

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

DEC 28 2012

PRINTED: 12/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345547	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/06/2012
NAME OF PROVIDER OR SUPPLIER CAMDEN PLACE HEALTH AND REHAB, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARITHE COURT GREENSBORO, NC 27407		
(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=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & 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>Criteria #1- 1. On Dogwood Village, the multidose vial of Influenza Virus Vaccine, Lot #AFLLA736AA with manufacturer's expiration date of June 2013 was removed and discarded on 12/4/12. 2. On Azalea Village, 4 250 mg Sodium Chloried IV Bags (Lot# C878728) with added Vancomycin with expiration date 11/09/12 were remove and discarded on 12/4/12. The vial of Influenza Virus Vaccine Lot #AFLLA736AA with manufacturere's expiration date of June 2013 was removed and discarded on 12/4/12.</p>	12/6/12	

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

TITLE

(X6) DATE

[Signature]

Executive Director

12-21-12

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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F 431	<p>Continued From page 1</p> <p>Based on observations, record reviews, and staff interviews the facility failed to ensure resident expired medications and resident blood glucose test strips were not available for use by staff in 3 of 4 of the facility's medication rooms and in 3 of 9 hall medication carts.</p> <p>1. On 12/04/2012 at 3:10 p.m. an observation was made of the facility's Dogwood nurse's station medication room with staff member #1. In the medication room's refrigerator door a vial of Influenza Virus Vaccine, Lot# AFLLA736AA, with a manufacturer's expiration date of June 2013 if unopened was observed. The additional label on bottle indicated medication expired 28 days after opened. The label also indicated the medication was opened on 11/02/2012 and expired on 11/30/2012. An interview was conducted with staff member #1 who indicated the Influenza Virus Vaccine was expired.</p> <p>On 12/05/2012 at 10:45 a.m. an interview was conducted with the DON concerning her expectation of expired medications and testing supplies in the facility. The DON indicated it was the responsibility of all nurses to check the medication rooms and medication carts to ensure there were no expired medications or testing supplies readily available for use. The DON also stated the there was an assigned staff member in the facility that checked for expired medications and the facility's consultant pharmacist also checked the facility's medications monthly for expired medications.</p> <p>2. On 12/04/2012 at 3:25 p.m. an observation was made of the facility's Azalea nurse's station medication room with staff member #2. In the</p>	F 431	<p>3. On Southern Rose, a bottle of Ampicillin Oral Suspension 125 mg/5 ml (100 ml) RX 7822667 in the medication room was removed and discarded on 12/4/12. 4. On Magnolia Village, 1 opened bottle of CVS stool softener (100 caps) Lot # U1180 with an expiration date of 6/2011 was removed & discarded on 12/5/12. 5. On Southern Rose, a canister of blood glucose test strips (Lot #SS049 M) for sampled resident #84 was removed & discarded on 12/5/12.</p>		

