facility identified and treated ten other areas which had the appearance of active pests. On November 1, Maintenance director re-audited all identified areas, to ensure effective treatment had occurred, with no further evidence of pest noted upon recheck.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>The Maintenance director, Administrator and/or the Director of Nursing completed education on _10-30-2019_, for all staff, regarding process for reporting when pests are identified. PRN, part-time staff that were unavailable will not be allowed to work until they have received the education. Education will be included in new hire orientation.</p> <p>The Maintenance director and Administrator met with the manager of the pest company on _11-04-19_, to discuss interventions which will include treating all the focused areas/room, with approved stronger chemicals than what has been used in the past. Pest control company reported that they had no other</p>		

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F 925	<p>Continued From page 5</p> <p>An observation on 10/29/2019 at 11:00 AM revealed in room 112, 10 plus tiny black ants crawling on the window sill.</p> <p>A phone interview with the family member of Resident #3 on 10/29/2019 at 12:07 PM revealed that she had not been to the facility in about 6 months, but other family members had visited recently to see Resident #3 and reported to her that she was moved from room 210 to room 101 about 3 weeks ago because a family member had seen multiple roaches on the wall in her room. She reported that room 210 (now empty) was going to be completely redone and sprayed for pests before Resident #3 could move back into the room.</p> <p>An interview on 10/29/2019 at 10:20 AM with Nurse #2 revealed that she had seen roaches at the B hall nursing station, and occasionally in residents' room (no specific rooms were named). She reported that she informed the maintenance manager, and that he sprayed immediately. Nurse #2 further revealed that she had seen the pest control company come in at the beginning of this month and that he sprayed the baseboards on the A and B halls.</p> <p>An interview on 10/29/2019 at 10:25 AM with Nurse #1 revealed that she had taken food out of the drawer in room 101-B on one of her shifts, but she could not recall the exact date, but it was this month, and she had seen roaches in the drawer at that time. She reported that she killed the roach and forgot to let her supervisor know of the roaches.</p> <p>An interview on 10/29/2019 at 10:35 AM with Nursing Assistant (NA) #2 revealed that she had</p>	F 925	<p>aggressive treatment options, and therefore, the facility obtained a contract with a new pest control company on <u>11-11-19</u>. The new pest control company will provide bi-weekly treatments providing in-room baiting and spraying in accordance with safety standards, with follow up to ensure effective pest management is obtained until significant compliance is established and maintained. Pest management program will be evaluated on-going to ensure continued compliance with pest control provider.</p> <p>Staff will report observations of pest by documenting in a notebook at the nurses station. The maintenance director or the housekeeping supervisor will monitor the book daily and treat identified areas or notify pest control for treatment. The maintenance director or the housekeeping supervisor will follow up within 72 hours for treatment and re-evaluate within 1 week to ensure that treatment was effective.</p> <p>The facility provided written notice on <u>11-6-19</u>, to current facility residents and/or resident representatives regarding storage of food in closed containers in the residents room. The information will be provided in the new admission packet.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>The Maintenance director or</p>	

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F 925	<p>Continued From page 6</p> <p>seen roaches on the 200 hall this month (she could not recall the exact date) and killed them. She reported that she did not tell anyone because she was on her way out of the building to go home.</p> <p>An interview on 10/29/2019 at 10:40 AM with housekeeper #1 revealed that she had seen roaches in the resident's room in the locked unit on the C hall. She reported that she had seen the pest control company come in at the beginning of the month of October and he sprayed the hallway baseboards on C hall, and if roaches were seen in certain rooms then he would spray in the room. She reported that if she sees any pest while cleaning the rooms then she would inform her supervisor immediately so that he could follow up with maintenance about pests being seen after the pest control company had already sprayed for the month.</p> <p>An interview on 10/29/2019 at 11:05 AM with the Housekeeping Supervisor revealed that if his staff see any pests, they are to report it to him immediately, so he can let maintenance take care of the pests.</p> <p>An interview on 10/29/2019 at 2:53 PM with NA #3 revealed on her shift last night she went to the ice machine at the front of the building on B hall to get ice to pass to the residents and had seen adult roaches crawling on the ice machine. She reported that she informed her nurse. NA #3 further reported that roaches have been an issue since she started working at the facility a year ago.</p> <p>An interview on 10/29/2019 at 3:15 PM with NA #4 revealed that she had seen roaches in the</p>	F 925	<p>housekeeping supervisor started on 10.31.2019 monitoring focus areas at least 5 times a week for 8 weeks then 3 x week for 4 weeks.</p> <p>The Maintenance director or housekeeping supervisor started on 10.31.2019 monitoring other areas of the facility weekly for 4 weeks then every 2 weeks for 2 months.</p> <p>The Director of Maintenance or the Administrator will review the audit logs monthly to identify patterns/trends and will adjust the plan as necessary.</p> <p>The Director of Maintenance or the Administrator will review the plan during monthly QAPI meeting and the audits will continue at the discretion of the QAPI committee.</p> <p>Indicate dates when corrective action will be completed; November 8, 2019</p>		

