

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # <b>345355</b>	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: <b>12/15/2011</b>
NAME OF PROVIDER OR SUPPLIER <b>GRAHAM HEALTHCARE AND REHABILITATION C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>811 SNOWBIRD ROAD ROBBINSVILLE, NC</b>	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>F 160</b>	<p><b>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</b></p> <p>Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of resident trust fund accounts the facility failed to fully convey all funds for one of three sampled residents that expired. (Resident #101)</p> <p>The findings are:</p> <p>Resident #101 expired 8/10/11. At the time of expiration Resident #101 had \$2146.75 in a resident trust fund account. Review of Resident #101's fund account revealed on 8/18/11 \$718.00 was paid to the facility for the resident's liability. The remainder, \$1428.75, was sent to the Clerk of Courts.</p> <p>In an interview on 12/15/11 at 1:30 PM the business office manager stated the \$718.00 was taken out of the account of Resident #101 for the August liability. The business office manager stated she doesn't take residents liability out of their account until after the 15th of the month even though monies come into the facility for their monthly liability at the beginning of the month. The business office manager stated it was her understanding if a residents liability was due to the facility it would be taken out prior to conveyance of the balance of funds. The business office manager checked with the facility corporate business consultant and stated she was not aware she should convey the amount in a residents trust account at the point of expiration and bill the Clerk of Courts for any monies owed to the facility.</p>		

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

The above isolated deficiencies pose no actual harm to the residents

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  12/15/2011
NAME OF PROVIDER OR SUPPLIER  GRAHAM HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 811 SNOWBIRD ROAD ROBBINSVILLE, NC 28771	
(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	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>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>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>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 431	<p>Graham Healthcare &amp; Rehabilitation acknowledges receipt of The Statement of Deficiencies and Purposes this Plan of Correction to The extent that the summary of Findings is factually correct and in Order to maintain compliance with Applicable rules and provisions of Quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Graham Healthcare &amp; Rehabilitation's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Graham Healthcare &amp; Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p>	

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

TITLE

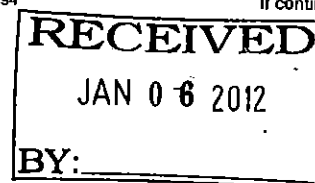
(X6) DATE

*Loay Webster*

*Rn Don*

*1/05/12*

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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NAME OF PROVIDER OR SUPPLIER  GRAHAM HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 811 SNOWBIRD ROAD ROBBINSVILLE, NC 28771
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F 431	<p>Continued From page 1</p> <p>Based on observations, record review, and staff interviews the facility failed to discard outdated inhalation medication in one (1) of four (4) medication carts.</p> <p>The findings are:</p> <p>Review of the facility's policy for inhaled medications revealed Advair Diskus (a combination inhalation medication for pulmonary disease) should be discarded 30 days after opening.</p> <p>Resident #78 had diagnoses which included chronic obstructive pulmonary disease. Review of Resident #78's most current physician's order sheet dated 12/10/11 revealed an order for Fluticasone-salmeterol (Advair 250/50 micrograms) inhale one puff by mouth twice daily. Further orders stated to discard 30 days after first use.</p> <p>Review of Resident #78's current December 2011 Medication Administration Record (MAR) revealed documentation that the resident had received the medication twice daily.</p> <p>On 12/13/11 at 4:30 PM the North Hall Medication Cart was inspected for expired medications. An opened Advair Diskus with Resident #78's name on the label was observed in a plastic bag. The pharmacy label indicated the Advair Diskus was dispensed on 11/05/11 and read: "Discard 30 days after first use." The date of 11/05/11 had also been hand written on the pharmacy label.</p> <p>During an interview on 12/13/11 at 4:32 PM, LN (Licensed Nurse) #1 stated the Advair Diskus</p>	F 431	<p>F 431</p> <p>The identified expired Advair Diskus Inhaler medication for Resident #78 was removed from the medication cart by the Interim Director of Nursing on 12/14/2011.</p> <p>A 100% resident audit was conducted on December 20, 2011 by the SDC nurse on all Advair Diskus Inhalers with no issues identified.</p> <p>All Nursing staff was in-serviced by 12/20/2011 by the SDC for the dating upon opening and the discarding 30 days after opening of all Advair Diskus Inhalers.</p> <p>A daily audit utilizing a QI tool will be conducted X 4 weeks, then weekly x 4 weeks, then monthly by the DON or licensed nurse to ensure Advair Diskus Inhalers for Resident # 78 are dated upon opening and all Advair Diskus Inhalers are discarded 30 days after opening. The DON and/or licensed nurse will follow up on any potential concerns upon identification.</p>	1-5-12
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F 431	<p>Continued From page 2</p> <p>was expired. At this time the facility NC (Nurse Consultant) stated all nurses were responsible for checking the medication carts for expired medications. Further observations of the medication cart revealed there was no other Advair Diskus available for use for Resident #78.</p> <p>During a follow up interview on 12/14/11 at 11:00 AM, the NC stated she was unsure when the foil pouch that contained the Advair Diskus was actually opened, but felt the date written on the plastic bag that contained the diskus was the date it came from the pharmacy.</p> <p>During a follow up interview on 12/15/11 at 1:45 PM, the NC stated her expectations were for staff to write the date the Advair Diskus was removed from the foil pouch on both the plastic bag and the diskus and to discard the diskus thirty (30) days after opening.</p>	F 431	<p>The results of the audit will be reviewed monthly by the executive QI committee for follow up as deemed appropriate for any identified areas of concern and to determine the frequency and/or need for continued monitoring as necessary.</p>		