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F 431	<p>Continued From page 2</p> <p>medication room's refrigerator a clear plastic bag was observed containing 4 - 250mg Sodium Chloride IV bags (Lot# C 878728). Each bag had been altered by the facility's pharmacy with added Vancomycin antibiotic for IV administration. The expiration date on each IV Bag prescription (Rx) label indicated the IV bag/medication expired on 11/09/2012. An interview was conducted with staff member #2. Staff member #2 indicated the IV bags/antibiotic solution had expired on 11/09/2012. Also in the Azalea nursing station's medication room refrigerator was a vial of Influenza Virus Vaccine Lot# AFLLA736AA with a manufacturer's expiration date June 2013 if unopened. An attached label on bottle indicated medication expired 28 days after opened. The label also indicated the medication was opened on 11/01/2012 and expired on 11/29/2012. An interview was conducted with staff member #2 who indicated the Influenza Virus Vaccine vial expired on 11/29/2012.</p> <p>An interview with the facility's Assistant Director of Nursing (ADON) was conducted on 12/04/2012 at 3:45 p.m. The ADON indicated after talking to the facility's contracted pharmacy the IV solution bags with antibiotics had expired on 11/09/2012.</p> <p>On 12/05/2012 at 10:45 a.m. an interview was conducted with the DON concerning her expectation of expired medications and testing supplies in the facility. The DON indicated it was the responsibility of all nurses to check the medication rooms and medication carts to ensure there were no expired medications or testing supplies readily available for use. The DON also stated the there was an assigned staff member in the facility that checked for expired medications</p>	F 431	<p>6. On Southern Rose a canister of blood glucose test strips (Lot #SS0522Q) for sampled resident #194 was discarded on 12/5/12.</p> <p>7. On Dogwood Village, a bottle of Lantus insulin that was opened & not labeled with the open date was discarded on 12/5/12. A bottle of Certavite multivitamins labeled to be discarded after 10/14/12 was discarded on 12/5/12.</p> <p>8. On Azalea Village, a blister pack of Norco 5-325 that expired on 11/7/12 was removed & returned to the pharmacy for discarding on 12/6/12.</p>		

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F 431	<p>Continued From page 3</p> <p>and the facility's consultant pharmacist also checked the facility's medications monthly for expired medications.</p> <p>3. On 12/04/2012 at 4:15 p.m. an observation was made of the facility's Southern Rose nurse's station medication room with staff member #3. In the medication room's refrigerator door an open bottle of Ampicillin Oral Suspension 125mg/5ml (100ml bottle) RX # 7822667 with several doses left in the bottle was observed. The prescription (Rx) label indicated the medication was for sampled resident # 47 and had a typed expiration date of 11/15/13 on the bottle. The date was lined through and new expiration date of 11/30/12 was written on bottle in ink. An interview was conducted with the facility's ADON who placed a call to the facility's contracted pharmacist (staff member # 6). During the interview with the pharmacist, he indicated the medication was mixed at their pharmacy on 11/15/12 and dispensed on that date. The pharmacist also indicated the medication had expired on 11/30/2012 as noted via the hand written expiration date.</p> <p>On 12/05/2012 at 10:45 a.m. an interview was conducted with the DON concerning her expectation of expired medications and testing supplies in the facility. The DON indicated it was the responsibility of all nurses to check the medication rooms and medication carts to ensure there were no expired medications or testing supplies readily available for use. The DON also stated the there was an assigned staff member in the facility that checked for expired medications and the facility's consultant pharmacist also checked the facility's medications monthly for</p>	F 431	<p>Criteria #2. An audit of all medication carts, treatment carts, medication refrigerators and medication storage rooms will be conducted by the Pharmacy consultant to assure that there are no expired medications and that medications are being pulled from stock and returned to pharmacy as indicated. This will be completed by 12/28/12.</p>	12/28/12

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F 431	<p>Continued From page 4 expired medications.</p> <p>4. On 12/05/2012 at 10:25 a.m. a medication cart at the Magnolia Village nursing station was observed with staff member #4. In the top right side drawer 1 opened bottle of CVS stool softener (100 caps) lot # U1180 with an expiration date of 06/2011 (expired 1 1/2 years ago) was observed. On the bottle cap was a hand written name of a facility resident (sampled resident # 110). A review of the resident's chart indicated the resident had an order for a stool softener. An interview with staff member #4 was conducted who indicated the medication was expired on June 2011. The nurse also indicated she was unsure as to why the medication was in the medication cart other than the resident's son may have brought the medication in for use with in the last two weeks.</p> <p>On 12/05/2012 at 10:45 a.m. an interview was conducted with the DON concerning her expectation of expired medications and testing supplies in the facility. The DON indicated it was the responsibility of all nurses to check the medication rooms and medication carts to ensure there were no expired medications or testing supplies readily available for use. The DON also stated the there was an assigned staff member in the facility that checked for expired medications and the facility's consultant pharmacist also checked the facility's medications monthly for expired medications.</p> <p>5. On 12/05/2012 at 3:40 p.m. a medication cart at the Southern Rose nursing station was observed with staff member #5. Located in the 3rd drawer from the top was a plastic zip-lock bag</p>	F 431	<p>Criteria #3. All Liscensed Nurses wil be in-serviced on policy & procedure of discarding/ returning expired medications to the pharmacy by 12/24/12.</p>	12/24/12	

