

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

PRINTED: 03/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2013
NAME OF PROVIDER OR SUPPLIER CONOVER NURSING AND REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH STREET SOUTH WEST CONOVER, NC 28613	
(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 & 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>F431</p> <ol style="list-style-type: none"> 1. The expired medications were immediately removed from both med carts on 100 and 400 halls. No residents on 100 and 400 halls were currently receiving the expired medications. Employee responsible for checking med carts for expired medications received disciplinary action. 2. Immediately identified that no current residents in the facility were receiving the expired medications. All other med storage areas were immediately checked and no other expired medications were found. 3. Implemented new system tool that verifies and documents that expiration dates for all medications stored in the facility are current. This system will also identify those medications that are nearing their expiration date but not yet expired so that they can be properly discarded before expiring. 	

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

TITLE

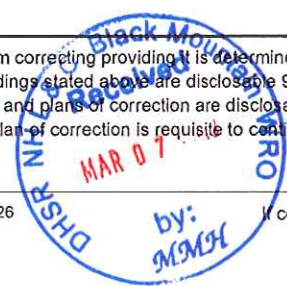
(X6) DATE

[Handwritten Signature]

NHA

3/5/13

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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F 431	<p>Continued From page 1</p> <p>Based on observation and staff interview, the facility failed to discard expired medications in 2 of 4 medication carts.</p> <p>The findings include:</p> <p>1. On 02/18/13 at 9:33 AM, the medication cart on 400 hall was observed. There was a bottle of Multivitamins with Beta Carotene and minerals with an expiration date of 08/12. There was also a bottle of Benadryl 25 milligrams (mg) with an expiration date of 06/12. At 9:40 AM Nurse #1 was interviewed. Nurse #1 stated she was responsible for removing all expired medication from the medication cart. Nurse #1 also stated the medications were not administered.</p> <p>Interview with the Director of Nursing (DON) on 02/19/13 at 11:09 AM revealed the Staff development Coordinator (SDC) was responsible for checking the medications carts weekly and removing all expired medications. The DON added she would have expected the SDC to have removed the expired medications from the cart when she did her weekly medication cart checks.</p> <p>Interview with the SDC on 02/19/13 at 11:17 AM revealed when she completed her weekly medication cart check on 02/18/13 she did not check the stock dugs but only checked the insulin and breathing treatments.</p> <p>2. On 02/18/13 at 10:00 AM, the medication cart on the 100 hall was observed. There was a bottle of enteric coated Aspirin 81mg with an expiration date of 06/12. At 10:17 AM, Medication Tech #1 was interviewed. Medication Tech #1 stated it was the responsibility of everyone to make sure</p>	F 431	<p>4. Director of Nursing or designee will verify that all medications in facility have current dates once monthly for three consecutive months. The pharmacy consultant or designee will verify all medication storage once monthly for three consecutive months to assure that the facility system is functioning properly. Results will be presented at quarterly QA.</p>	3/5/13	

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F 431	<p>Continued From page 2</p> <p>there were no expired medications on the cart. Interview with Nurse #2, who oversaw the Medication Tech at 10:20 AM, revealed Nurse#2 was responsible for checking the medication cart and must have missed the expired medication.</p> <p>Interview with the Director of Nursing (DON) on 02/19/13 at 11:09 AM revealed the Staff development Coordinator (SDC) was responsible for checking the medications carts weekly and removing all expired medications. The DON added she would have expected the SDC to have removed the expired medications from the cart when she did her weekly medication cart checks.</p> <p>Interview with the SDC on 02/19/13 at 11:17 AM revealed when she completed her weekly medication cart check on 02/18/13 she did not check the stock dugs but only checked the insulin and breathing treatments.</p>	F 431		
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