

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

JUN 04 2013

PRINTED: 05/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2013
NAME OF PROVIDER OR SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DR WILMINGTON, NC 28405	
(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>Northchase Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and remains committed to providing quality of care to the residents which we serve. The plan of correction is submitted as a written allegation of compliance.</p> <p>1. The Pelican station refrigerator was immediately checked by maintenance staff requiring temperature dial adjustment. Refrigerator returned to normal temperature range. All remaining medication room refrigerators were checked to assure temperatures on 5/15/13 by the DON</p>	

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

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

5/31/13

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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NAME OF PROVIDER OR SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3016 ENTERPRISE DR WILMINGTON, NC 28405	
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F 431	<p>Continued From page 1</p> <p>Based on observation, record review and staff interviews, the facility failed to maintain refrigerator temperatures for 2 of 2 medication refrigerators; failed to discard expired medications in 1 of 6 medication carts; failed to securely store insulin in 1 of 6 medication carts; and failed to label and date insulin in 1 of 2 medication store rooms.</p> <p>The findings included:</p> <p>1) The facility policy titled Storage of Refrigerated Medications (undated), read in part: " The temperature of all refrigerators containing medications shall be maintained at between 36 degree F. to 46 degree F. "</p> <p>Accompanied by Nurse #1, an observation of the Pelican medication room on 5/15/13 at 2:56 PM revealed the medication refrigerator temperature was 24 degrees Fahrenheit. Medications stored in the refrigerator included the following: 23 vials of insulin, 1 box containing 5 insulin pens, 3 boxes of interferon injection solution, 1 box of injectable risperidone, and 6 promethazine suppositories. The manufacturers' recommendations indicated each of the medications should be stored refrigerated at 36 degrees Fahrenheit to 46 degrees Fahrenheit and included a cautionary note, " Do not freeze. "</p> <p>During an interview with Nurse #1 on 5/15/13 at 2:56 PM, the nurse indicated she would have Maintenance check out the refrigerator. Nurse #1 reported that according to the facility policy, the 11PM - 7AM nurse was responsible for checking and recording the medication room refrigerator temperature on the temperature log. The May</p>	F 431	<p>and ADON. 100% audit of medication carts to assure proper medication storage and expiration dates was completed on 5/15/13 by the ADON and administrative nurse.</p> <p>2. All nurses have been in-serviced on requirement of completion of the temperature logs daily, reporting any discrepancy and/or moving medication to refrigerator with proper temperature in addition to dating insulins when opened, checking expiration dates and proper storage of medications, specifically insulin.</p>	

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F 431	<p>Continued From page 2</p> <p>2013 temperature log posted on the medication refrigerator revealed one temperature had been recorded thus far during the month. The pre-printed temperature log noted the temperature range for the Med Room Refrigerator should be 36 degrees Fahrenheit to 46 degrees Fahrenheit.</p> <p>An interview was conducted with the Director of Nursing (DON) and Administrator on 5/15/13 at 3:15 PM. The DON reported a new temperature log was posted on the medication refrigerator on the first of the month and indicated the night shift nurse was responsible for monitoring and recording the refrigerator temperature each day. The DON noted that if the medication refrigerator temperature was " out of range, " the nursing staff would be expected to either have Maintenance come look at it or move the medications to a different refrigerator if the problem was noted after hours. The DON called Maintenance and reported staff was already attending to the refrigerator. The Administrator stated the medications stored in that refrigerator would be moved to another working refrigerator.</p> <p>Accompanied by Nurse #2, an observation of the Cardinal medication room on 5/15/13 at 3:24 PM revealed the medication refrigerator temperature was 54 degrees Fahrenheit. Medications stored in the refrigerator included the following: 19 vials of insulin, 1 box of glatiramer acetate injection solution, 4 bags of intravenous solutions, and 5 vials of epoetin alfa. The manufacturers ' recommendations indicated each of the medications should be stored refrigerated at 36 degrees Fahrenheit to 46 degrees Fahrenheit.</p>	F 431	<p>3. The administrative nurses will audit all refrigerator temperatures to ensure completion of temperature logs and appropriate temperatures; audit medication carts for medication storage and expiration dates. This will occur 3 times per week for one month, then monthly thereafter.</p> <p>4. The QI committee will review the results of the audits to identify any trends/concerns. The review will completed monthly for 3 months, then quarterly.</p>	6/7/13

