

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

PRINTED: 04/24/2013
FORM APPROVED
OMB NO. 0938-0391

~~04/24/2013~~
MAY 03 2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2013
NAME OF PROVIDER OR SUPPLIER THE FOUNTAINS AT THE ALBEMARLE			STREET ADDRESS, CITY, STATE, ZIP CODE 200 TRADE STREET TARBORO, NC 27886	
(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=B	<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	<ol style="list-style-type: none"> 1. Medications were removed from medical storage room and returned to pharmacy by N#2 immediately after discovery on 4/10/13. 2. DON revised procedure for returning medications to pharmacy as follows: by 5/1/13. Expired medications and medications for discharged residents will be placed in Return to Pharmacy Bin by 2nd shift Nurses. 3rd shift Nurses to complete return to pharmacy document and place in Pharmacy Return Bin. Pharmacy to pick up on a daily basis and provide Bin for return drugs. 3. ADON/or designee to check Return Medication Bin every-day for compliance and report to DON by 5/3/13. 4. All Nurses will be re-trained on procedure for returning medications to the pharmacy on discharged residents and expired drugs by May 8, 2013. 	

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

TITLE

(X6) DATE

Diane Barlow

Executive Director

5/2/2013

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 THE FOUNTAINS AT THE ALBEMARLE			STREET ADDRESS, CITY, STATE, ZIP CODE 200 TRADE STREET TARBORO, NC 27886		
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F 431	<p>Continued From page 1</p> <p>Based on observation of the medical storage room and staff interview the facility failed to discard expired drugs from the medication storage room and to discard medications for a discharged resident.</p> <p>Findings included:</p> <p>On 4/10/13 at 2:30 pm in an observation of the medical storage room three unopened bottles of Amantadine Hydrochloride were found which expired on 12/13/2012. Each bottle was labeled for a resident who had been discharged on 01/29/2013.</p> <p>In an interview with a medication nurse (N # 2) on 4/10/2013 at 2:50 PM during the medication storage observation, N #2 stated that the resident for whom the Amantadine Hydrochloride was prescribed had left the facility several months ago and that she did not know the exact date the resident left. N #2 indicated that unopened medications from residents who have been discharged or who have expired should be sent back to the prescribing pharmacy by the night nurse.</p> <p>In an interview with the Director of Nursing (DON) on 04/11/2013 at 4:30 PM, the DON stated her expectation was that the night nurse should remove or discard expired medications and medications for discharged residents. The DON stated also that the prescribing pharmacy routinely sent a representative to the facility each month to remove expired medications.</p>	F 431	<p>5. Pharmacy Staff to monitor for proper storage of medications on a monthly basis by 4/29/13.</p> <p>6. Report of accountability monitoring to be presented monthly at QI Review by ADON or designee. Next meeting on 5/16/13.</p>		



May 31, 2013

Ms. Della Woollen
Building System Engineer
Construction Section
2705 Mail Service Center
Raleigh, NC 27699-2705

Dear Ms. Woollen:

Attached herein is the plan of correction and request for waiver for K062 tag. We are working with contractor and expect completion by 7-15-2013. If you have any questions, please feel free to contact Madry Bell, Plant Operations Director at The Fountains at the Albemarle.

Sincerely,

Madry Bell
Plant Operations Director

FACILITY REQUEST FOR WAIVER OR VARIANCE

TO BE COMPLETED BY STATE AGENCY

- | | |
|--|--|
| <input checked="" type="checkbox"/> Life Safety Code (405.1134a) | <input type="checkbox"/> Physical Environment |
| <input type="checkbox"/> 7-Day R.N. Requirement | <input type="checkbox"/> Patient Room Size (405.1134c) |
| <input type="checkbox"/> Medical Director (4DS.191b) | <input type="checkbox"/> Beds Per Room (405.113-k) |

1. Name of Facility: The Fountains of the Albemarle
 Address: 200 Trade Street
Tarboro, NC 27886

2. Type facility: SNF

Program: XVIII/XIX XIX

4. Date of Survey: Life Safety Code 5/9/2013
 General: _____

6. State Agency recommendation: Approved
 Not Approved

7. Reason for Recommendation: K62 install sprinkler under exit egress

8. Period for which Waiver/Variance is Recommended: 7/15/2013

9. 6/15/2013
 Date

3. Vendor No. _____

Provider No. 345242

5. Expiration Date of Current Agreement:
 _____ NA _____

Waiver/Variance Previously Approved

10. Steve C. Lewis
 Authorizing Signature of State Agency

TO BE COMPLETED BY REGIONAL OFFICE

1. Waiver/Variance Approved
- (a) _____
- (b) _____
- (c) _____
- (d) _____

2. Waiver/Variance Not Approved
- (a) _____
- (b) _____
- (c) _____
- (d) _____

3. _____
 Program Reviewer Signature

_____ Date

4. _____
 Discipline Reviewer Signature

_____ Date

5. _____
 Authorizing Signature
 Acting Director, Survey & Certification

_____ Date

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345242	(X2) MULTIPLE A. CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED 05/09/2013
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NAME OF PROVIDER OR SUPPLIER THE FOUNTAINS AT THE ALBEMARLE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 TRADE STREET TARBORO, Nc 27886
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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 III construction, one story, with a complete automatic sprinkler	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke, There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities, This STANDARD is not met as evidenced by; 42 CFR 483.70(a)	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Adam Barlow* TITLE *Executive Dir.* (X6) DATE *5/31/2013*

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K 018	Continued From page 1 By observation on 5/9/13 at approximately noon the following door was non-compliant, specific findings include; door from the living room to the smoking porch required more than one range of motion.	K 018	The maintenance dept has disabled the deadbolt on the door from the living room to the smoking porch to require only one range of motion. This was completed on 5/29/13. The maintenance department has completed a walk thru of the building and have found no other like devices that require more than one range of motion.		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8	K 045	All further deadbolts that are added have to be approved by the maintenance dept. We have added this to our door checklist.		
K 062 SS=D	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 5/9/13 at approximately noon the following exit discharge illumination was observed as non-compliant, specific findings include; lighting at the west exit, could not be confirmed on the emergency electrical system. Lighting must be arranged to provide light from the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge shall be illuminated to values of at least 1 ft-candle measured at the floor. Failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candles in any designated area. NFPA 101 7.8.1.1, 7.8.1.3, and 7.8.1.4. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.8.12, NFPA 13, NFPA .	K 062	The facility will contract with AI Co. Electric Co. to include the west exit light to be tied into the emergency electrical system by 6/23/13. The maintenance department has completed a walk thru of the building to identify all other exits have emergency lighting. The maintenance department will verify on the next monthly load test of the emergency electrical system that the west hall exit light is functional. We will complete this by 6/23/13 as well.		

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K 066	Continued From page 3 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 5/9/13 at approximately noon the following smoking regulations were non-compliant, specific findings include; A. Ashtrays of noncombustible material and safe design per paragraph 3 above was not provided. B. A metal container with a self-closing cover into which ashtrays can be emptied in the smoking area per paragraph 4 above was not provided.	K 066	The facility has ordered noncombustible material and safe design ashtrays to provide in the area where smoking is permitted. The facility will also provide a metal container with self-closing cover into which ashtrays can be emptied. These will be in place by 6/23/13. We have completed a walk thru of the building and identified one other area that requires noncombustible material and safe design ashtrays. We will also provide a metal container with a self-closing cover into which ashtray can be emptied. This will also be completed by 6/23/13. We will monitor this area monthly.		