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F 431	<p>Continued From page 5</p> <p>containing a blood glucose meter and a small canister of blood glucose test strips (lot # SS049M) for sampled resident # 84. The label on the canister containing the blood glucose test strips indicated the test strips expired on 08/2012. An interview with staff member #5 was conducted on 12/05/2012 at 3:50 p.m. Staff member #5 indicated the blood glucose test strips had expired on 08/2012.</p> <p>On 12/05/2012 at 10:45 a.m. an interview was conducted with the DON concerning her expectation of expired medications and testing supplies in the facility. The DON indicated it was the responsibility of all nurses to check the medication rooms and medication carts to ensure there were no expired medications or testing supplies readily available for use. The DON also stated the there was an assigned staff member in the facility that checked for expired medications and the facility's consultant pharmacist also checked the facility's medications monthly for expired medications.</p> <p>6. On 12/05/2012 at 3:40 p.m. a medication cart at the Southern Rose nursing station was observed with staff member #5. Located in the 3rd drawer from the top was a plastic zip-lock bag containing a blood glucose meter and a small canister of blood glucose test strips (lot # SS052Q) for sampled resident # 194. The label on the canister containing the blood glucose test strips indicated the test strips expired on 11/2012. An interview with staff member #5 was conducted on 12/05/2012 at 3:50 p.m. Staff member #5 indicated the blood glucose test strips had expired on 11/2012.</p>	F 431	<p>Criteria #4. Medication Expiration Audit Tool implemented. The DON, ADON, SDC & Wound Specialist will audit all medication carts, treatment carts, narcotic lock bodes, medication refrigerators & medication rooms 3 x week x 1 month. Any variances will be corrected at the time of observation & concerns will be reported in the monthly QA. Continued compliance will be monitored through weekly audits and through the facility's Quality Assurance programs. This will be completed by 12/28/12.</p>	12/28/12	

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F 431	<p>Continued From page 6</p> <p>On 12/05/2012 at 10:45 a.m. an interview was conducted with the DON concerning her expectation of expired medications and testing supplies in the facility. The DON indicated it was the responsibility of all nurses to check the medication rooms and medication carts to ensure there were no expired medications or testing supplies readily available for use. The DON also stated the there was an assigned staff member in the facility that checked for expired medications and the facility's consultant pharmacist also checked the facility's medications monthly for expired medications.</p> <p>7. An observation on 12/5/2012 at 2:40 pm of the medication cart on the 1000 hall and the left side of the 1200 hall revealed a bottle of Lantus insulin that was open with no open date on it. There was a sticker that indicated the insulin expired 28 days after opening. There was also a bottle of Certavite multivitamins with a pharmacy label that indicated it was to be discarded after 10/14/12. Nurse #7 was present during the observation. When asked who was responsible for checking for expired medications or for dating open vials of insulin, she stated that the third shift nurse was supposed to check for expired medications and the nurse opening a vial of insulin was supposed to note the date opened on the bottle or bottle container. Nurse #7 added that she and Nurse #9 who worked 3pm-11pm coordinated checking their carts for expired medications about once a week.</p> <p>At 3:40 pm on 12/5/2012 Nurse #9 stated in an interview that the third shift nurse was supposed to check the medication cart for expired medications each day. He also said that if he had</p>	F 431			