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F 925	<p>Continued From page 7</p> <p>resident's rooms on the 200 hall and had reported seeing them to maintenance, and that maintenance was aware of the roach problem because he sprayed in the rooms that were identified.</p> <p>A review of the Pest Control Company contract revealed no date or signature was on the contract. The contract outlined the scope of work included for control of mice and general household pests, the monthly schedule, materials used, company cooperation (extend all necessary cooperation to insure effective pest control results), insurance, responsibility of their employees, costs, 1 year term of agreement, with a closing remark that they do not do pest control on a contract basis and that pest control would be provided monthly and that the agreement could be canceled at any time. The serviceman reported that he generally sprayed only the baseboards on all the halls in the facility, and if a specific room needed spraying then he would spray that room. He also reported that he would leave insect baits in the kitchen and any room specified having roaches.</p> <p>A review of 2 invoices for September 3, 2019 and October 3, 2019 for pest control services. There was no indication what halls or rooms in the facility were sprayed, only the cost of the service.</p> <p>A review of the Resident Council Minutes for September 19, 2019 at 2:30 PM revealed a discussion relating to roaches in the resident's room. A discussion with the MD that resolved the issue of roaches in the resident rooms reported that he had sprayed the rooms with insecticide that he keeps in the building for sporadic spraying. No October Resident Council Meeting</p>	F 925			



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F 925	<p>Continued From page 8 had occurred prior to this investigation.</p> <p>A review of a grievance filed on 10/01/2019 by Resident #3's Responsible Party revealed that roaches were all over the curtain in room 210. It was assigned to maintenance with a resolution date of 10/06/2019. A discussion with the MD revealed that Resident #3 was moved to room 101-B until room 210 could be completely cleaned and fumigated. He reports that he is still working on the room because there was carpet on the wall as a wainscoting, and he had to re-sheet rock the walls.</p> <p>An interview on 10/29/2019 at 2:15 PM with the Maintenance Director (MD) revealed that a local pest control company comes to the facility for routine spraying for general pests (ants, spiders, and roaches) monthly. He reported that if there is an issue with pests after the monthly visit then they will come out again and spray if we call to let them know we have issues. He reported that he had not called the pest control company to come back out and spray for roaches. The MD revealed that they spray the baseboards in the halls and do not spray in rooms but will bait for pests. He further revealed that he has an insecticide that he uses that does not have a strong odor that he can spray in the rooms, but if it is a major issue then he will have them come back to the facility. For the staff to report pest issues there is a system in the computer that the staff can fill out a form describing the issue, but that the staff don't use it, instead give verbal notification 90% of the time. He reported that in September 2019 he had the pest control company spray in some of the rooms because of a roach problem, and most times it kills the roaches. He further revealed that he had not</p>	F 925			

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F 925	<p>Continued From page 9</p> <p>contacted the pest control company to come back out to spray for roaches.</p> <p>An observation was made on 10/29/2019 at 3:00 PM in the 3 rooms identified (room 101, room 112, and room 126) during the investigation. Included on the observation was the Administrator, the Housekeeping Supervisor, and the MD who all seen live adult roaches, empty egg sacs, in all 3 rooms and a dead roach carcass in room 126.</p> <p>An interview on 10/29/2019 at 3:37 PM with the pest control serviceman that sprays for the facility monthly revealed he had only been on this route for 2 months and that he goes in at the beginning of the month to spray for general pest. He reported that he baits and sprays in the kitchen, and baseboards throughout the facility outside of the resident's rooms. He reported that the MD had not called him back to respray for roaches, and that he would have expected him to call especially when multiple sightings of roaches had been seen and reported.</p> <p>An interview on 10/29/2019 at 01:17 PM with the Director of Nursing revealed that it was her expectation that the nursing staff report all sightings of any type of pest to the MD so he could spray or get the pest control company to come back out and spray again.</p> <p>An interview on 10/29/2019 at 05:45 PM with the Administrator revealed that it was his expectation that if there are continuing pest issues in the facility that the pest control company would have been called to come out again and treat until the pest issue is eradicated regardless of how many times they must come out. He reported that he</p>	F 925			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW RIDGE OF NC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>237 TRYON ROAD</b> <b>RUTHERFORDTON, NC 28139</b>		
(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 925	Continued From page 10 thought the MD had informed the pest control company that roaches were still a problem. The Administrator further revealed that he did not know the staff were not reporting all sightings of roaches in the facility.	F 925			