

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

PRINTED: 07/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345473	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER WILORA LAKE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6001 WILORA LAKE ROAD CHARLOTTE, NC 28212	
(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	E 000		
F 000	<p>An unannounced recertification survey was conducted on 06/20/22 through 06/23/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #STIP11</p> <p>INITIAL COMMENTS</p> <p>A recertification and complaint investigation survey was conducted 6/20/2022 to 6/23/2022. One of the 9 complaint allegations was substantiated without citation. Intakes: NC00190162, NC00189095, NC00188251 were investigated. Event ID # STIP11.</p>	F 000		
F 761 SS=E	<p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§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.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§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.</p> <p>§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</p>	F 761		7/14/22

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

TITLE

(X6) DATE

Electronically Signed

07/08/2022

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</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews and record review, the facility failed to discard expired medications for 2 of 3 medication carts (400 hall and 100 hall).</p> <p>Findings included:</p> <p>1a. An observation on 6/21/22 at 9:12am of the medication cart on the 400 revealed three cards of Levetiracetam 500 mg(milligrams) (anticonvulsant) prescribed to Resident #33 with expiration dates of 9/30/21, 10/31/21, and 3/31/22.</p> <p>An interview with the Nurse #1 on 6/21/22 at 9:20am revealed that it was the nurse's responsibility to check the medication cart and discard expired medications. She further revealed she checked the medication cart before she started her medication pass, but somehow missed the expired medications. Nurse #1 revealed the medication was last given on 6/20/22.</p> <p>1b. An observation on 6/21/22 at 9:45am of the medication cart on the 100-hall revealed Ondansetron HCL (antiemetic) 4mg prescribed to Resident #45 with an expiration date of 12/31/20.</p> <p>An interview with the Nurse #2 on 6/29/22 at 9:50am revealed the expired medication should have been taken from the medication cart and sent back to the pharmacy. She stated it was the</p>	F 761	<p>F761 Label/Store Drug and Biologicals</p> <p>Expired medications for Resident #33 and Resident #45 were discarded. Nurse #1 and Nurse #2 were reeducated regarding labeling and storage of medications (expired medications) on 6/21/22 by Director of Clinical Services.</p> <p>Current residents with medication orders have a potential to be affected.</p> <p>Medication and Treatment carts checked on 7/5/2022 by Nurse Manager for expired medications. Issues identified were addressed.</p> <p>The Director of Nursing/Nurse Management will reeducate licensed nurses and medication aides by 7/14/2022 on Medication Storage and Expiration Dating of Medications.</p> <p>The Nurses and Medication Aide will check the medication carts daily for expired medication. Expired or discontinued medications will be removed from the cart and stored away in the medication room until returned to pharmacy. Additionally, the Pharmacy Consultant will continue monthly medication cart audits.</p> <p>The education will be provided to new</p>		

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F 761	<p>Continued From page 2</p> <p>nurse's responsibility to check the medication cart daily for expired medications. Nurse #2 stated the antiemetic was prn (as needed) and the nurses should have removed it from the medication cart. She further revealed 5/19/22 was the last time this medication was given.</p> <p>An interview with the Director of Nursing (DON) on 6/23/22 at 10:05am revealed that expired medications should be remove from the cart and sent back to the pharmacy. She further revealed it was the nurse's responsibility to monitor the back of the cards for the expiration dates. She stated the nurses were to place the older medication to the front and the newest medication to the back, and as the expiration date became closer it should be discarded.</p> <p>An interview was conducted on 6/23/22 at 10:35am with the Pharmacist that revealed she was in the building to do audits monthly. She further revealed the medication carts were audited on a rotating basis and in the last 6 months all the carts had been checked at least twice. She stated during her audits there was no medications found from 2020. She further revealed the facility may have pulled medications from overstock and inadvertently placed on the medication carts. She stated the medications were expired and should not have been given.</p> <p>An interview was conducted on 6/23/22 at 11:31am with the Medical Director revealed there was no harm to Resident #33 or #45. He stated the expiration date does not render the medication ineffective and was a recommended use by date. He further revealed both patients were stable. He stated the facility should do a better job of monitoring the expired medications.</p>	F 761	<p>employees as part of new hire orientation, contract staff and agency staff.</p> <p>Nurse Management/Administrative Nursing will audit medication carts 3x week for 4 weeks, then 1x weekly for 2 months and then 1x monthly for 3 months. The Director of Nursing will report on the results of the quality monitoring (audits) to the Quality Assurance Performance Improvement committee. The findings will be reviewed monthly by the Quality Assurance Improvement Committee monthly and audits updated if changes are needed based on findings. The Quality Assurance Improvement Committee meets monthly and as needed.</p>		

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F 812 SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§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, interviews and record review, the facility failed to maintain and serve a potentially hazardous cold food (milk) at least 41 degrees Fahrenheit (F) and remove expired yogurt from 1 of 3 nourishment refrigerators. Milk</p>	F 812	<p>F812 Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>Milk was removed from the meal delivery cart and replaced by the Certified Food</p>	7/14/22	