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F 431	<p>Continued From page 3</p> <p>During an interview with Nurse #2 on 5/15/13 at 3:24 PM, the nurse reported the recommended temperature range for the medication refrigerator was 36 degrees Fahrenheit to 46 degrees Fahrenheit. She stated the procedure would be to move refrigerated items from this refrigerator to another one in the facility that was within the appropriate temperature range. Nurse #2 also reported she would notify Maintenance to adjust or fix the refrigerator. A review of the May 2013 temperature log posted on the medication refrigerator revealed no refrigeration temperatures had been recorded during the month.</p> <p>An interview was conducted with Maintenance staff member #1 on 5/15/13 at 4:50 PM. He indicated that a second thermometer was placed in the Pelican medication refrigerator to check on the accuracy of the first thermometer. Maintenance staff member #1 confirmed the second thermometer had the same reading(s) as the first one, thus verifying the accuracy of the refrigerator temperature taken. He reported the refrigerator was adjusted and the temperature appeared to be corrected. He stated the procedure for a refrigerator not working properly would be for nursing staff to verbally let him know of the problem and he would either repair or replace the refrigerator, if necessary.</p> <p>An interview was conducted with the DON on 5/16/13 at 10:15 AM. She reported the medication refrigerator temperatures had been checked earlier that morning and both refrigerators were within the acceptable range. The DON indicated her expectation would have been for the medication refrigerator temperatures</p>	F 431		

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F 431	<p>Continued From page 4</p> <p>to have been monitored on a daily basis. She noted that nursing staff would monitor the refrigerator temperatures periodically throughout the day.</p> <p>2) An observation of the 200/300 Hall medication cart was made on 5/16/13 at 9:05 AM. This observation revealed two medications kept on the cart were past the manufacturer ' s expiration date: 1) One opened 240 ml stock bottle of liquid multivitamin with a manufacturer ' s expiration date of April 2013; and 2) One box of albuterol / ipratropium (3.0 / 0.5 milligrams) inhalation solution vials with a manufacturer ' s expiration date of March 2013. The box contained 7 sealed foil pouches (each contained five 3 ml vials) and 1 opened foil pouch contained four 3 ml vials for a total of 39 vials of inhalation solution.</p> <p>An interview was conducted with the nurse assigned to the 200/300 Hall med cart (Nurse #4) on 5/16/13 at 9:20 AM. Nurse #4 stated the facility policy would be for the expired albuterol/ipratropium inhalation solution vials to be discarded and replacement medication ordered from the pharmacy. Nurse #4 discarded the opened stock bottle of liquid multivitamin.</p> <p>An interview was conducted with the DON on 5/16/13 at 10:15 AM. During this interview, the DON reported that the nurse doing med pass on each shift was supposed to check her medication cart and med room once a week on Wednesdays for expired medications. The DON indicated her expectation would have been for expired medications to have been identified, pulled from the med cart and returned to the pharmacy for credit and/or replacement.</p>	F 431			

