STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345190	A. BUILDING _____ B. WING _____	C 01/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MURPHY REHABILITATION & NURSING	**230 NC HWY 141 MURPHY, NC 28906**

(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
E 000	Initial Comments An unannounced recertification survey was conducted 01/24/2022 through 01/28/2022. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # SW7811.	E 000		
F 000	INITIAL COMMENTS An unannounced recertification survey and complaint investigation was conducted 01/24/2022 through 0128/2022. All the 14 allegations investigated were unsubstantiated. Event ID #SW7811.	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	F 761		1/30/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/16/2022

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F 761	Continued From page 1 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 interviews the facility failed to store one unused insulin pen and one bottle of unused eye drop according to manufacturer's recommendations for 2 of 5 medication carts (400 Hall and 700 Hall). The findings included: Review of the facility's policy and procedure for medication storage updated on March 2020, under Policy, recorded in part,"All medications housed on the premises will be stored according to the manufacturer's recommendations to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security". Review of manufacturer's package insert revealed an unopened Latanoprost should be stored under refrigeration at 2° to 8°Celcius (C) or (36° to 46° Fahrenheit (F)). Once a bottle was opened for use, it might be stored at room temperature up to 25°C (77°F) for up to 6 weeks. Review of manufacturer's package insert revealed an unopened Insulin Lispro KwikPen should be stored under refrigeration at 36° to 46°F until it was opened. Once the insulin was opened for use, it might be stored in the refrigerator or at room temperature below 86°F for up to 28 days. 1. On 01/25/22 at 3:07 PM, one bottle of	F 761	" How will corrective action be accomplished for those residents found to have been affected by the deficient practice? " No residents were identified as being affected by the deficient practice. The unopened bottle of Lantanoprost and the unopened Insulin Lispro Kwikpen was discarded on 1/25/2022 per manufacturer guidelines by DON. The manufacturer guidelines required these medications to be refrigerated until opened. The manufacturer guidelines required these medications to be refrigerated until opened. " How will the facility identify other residents having the potential to be affected by the same deficient practice? On 1/25/2022 100% cart audits and med-room audits were completed to ensure all meds were stored properly by Director of Nursing (DON) and Assistant Director of Nursing (ADON). Issues identified were corrected immediately upon discovery by the DON and ADON. On 1/27/2022 Pharmacy representative completed 100% audits of med rooms and med carts to ensure all meds were stored properly. No other issues identified. " What measures will be put into place	

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F 761	Continued From page 2 unopened Latanoprost ophthalmic solution 0.005% was found in 700 Hall medication cart in room temperature and it was available for use. The yellow sticker indicating the date of opening was blank. During an interview with Nurse #1 on 01/25/22 at 3:14 PM, she stated she checked the 700 Hall medication cart a day before and did not know why she missed the Latanoprost. She did not know how long the eye drops had been stored in the 700 Hall medication cart. Nurse #1 acknowledged that latanoprost should be stored in the refrigerator until it was ready to be used. 2. On 01/25/22 at 4:23 PM, one unopened insulin Lispro KwikPen was found in 400 Hall medication cart in room temperature and it was available for use. The yellow sticker indicating the date of opening remained blank. An interview was conducted with Nurse #2 on 01/25/22 at 4:28 PM. He acknowledged that the insulin pen should be stored in the refrigerator until it was ready to be used. Nurse #2 added he normally checked the medication cart once weekly to ensure all the medications were stored in the proper temperature and free of expired medication. During an interview with the Director or Nursing (DON) on 01/25/22 at 4:43 PM she stated the night shift nurses were instructed to check their respective medication cart for expired medication and to ensure all medications stored in the proper temperature at least once every week. In addition, nurses were required to check the expiration date of each medication before the medications were administered to the resident.	F 761	or systemic changes made to ensure that the deficient practice will not recur? 1/26/2022 Staff Development Coordinator (SDC) provided education that was completed with all nurses and medication aides. All nurses and med aides completed the education prior to their next scheduled shift, regarding correct medication storage, refrigerating medications upon receipt from pharmacy that have refrigerate labels, and dating refrigerated medications upon removal from the refrigerator. 1/27/2022 Education provided by pharmacist to all nurses and med aides scheduled 1/27/22. regarding medications storage and labeling per manufacturer□s recommendations. Resource page was placed in the narcotic book on each Medication Cart as a reference guide for special storage and expiration dates by the ADON on 1/27/2022. Beginning 1/30/2022 SDC will include review of medication storage policy during orientation for all nurses and medication aides. " How does the facility plan to monitor its performance to make sure that solutions are sustained? Beginning with deliveries from 1/30/2022 ADON or designee will audit medication packing slips M-F weekly x 3months, then monthly x 9 months. Charge Nurse or designee will audit packing slips on Saturday and Sunday, for medications requiring refrigeration to ensure medications requiring refrigeration are stored according to manufacturer's	

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F 761	Continued From page 3 The Assistant Director of Nursing (ADON) and the consultant pharmacist would perform random medication storage audit at least once monthly. It was her expectation for all the medications to be stored in the appropriate temperature as specified by the manufacturer's guidelines. An interview was conducted with the Administrator on 01/26/22 at 6:04 PM. She stated all the medications should be stored in the proper temperature as specified by the manufacturer's guidelines. It was her expectation for all the nursing staff to follow facility's medication storage policy and manufacturer's storage guidelines.	F 761	recommendations. Weekly audits by ADON or designee of the medication carts began 1/25/22 for proper storage and labeling of medications per manufacturer□s recommendations. Both audits will continue weekly times 3 months, monthly times 9 months. Any issues identified will be brought to morning meeting, as members of the Quality Assurance and Performance Improvement (QAPI) team routinely attend. Results of monitoring will be brought to the Quality Assurance (QA) Committee meeting by ADON or designee x 4 quarters. Duration and frequency of monitoring will be extended until substantial compliance is achieved. Date of compliance is 1/30/2022.	
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812		1/30/22