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F 431	<p>Continued From page 7</p> <p>time by the end of his shift, he went through his cart to check for medications that needed to be re-ordered and looked for expired medications at that time. According to Nurse #9 insulins were dated when opened sometimes on the bottle and sometimes on the plastic case that contained the bottle.</p> <p>In an interview on 12/5/2012 at 10:45 am the Director of Nurses (DON) stated that her expectations were for all nurses to check the medication carts to ensure there were no expired medications readily available for use. The DON also indicated there was an assigned person in the facility to check for expired medications and the consultant pharmacist also checked the facility's medications for expiration, monthly.</p> <p>At 4:26 pm on 12/6/2012 the Administrator stated in an interview the facility did have a system for checking for expired medications and the designated person was usually the third shift nurse. The Administrator added that it was the responsibility of all nurses to note expired medications on their medication carts.</p> <p>8. On 12/6/2012 at 11:37 am an observation of the medication cart for the 900 hall found a blister pack of Norco 5-325 that was dispensed from the pharmacy on 11/7/2011 and expired on 11/7/2012. When asked who was responsible for checking for expired medications in the cart, Nurse #8, who was present during the observation, stated that the third shift nurse was supposed to do so.</p> <p>In an interview on 12/5/2012 at 10:45 am the Director of Nurses (DON) stated that her</p>	F 431			

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F 431	Continued From page 8 expectations were for all nurses to check the medication carts to ensure there were no expired medications readily available for use. The DON also indicated there was an assigned person in the facility to check for expired medications and the consultant pharmacist also checked the facility's medications for expiration, monthly. At 4:26 pm on 12/6/2012 the Administrator stated in an interview the facility did have a system for checking for expired medications and the designated person was usually the third shift nurse. The Administrator added that it was the responsibility of all nurses to note expired medications on their medication carts.	F 431		

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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the New Health Care section of the LSC and its referenced publications. This building is Type III (211) construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: CFR#: 42 CFR483.70 (a) By observation on 1/16/13 at approximately noon the following hazardous areas were non-compliant, specific findings include;	K 029	<ul style="list-style-type: none"> K 029 NFPA 101 Life Safety Code Standard <p>Specific action taken to correct the Deficiency:</p> <p>Frame for the laundry room door was repaired by Division 8 Door Company on 1/30/13. Medical Records door closure reinstalled 1/30/2013</p> <p>Measures to be put into place or Systemic changes made to ensure that the deficient practice will not occur:</p> <p>All fire rated doors have been Inspected by Maintenance Director.</p> <p>We will monitor our performance To make sure that solutions are sustained</p> <p>Weekly Life Safety checks will reflect Monitoring by Maintenance Director.</p>	
K 076	NFPA 101 LIFE SAFETY CODE STANDARD A. The door to the clean side of laundry did not close, latch, or seal properly. This door had been identified by the facility and documentation indicated a repair had been ordered. B. The door to medical records had the closure removed. Currently the storage room is also used as an office and staff said they cannot work with door closed.	K 076		

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

TITLE

(X6) DATE

See Mike Cole

Executive Director

1-31-13

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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(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
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K 076 SS=D	<p>Continued From page 1</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4</p> <p>This STANDARD is not met as evidenced by: CFR#: 42 CFR483.70 (a) By observation on 1/16/13 at approximately noon two of nine full and empty oxygen cylinders were stored together. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. [NFPA 99 4-3.5.2.2b(2)] (oxygen storage on southern rose hall)</p>	K 076	<p>K 076 101 Life Safety Code Standard</p> <p>Specific action taken to correct the Deficiency:</p> <p>Signage in all O2 holding areas will be consistent</p> <p>Measures to be put into place or Systemic changes made to ensure That the deficient practice will not Occur:</p> <p>In-service completed with staff on 1/16/13 to educate and ensure proper placement of new and used O2 cylinders.</p> <p>We will monitor our performance to make sure that solutions are sustained.</p> <p>Weekly Life Safety checks will reflect Monitoring by Maintenance Director.</p>	
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