

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

APR 16 2013

PRINTED: 04/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/11/2013
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MYRTLE GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 5725 CAROLINA BEACH ROAD WILMINGTON, NC 28408		
(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>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. Preparation and submission of the Plan is in response to CMS-2567 and is not an admission by Autumn Care of Myrtle Grove that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by federal and state law.</p> <p>F431 LABEL/STORE DRUGS & BIOLOGICALS</p> <p><u>Residents found to have been affected by the deficient practice or with the potential to be affected</u></p> <p>Licensed staff to be in-serviced by RN Staff Development Coordinator or RN designee on proper reading of a thermometer, Medication Storage policy and manufactures recommendations at storing medications in the refrigerators (36-46 degrees Fahrenheit) in the medication rooms, and actions to take should a temperature be out of range.</p> <p>New Temperature Log placed on the refrigerator in the medication room for logging daily temperatures of the refrigerator. The log will have the manufactures recommendations at storing medications in the refrigerators (36-46 degrees Fahrenheit) printed on the form along with what action to take should the temperatures not be in the acceptable range, as a reminder.</p>	04/21/13	04/21/13

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

TITLE

(X6) DATE

Jacqueline H. Ward

Administrator

4/12/13

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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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MYRTLE GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 5725 CAROLINA BEACH ROAD WILMINGTON, NC 28408		
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F 431	<p>Continued From page 1</p> <p>Based on observations and interviews, the facility failed to store medications at the appropriate temperature for 1 of 3 refrigerators (North 400 hall) by allowing injectable medications to be stored at 32 degrees.</p> <p>The findings include:</p> <p>Review of the facility policy titled " Medication Storage " dated August 2010 read in part, " L. Medications requiring " refrigeration " or storage at " temperatures between 36 Degrees Fahrenheit and 46 Degrees Fahrenheit shall be stored in closed containers in the resident ' s refrigerator with a thermometer to allow for temperature monitoring.</p> <p>During an observation of the refrigerator on hall 400 on 4/11/13 at 11:20 AM the temperature read 32 degrees Fahrenheit. The refrigerator was noted to have two vials of Pneumococcal vaccine, one vial of Tuberculin Purified Protein Derivative used for tuberculin testing and two vials of insulin and one vial of influenza virus vaccine in the refrigerator. These medications, per manufacturer recommendations, are to be stored between 36-46 degrees Fahrenheit.</p> <p>Review of the refrigerator/free temperature record for the 400 hall revealed on 4/10/13 at 1:00 am staff documented the temperature was 30 degrees Fahrenheit.</p> <p>During an interview with the Director of Nursing on 4/11/13 at 11:30 am she stated that it was expected the temperatures in the medication refrigerator be maintained between 36-46 degrees Fahrenheit. She further stated the 3rd</p>	F 431	<p>Thermometer in refrigerator on hall 400 refrigerator to be replaced.</p> <p><u>Systemic Changes</u></p> <p>Director of Nursing or RN designee to audit the temperature logs, daily for seven days to determine if the temperatures are logged correctly, refrigerators are operating in the range of 36 to 45degrees Fahrenheit, and appropriate action has been taken should the temperatures be out of range. On-going random audits will be conducted thereafter.</p> <p><u>Performance Monitoring</u></p> <p>Findings of the above stated audits will be reviewed by the special QA Committee for 3 days within the 7 day period for recommendations and further follow-up as indicated. If substantial compliance has been met and no areas of concerns are identified, review of the audit for drug storage and refrigerator temperatures will be discontinued for the purpose of this audit.</p>	04/21/13 04/21/13	