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F 431	<p>Continued From page 5</p> <p>3) An observation of the 400 Hall medication cart made on 5/16/13 at 9:58 AM revealed 3 vials of insulin were on top of the medication cart during med pass. Nurse #5 was observed as she prepared medications for a resident at the med cart, then left the cart and entered the resident ' s room. The med cart had been pushed against the wall in the hallway and was not within view of Nurse #5 while she was in the resident ' s room. Nurse #5 returned to the medication cart at 10:02 AM.</p> <p>An interview was conducted with Nurse #5 on 5/16/13 at 10:02 AM upon her return to the 400 Hall medication cart. When asked why the insulin vials were on top of an unattended medication cart, the nurse stated, " These were here when I came in. " Nurse #5 stated the insulin vials should have been locked up in the medication cart instead of being set on top of it.</p> <p>An interview was conducted with the DON on 5/16/13 at 10:15 AM. During this interview, the DON reported that each Hall had a container (basket) designed to hold all of the insulin vials for that Hall. She also noted that each med cart had a spot for the basket of insulin vials, allowing them to be locked up during med pass. The DON stated her expectation was for the vials of insulin to have been kept in the designated basket and locked in the medication cart during med pass. The DON indicated that no medication, including insulin, should be left on top of an unattended medication cart.</p> <p>4) The manufacturer ' s storage recommendations for a vial of intermediate-acting insulin indicated an opened vial should be</p>	F 431		
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F 431	<p>Continued From page 6 discarded after 6 weeks (42 days) of use.</p> <p>Accompanied by Nurse #2, an observation of the Cardinal medication room made on 5/15/13 at 3:24 PM revealed there was an opened, undated vial of intermediate-acting insulin in the medication refrigerator. Nurse #2 indicated the facility policy was to label an insulin vial with the date it was opened and to discard the insulin after 28-30 days, depending on the manufacturer recommendations. Nurse #2 stated that since she didn't know when the insulin was opened, she would have to discard it.</p> <p>An interview was conducted with the DON on 5/16/13 at 10:15 AM. During this interview, the DON reported that the facility policy was that once opened, a vial of insulin needed to be dated and used within 28 days. The DON stated she had checked with the nurse on duty and confirmed the opened insulin vial had been discarded. The DON indicated her expectation would have been for the insulin vial to have been dated when opened and either used or returned to the pharmacy for credit and/or replacement after 28 days.</p>	F 431		

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NAME OF PROVIDER OR SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DR WILMINGTON, NC 28405	
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K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 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. The deficiencies determined during the survey are as follows: 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 1/4 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.	K 000	Northchase Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. This plan of correction is submitted as written allegation of compliance.	
K 018 SS=E	This STANDARD is not met as evidenced by:	K 018		

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

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

6/21/13

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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K 018	Continued From page 1 Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: doors that would not close and latch for smoke tight seal are: 1. chemical storage door in kitchen. 2. clean linen door on 600 hall (by room 617). 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD	K 018	The chemical storage door in the kitchen was fixed on day of survey as well as the door to the clean linen room on 600 hall. Other chemical storage area doors and linen room doors were checked and no other life safety issues were identified.	
K 038 SS=F	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: exit door located at janitor closet on 100 hall requires more than 15 pounds of force to open.	K 038	Maintenance staff will monitor door latches a minimum of 3 times per week to assure proper closure. This will be ongoing.	6.11.13
K 062 SS=E	42 CFR 483.70(a) 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, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	The exit door located on 100 hall was adjusted to assure readily accessible exits at all times. All other exit doors were checked and no other life safety issues were identified. Maintenance staff will monitor doors a minimum of 3 times were week to assure compliance. This will be ongoing.	6.10.13

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K 062	Continued From page 2	K 062	K062 The sprinkler head in the laundry room was cleaned immediately. All other sprinkler heads in the facility were cleaned by the Housekeeping Director.		
K 067 SS=F	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	The Housekeeping Director will monitor a minimum of 3 times per week to assure no lint build up occurs to the sprinkler bulb. This will be ongoing.	6.12.13	
K 076 SS=F	This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: return damper's through out the facility have a lent build up on fuse able link. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than	K 076	K067 The maintenance staff cleaned all the return damper vents throughout the facility and are free of any lint build up. Maintenance staff will monitor bi weekly to assure vents are free of debris and lint. This will be ongoing.	6.20.13	

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K 076	Continued From page 3 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: oxygen storage room on Pelican station has empty oxygen cylinders mix in with full oxygen cylinders.	K 076	K076 All oxygen tanks were returned to their correct placement separating full tanks from empty tanks. All licensed staff was inserviced on proper placement of full/empty tanks. Facility QI Nurse will monitor a minimum of 3 times per week to assure proper storage. This will be ongoing.	6.12.13
K 144 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at	K 144	K144 The generator in question was assessed by Covington Power Services on the day of survey. A test was run several times with the generator starting within 8.5 seconds. The maintenance staff will continue to run weekly generator testing and report any delays in starting to the generator service provider. This will be ongoing.	6.7.13

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345119	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/06/2013
NAME OF PROVIDER OR SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DR WILMINGTON, NC 28405		
(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	
K 144	Continued From page 4 approximately 8:30 am onward, the following items were noncompliant, specific findings include: at time of survey, generator for main building did not crank and transfer within 10 seconds. Generator for new section did not crank and transfer when tested. 42 CFR 483.70(a)	K 144			