STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345465	A. BUILDING _____ B. WING _____	12/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYVIEW NURSING & REHAB CENTER	3003 KENSINGTON PARK DRIVE NEW BERN, NC 28560

(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 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that one of three residents who required assistance with feeding was fed at the same time as other residents in the dining room (Resident #23). Resident #23 was admitted 10/7/14 with a diagnosis of dementia. The admission Minimum Data Set (MDS) dated 10/14/14 noted Resident #23 to be severely impaired for cognition, and needed extensive assistance for eating with the physical assistance of one person. The Care Area Assessment indicated that the resident needed attention to nutritional status, and this area went to care plan. On 12/8/14 at 12:38 PM, an observation was made of a staff member serving Resident #23 his plate of food. Two other staff members were observed feeding two other residents at the same table at this time. Upon finishing feeding one of the two residents at the table, one of the staff members began to feed Resident #23 at 1:10 PM. On 12/10/14 at 3:11 PM, in an interview, the Director of Nursing (DON) stated that her	F 312	Bayview Nursing & Rehabilitation Center acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Bayview Nursing & Rehabilitation Center. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings. F312 Resident #23 was observed being assisted with his lunch by the surveyor at 1:10 pm. To ensure all residents seated at the same table are fed at the same time nursing staff (C.N.A.s and Nurses) were reeducated to ensure all residents seated at the same table are assisted if they require assistance at the same time. Staff will be assigned to the dining room	1/8/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/29/2014

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F 312	Continued From page 1 expectations were that Resident #23 would be fed at the same time as the other residents at the table.	F 312	for each meal to ensure there are enough staff members to assist the residents requiring help with eating. A Department Head will be assigned to monitor the dining room for compliance with resident assistance for all three meals five days a week (M-F) for the first 2 weeks, at least two meals a day five days a week (M-F) for the next month, and one meal a day (M-F) thereafter. The Manager on Duty will monitor the dining room for one meal a day on the weekends for this time period. Outcomes of compliance with the dining room monitoring will be reviewed at the Quality Assurance Committee Meeting on January 21st, 2015. Any problems found during the monitoring will be address immediately by the Department Head/ Director of Nursing Services or designee. The Department Heads monitoring the dining room will report on the outcomes of compliance with the dining room monitoring Monday □ Friday at the morning Interdisciplinary Stand-up Meeting for four consecutive weeks. Any problems will be addressed immediately by the Department Head/ Director of Nursing Services or designee. Following this, the Executive Director or appropriate designee will bring the results of compliance of the dining room monitoring to the facility monthly Quality Assurance Committee Meeting monthly for 12 months for review by all committee members. Discussion of compliance/ non-compliance will be entered into the committee meeting minutes. Any non-compliance with the dining room	

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F 312	Continued From page 2	F 312	monitoring will require QA Committee Members to review the plan and develop modifications as needed. Any modification to the plan will require reeducation of applicable personnel by the Director of Nursing Services, Staff Development Coordinator or appropriate designee. Any modifications to the plan will require monitoring of such revisions.	
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS 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. 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. 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. 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	F 431		1/8/15

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F 431	Continued From page 3 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to discard expired medication in 4 of 5 medication carts, failed to store medications in a refrigerator in 2 of 5 medication carts and failed to date a medication in 1 of 5 medication carts. The findings included: The facility 's policy on storage of medication handed by the administrator on 12/11/14 was reviewed. The policy indicated no outdated medication will be in the facility for use. The policy also indicated to store unopened insulin bottles inside the medication room refrigerator. Lantus insulin, Novolog and Humalog insulin will be discarded after 28 days from the date opened. The policy further indicated Advair Diskus (treatment for Asthma and COPD) must be dated when removed from foil pack. The manufacturer's specification for Advair Diskus read " discard Advair Diskus 30 days after opening the foil pouch. " The manufacturer 's specification for Florajen Acidophilus is to refrigerate for maximum freshness and effectiveness.	F 431	During the annual recertification survey, the surveyor observed expired medications in 4 of 5 medication carts, the facility failed to store medications in a refrigerator in 2 of 5 medications carts and failed to date a medication in 1 of 5 medication carts. All expired medications, medications that were not properly stored in the refrigerator and undated medication was appropriately discarded immediately. All medication carts and medication rooms were audited by the Director of Nursing Services and Administrative Nurses to ensure all medication was stored appropriately. Any medication found to be undated, expired or not appropriately refrigerated was appropriately discarded immediately. All nursing staff was reeducated on storage of medications by the Staff Development Coordinator or designee. The floor nurses will check their medication carts once daily to ensure all medications are stored appropriately. If there are any medications found to be stored inappropriately they will be discarded immediately by the nurse who discovered the medication. The Director of Nursing Services or appropriate	