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F 812	<p>Continued From page 4</p> <p>was placed on a meal cart for delivery to residents at 45.6 degrees F and yogurt for Resident #41 remained in refrigeration after its manufacturer expiration date. This failure had the potential to affect 9 of 62 residents.</p> <p>1. A continuous observation of the lunch meal tray line occurred on 06/20/22 from 12:04 PM until 12:54 PM. A bin which contained 7, 8-ounce cartons of milk was stored on the bottom shelf of a cart, from 12:04 PM until 12:24 PM. At 12:24 PM, Dietary Aide (DA) #1 covered the milk with ice. Temperature monitoring, conducted by Cook #1 occurred on 06/20/22 at 12:26 PM and revealed the temperature of the milk was 45 degrees F. Cook #1 was observed to show the thermometer, which was inserted into the carton of milk with a temperature of 45 degrees F, to the Certified Food Manager (CFM). The CFM put more ice on the milk cartons and instructed DA #1 to "Next time put the milk in the freezer." The bin with 7, 8-ounce cartons of milk remained on the bottom shelf of the cart. Milk was placed on the cart for delivery to residents and at 12:54 PM the CFM walked out of the kitchen with the meal cart that contained milk for delivery to residents. At the request of the surveyor, temperature monitoring of the milk at 12:55 PM revealed milk was 45.6 degrees F.</p> <p>An interview on 06/20/22 at 12:55 PM with DA #1 revealed she removed the bin of milk cartons from refrigeration for the lunch tray line at 11:50 AM, placed the bin of milk on the cart and put ice on the milk just before the tray line started.</p> <p>The CFM stated in an interview on 06/20/22 at 12:56 PM that milk should be served 41 degrees F or below. A follow-up interview on 06/21/22 at</p>	F 812	<p>Manager on 6/20/22. The expired Greek yogurts were also removed from nourishment refrigerator and discarded by Certified Food Manager.</p> <p>Current residents residing in the facility have the potential to be affected. Nourishment room refrigerators were checked on 7/5/2022 for expired food and cold food items temperatures were checked for by Certified Food Manager. Issues identified were addressed.</p> <p>The Facility Administrator reeducated the Certified Food Manager on 7/5/22 regarding discarding expired food from nourishment refrigerators and on maintaining acceptable food temperatures for cold food items to include milk.</p> <p>Cold items must be less than 41 degrees when leaving the serving area. If food is out of acceptable temperature range it must be discarded.</p> <p>The Certified Food Manager will reeducate the dietary staff on the process for checking nourishment refrigerators and discarding expired foods. Education will be completed by 7/14/22</p> <p>A food storage monitoring tool will be located on nourishment refrigerators for dietary staff to initial daily, the monitoring tool indicates to discard expired food. The Certified Food Manager will also reeducate the dietary staff on maintaining acceptable food temperatures for cold food items to include milk. Cold items</p>		

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F 812	<p>Continued From page 5</p> <p>3:35 PM with CFM revealed that Cook #1 showed him the thermometer, but that he really could not see the temperature, so he just added more ice to the milk to make the milk colder. He then stated, "It gets really hot in the kitchen." The CFM stated that staff should not bring the bin of milk out to the tray line until it's time to start. He stated that the milk was out of refrigeration too long and by the time ice was added it was probably too late to help cool the milk down. He stated, "the milk was already too hot."</p> <p>An interview with the Administrator occurred on 06/22/22 at 05:47 PM and revealed that milk should be maintained at the correct temperature and kept on ice when out of refrigeration especially because that kitchen was so hot.</p> <p>2. An observation of the 200-hall nourishment room refrigerator occurred on 06/22/22 at 3:30 PM. The refrigerator contained 8, 4-ounce containers of Greek style yogurt with a manufacturer expiration date of 6/17/22. The yogurt was labeled with the name of Resident #41.</p> <p>On 06/22/22 at 03:56 PM, The Certified Food Manager (CFM) and surveyor observed the nourishment room refrigerator with the expired yogurt. The CFM stated that he saw the expired yogurt in refrigeration that morning when he rounded, but that he did not discard it because it upset residents/family when their personal food items were discarded.</p> <p>An interview with the Administrator occurred on 06/22/22 at 05:47 PM and revealed that the facility's policy was to discard all food items, which included personal food items kept for</p>	F 812	<p>must be less than 41 degrees when leaving the serving area. If food is out of acceptable temperature range it must be discarded. Additionally the dietary staff will be educated to bring out the milk once the tray line starts and place on ice to maintain the acceptable temperature. This education will be completed by 7/14/22. The education will be provided to new employees as part of new hire orientation, contract staff and agency staff who work in the dietary department.</p> <p>Administrator or Department Manager will audit nourishment refrigerators for expired food 3x week for 4 weeks, then 1x weekly for 2 months and then 1x monthly for 3 months. Administrator or Department Manager will audit the tray line to ensure cold food items to include milk is within the acceptable temperature range 3x week for 4 weeks, then 1x weekly for 2 months and then 1x monthly for 3 months.</p> <p>The Administrator will report on the results of the quality monitoring (audits) to the Quality Assurance Performance Improvement committee. The findings will be reviewed monthly by the Quality Assurance Improvement Committee monthly and audits updated if changes are needed based on findings.</p> <p>The Quality Assurance Improvement Committee meets monthly and as needed. Date of compliance will be 7/14/22</p>		

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F 812	Continued From page 6 residents, if the food item was out of date.	F 812			