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F 431	<p>Continued From page 2</p> <p>shift staff documented on the refrigerator/free temperature record the temperature on their shift. She stated on 4/10/13 staff documented the temperature was 30 degrees Fahrenheit. She stated she was not sure if staff was aware of the correct temperature ranges because of the low temperature and no one had notified her. She further stated the consultant pharmacist came on a monthly basis and did not make her aware of any discrepancies with the refrigerator temperatures.</p> <p>During an interview on 4/11/13 at 12:00 PM Nurse #1 stated the refrigerator setting should be set between 30 to 40 degrees Fahrenheit.</p> <p>During an interview on 4/11/13 at 12:02 PM Nurse #2 stated she did not know what the temperature for the refrigerator should be set on.</p>	F 431			

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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MYRTLE GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 5725 CAROLINA BEACH ROAD WILMINGTON, NC 28408		
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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey of 4/11/13. Event ID# NJKW11.	F 000			

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

TITLE

(X6) DATE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345507	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING	DATE SURVEY COMPLETED MAY 14 2013 05/02/2013
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MYRTLE GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 5726 CAROLINA BEACH ROAD WILMINGTON, NC 28408	
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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 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type II construction, one story, with a complete automatic sprinkler system. Facility is using Special Locking system. The deficiencies determined during the survey are as follows:	K 000	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. Preparation and submission of the Plan is in response to CMS-2567 and is not an admission by Autumn Care of Myrtle Grove that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by federal and state law.	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038	K038 - Exit Access is arranged so that exits are readily accessible at all times in accordance with section 7.1. Staff did not know where emergency release switch was located to release locking system at exit on corridors. <u>Corrective Action Taken</u> Staff is to be in-serviced by RN Staff Development Coordinator or designee on the emergency release switch, location of switch and how/when to use.	06/07/13
K 052 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052	<u>Potential to Affect Residents by the Same Deficient Practice</u> During new hire orientation, staff will be in-serviced on the emergency release switch, location of switch and how/when to use by the RN Staff Development Coordinator or designee. During each fire drill, Maintenance Director or Designee will ask various staff members that attended the drill, the location of emergency release switch and how/when to use	06/07/13 06/07/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jaqueline H. Ward TITLE: Administrator (X6) DATE: 5-14-13

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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MYRTLE GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 5725 CAROLINA BEACH ROAD WILMINGTON, NC 28408	
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K 052	Continued From page 1	K 052	<u>Systemic Changes</u> Weekly, three times a week, for four weeks, various staff will be interviewed by RN Staff Development Coordinator and designees to determine if staff is aware of the location of the emergency release switch and how/when to use.	06/07/13
K 067 SS=E	This STANDARD is not met as evidenced by: Based on observations and staff interview at approximately 8:30 am onward, the following item were noncompliant, specific findings include: horn/strobes devices in main dining room did not signal when fire alarm system was tested. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	<u>Performance Monitoring</u> Findings of the above stated audits will be reviewed weekly for four weeks by the special QA Committee for recommendations and further follow-up as indicated. If substantial compliance has been met and no areas of concerns are identified, review of the audit for staff knowledge on the location of the emergency release switch and how/when to use, audit will be discontinued. K052 - Horn/Strobes Devices in Main Dining Room Did not Signal when Fire Alarm System was tested.	06/14/13
	This STANDARD is not met as evidenced by: Based on observations and staff interview at approximately 8:30 am onward, the following item were noncompliant, specific findings include: fire/smoke dampers in return duct have excess lent build up. 42 CFR 483.70(a)		<u>Corrective Action Taken</u> Horns/Strobes inspected and tested by ASG Security for proper operation and/or replacement in the main dining room. <u>Potential to Affect Residents by the Same Deficient Practice</u> Horns/Strobes inspected and tested by ASG Security for proper operation and/or replacement throughout the facility	06/14/13

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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MYRTLE GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 5725 CAROLINA BEACH ROAD WILMINGTON, NC 28408		
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K 000	<p>INITIAL COMMENTS</p> <p>This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system. Facility is using Special Locking System.</p> <p>The deficiencies determined during the survey are as follows: no LSC deficiencies noted at time of survey.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jacqueline H. Ward</i>			TITLE <i>Administrator</i>		(X6) DATE <i>5.14.13</i>

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