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F 812	Continued From page 4 §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to discard opened and undated food items stored in 2 of 2 nourishment room refrigerators (Nourishment room that serviced 100-300 halls and nourishment room that serviced all other halls). This practice had the potential for affecting food served to residents. The findings included: An observation on 1/25/2022 at 9:25 AM of the nourishment room refrigerators with the Food Service Director (FSD) revealed the following: -In the nourishment room refrigerator that serviced 100 through 300 halls: 1 opened and undated container of nectar thickened water was observed. Per the instructions on the back of the container of nectar thickened water, it should have been discarded 10 days after it was opened. - In the nourishment room refrigerator that serviced all the other halls: 1 opened and undated container of nectar thickened water was observed. Per the instructions on the back of the container of nectar thickened water, it should have been discarded 10 days after it was opened.	F 812	" How will corrective action be accomplished for those residents found to have been affected by the deficient practice? On 1/25/2022 unlabeled multi-use beverage containers were removed from the nourishment rooms by dietary. No current residents were identified as being affected by the deficient practice. On 1/27/2022 Nursing notes for all residents requiring thickened liquids and med pass were reviewed for the prior 72 hours for S/S of GI upset by DON□s designee, and none were identified as being affected. " How will the facility identify other residents having the potential to be affected by the same deficient practice? On 1/25/2022 Audits were completed by the certified dietary manager(CDM) on the nourishment room that services 100 □ 300 hall and the nourishment room that services all other halls. Any unlabeled beverage containers were removed on 1/25/22 the CDM. On 1/25/22, a sign was placed in the nourishment rooms on the refrigerator doors by the DON to remind staff to date	

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F 812	Continued From page 5 1 opened and undated container of med pass was observed. Per the instructions on the back of the container, it should have been used within 4 days after opening. An interview with the FSD on 1/25/2022 at 9:25 AM revealed the containers of nectar thickened water and med pass should have been labeled and dated when they were opened. The FSD further revealed the opened containers of med pass and nectar thickened water without labels or dates should have been discarded. The FSD indicated the Certified Dietary Manager (CDM) was responsible for checking the nourishment rooms which included the refrigerators. An interview with the CDM on 1/25/2022 at 9:40 AM revealed she was responsible for checking nourishment rooms which included checking the refrigerators for opened containers to ensure they were labeled and dated. The CDM further revealed she typically checked nourishment rooms on Monday, Wednesday, and Friday each week. The CDM indicated the opened and undated containers of nectar thickened water and med pass should have been discarded. An interview with Nurse #3 on 1/25/2022 at 10:12 AM revealed Nurse #3 used both med pass and nectar thickened water from the nourishment rooms. Nurse #3 further revealed when she opened med pass or nectar thickened water, she would put a label and date on the container. Nurse #3 indicated if an opened container of med pass or nectar thickened water was not labeled and dated, she would throw it away and obtain a new container. An interview with the Director of Nursing (DON)	F 812	containers upon opening. On 1/31/2022, sign was updated by the DON to include a specific 4-day expiration for Med Pass. All resident diets were reviewed for the presence of a thickened liquid order on 1/27/2022 by the DON. All residents identified were assessed for S/S of GI upset and their medical records were reviewed to ensure no GI signs/symptoms had occurred 72 hours prior by the DON. No issues were identified. On 1/25/22 Education was completed with nurses, CNAs, Activity staff, Restorative Nurse Aides, Agency CNAs and Speech Therapy, regarding labeling containers upon opening by SDC. On 1/26/2022 all of administration was also educated regarding labeling containers upon opening by SDC. " What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? Dietary Manager or designee will continue to audit nourishment rooms as part of her routine duties to ensure there are no opened and undated food items, three times a week, beginning 1/30/2022. If any items are opened and undated they will be immediately discarded. Beginning 1/30/22 all new employees will be educated by the SDC regarding dating food items stored in nourishment room refrigerators, to include labeling containers of beverages and med-pass	

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F 812	Continued From page 6 on 1/25/2022 at 10:36 AM revealed both containers of nectar thickened water and the container of med pass should have been labeled and dated. An interview with the Administrator on 1/27/2022 at 8:29 AM revealed when staff opened containers of nectar thickened water and med pass, they should have been labeled and dated. The Administrator further revealed the CDM was responsible for checking for any opened and undated items in the nourishment room refrigerators. The Administrator indicated any opened and undated items found in the nourishment room refrigerators should have been discarded.	F 812	with opening and expiration dates, during their new hire orientation. " How does the facility plan to monitor its performance to make sure that solutions are sustained? 1/30/2022 thru 1/30/2023 DON or designee as well as Dietary Manager or designee will perform random audits of all nourishment rooms weekly times 3 months, then monthly times 9 months to ensure that open containers of thickened beverages and med-pass are labeled per facility policy. Frequency and duration of auditing will be extended as needed until substantial compliance is achieved. Any non-compliance will be addressed, and plan modified if needed. Beginning 1/30/2022 Audit data will be analyzed by DON or designee monthly, and Dietary Manager or designee. Any identified issues will be brought and discussed in the morning meetings, as members of the QAPI team routinely attend. Results of monitoring will be brought to QA Committee by the Dietary Manager or designee, quarterly in QAPI meetings times 4 quarters, Date of compliance is 1/30/2022	