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F 431	Continued From page 4 1. On 12/10/14 at 3:25 PM, the Ocean hall 1 medication cart was observed. A bottle of Vi-Daily liquid medication was observed with an expiration date of 05/14. Interview with the nurse #1 revealed the medication should have been discarded. 2. On 12/10/14 at 3:27 PM, the Ocean hall 1 medication cart was observed. A Bisacodyl suppository was observed with an expiration date of 11/14. Interview with the nurse #1 revealed the medication should have been discarded. 3. On 12/10/14 at 3:35 PM, the Ocean hall 2 medication cart was observed. A Novolog Flexpen was opened on 10/10/14. Interview with the nurse #1 revealed the medication expired and should have been discarded. 4. On 12/10/14 at 3:55 PM, the Lake hall medication cart was observed. A box of Hemoccult single slide was observed with expiration date of 06/14. Interview with nurse #2 revealed the box should have been removed from the medication cart. 5. On 12/10/14 at 3:58 PM, the Lake hall medication cart was observed. Two Lantus insulin pens were opened on 10/06/14 and 10/18/14 respectively. Interview with nurse #2 revealed the insulin should have been removed and discarded. 6. On 12/10/14 at 3:28 PM, the Ocean hall 2 was observed. There were 5 Lantus insulin pens unopened were in the medication cart. The label from the package read to store in a refrigerator until opening. Interview with nurse #1 revealed the Lantus insulin pens should have been placed in the medication room refrigerator.	F 431	designee will conduct audits on all of the medication carts 3 times per week for two weeks to ensure compliance with medication storage, once weekly for four weeks, and monthly thereafter. The Pharmacy Consultant will conduct monthly medication cart audits for three consecutive months and quarterly thereafter. Any discrepancies found will be addressed immediately. Outcomes of compliance with the medication cart audits will be reviewed at the Quality Assurance Committee Meeting on January 21st, 2015. Any problems found during the audits will be address immediately by the Director of Nursing Services or designee. The Director of Nursing Services will report the findings of the medication cart audit once a week at the morning Interdisciplinary Stand-up Meeting for four consecutive weeks. Any problems will be addressed immediately by the Director of Nursing Services or designee. Following this, Director of Nursing Services or appropriate designee will bring the results of compliance of the medication cart audit to the facility monthly Quality Assurance Committee Meeting monthly for 12 months for review by all committee members. Discussion of compliance/ non-compliance will be entered into the committee meeting minutes. Any non-compliance with the medication cart audits will require QA Committee Members to review the plan and develop modifications as needed. Any modification to the plan will require reeducation of applicable personnel by the Director of Nursing Services, Staff	

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F 431	Continued From page 5 7. On 12/10/14 at 3:57 PM, the Lake hall medication cart was observed. One bottle of Florajen Acidophilus was in the medication cart. The label in the package read to have the medication stored in a refrigerator. Interview with nurse #2 revealed she was not aware the bottle was in the medication cart. 8. On 12/10/14 at 4:03PM, the Bay hall medication cart was observed. A used Advair Diskus was seen with no date of opening. The Advair Diskus was sent to the facility on 9/30/14. Nurse #2 was interviewed and stated the medication should have been dated when opened. The Director of Nursing (DON) was interviewed on 12/11/2014 9:30:58 AM. She stated the nurses were expected to check the medication carts and medication rooms daily. She further stated the nurses were expected to discard expired medications, store medications in refrigerator that needed controlled temperature and to write date of medications that needed date of opening.	F 431	Development Coordinator or appropriate designee. Any modifications to the plan will require monitoring of such revisions.	