

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

PRINTED: 03/18/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/26/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROANOKE RIVER NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>119 GATLING STREET WILLIAMSTON, NC 27892</b>		
(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 &amp; 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: Based on observation, staff interview and record</p>	F 431	Roanoke River Nursing and	3/20/15	

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

TITLE

(X6) DATE

Electronically Signed

03/13/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/26/2015</b>																																																																																																				
NAME OF PROVIDER OR SUPPLIER  <b>ROANOKE RIVER NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>119 GATLING STREET WILLIAMSTON, NC 27892</b>																																																																																																						
(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	<p>Continued From page 1</p> <p>review, the facility failed to maintain medication refrigerator temperatures between 36 - 46 degrees Fahrenheit (F) for 1 of 2 medication refrigerators (Skilled Unit medication refrigerator).</p> <p>The findings included:</p> <p>An undated policy entitled " Storage of Refrigerated Medications " read in part, " The temperature of all refrigerators containing medications shall be maintained between 35 degree F to 46 degree F. "</p> <p>A form entitled " Temperature Chart for Refrigerators and Freezers " dated February 2015 was observed hanging on the door of the medication refrigerator. Printed on the bottom of the form was " Med Room Refrigerator: 36 degrees F to 46 degrees F. " The recorded temperatures included:</p> <table border="1"> <thead> <tr> <th></th> <th>AM Temp</th> <th>Initial</th> <th>PM Temp</th> <th>Initial</th> </tr> </thead> <tbody> <tr><td>2/1</td><td>26</td><td>LS</td><td>30</td><td>LS</td></tr> <tr><td>2/2</td><td>24</td><td>LS</td><td>36</td><td>LS</td></tr> <tr><td>2/3</td><td>24</td><td>LS</td><td>30</td><td>LS</td></tr> <tr><td>2/4</td><td>28</td><td>LS</td><td>(blank)</td><td></td></tr> <tr><td>2/5</td><td>26</td><td>LS</td><td>(blank)</td><td></td></tr> <tr><td>2/6</td><td>26</td><td>LS</td><td>(blank)</td><td></td></tr> <tr><td>2/7</td><td>28</td><td>LS</td><td>28</td><td>LS</td></tr> <tr><td>2/8</td><td>26</td><td>LS</td><td></td><td></td></tr> <tr><td>2/9</td><td>(blank)</td><td></td><td>(blank)</td><td></td></tr> <tr><td>2/10</td><td>28</td><td>KL</td><td>(blank)</td><td></td></tr> <tr><td>2/11</td><td>26</td><td>KL</td><td>(blank)</td><td></td></tr> <tr><td>2/12</td><td>28</td><td>KL</td><td>(blank)</td><td></td></tr> <tr><td>2/13</td><td>28</td><td>LS</td><td>(blank)</td><td></td></tr> <tr><td>2/14</td><td>28</td><td>KL</td><td>(blank)</td><td></td></tr> <tr><td>2/15</td><td>26</td><td>KL</td><td>(blank)</td><td></td></tr> <tr><td>2/16</td><td>28</td><td>LS</td><td>26</td><td>LS</td></tr> <tr><td>2/17</td><td>40</td><td>LS</td><td>(blank)</td><td></td></tr> <tr><td>2/18</td><td>49</td><td>(illegible)</td><td>(blank)</td><td></td></tr> <tr><td>2/19</td><td>38</td><td>LS</td><td>(blank)</td><td></td></tr> </tbody> </table>		AM Temp	Initial	PM Temp	Initial	2/1	26	LS	30	LS	2/2	24	LS	36	LS	2/3	24	LS	30	LS	2/4	28	LS	(blank)		2/5	26	LS	(blank)		2/6	26	LS	(blank)		2/7	28	LS	28	LS	2/8	26	LS			2/9	(blank)		(blank)		2/10	28	KL	(blank)		2/11	26	KL	(blank)		2/12	28	KL	(blank)		2/13	28	LS	(blank)		2/14	28	KL	(blank)		2/15	26	KL	(blank)		2/16	28	LS	26	LS	2/17	40	LS	(blank)		2/18	49	(illegible)	(blank)		2/19	38	LS	(blank)		F 431	<p>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. The plan of correction is submitted as a written allegation of compliance.</p> <p>Roanoke River Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Roanoke River Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F431 483.60(b), (d), (e) Drug Records, Label/Store Drugs &amp; Biologicals.</p> <p>1. Medication refrigerator located at the Skill Hall nurses desk was examined by the maintenance department on 3/4/2015 and temperature was adjusted until it was within and maintained appropriate temperature ranges of 36-46F. No further issues of temperatures being out of range 36-46F have been noted.</p> <p>2. 100% audit of all refrigerators in the facility to include medication room refrigerators was completed 3/12/2015 to ensure all temperatures are within appropriate range, and was completed by ADON using a Refrigerator Temperature</p>		
	AM Temp	Initial	PM Temp	Initial																																																																																																					
2/1	26	LS	30	LS																																																																																																					
2/2	24	LS	36	LS																																																																																																					
2/3	24	LS	30	LS																																																																																																					
2/4	28	LS	(blank)																																																																																																						
2/5	26	LS	(blank)																																																																																																						
2/6	26	LS	(blank)																																																																																																						
2/7	28	LS	28	LS																																																																																																					
2/8	26	LS																																																																																																							
2/9	(blank)		(blank)																																																																																																						
2/10	28	KL	(blank)																																																																																																						
2/11	26	KL	(blank)																																																																																																						
2/12	28	KL	(blank)																																																																																																						
2/13	28	LS	(blank)																																																																																																						
2/14	28	KL	(blank)																																																																																																						
2/15	26	KL	(blank)																																																																																																						
2/16	28	LS	26	LS																																																																																																					
2/17	40	LS	(blank)																																																																																																						
2/18	49	(illegible)	(blank)																																																																																																						
2/19	38	LS	(blank)																																																																																																						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/26/2015</b>																																		
NAME OF PROVIDER OR SUPPLIER  <b>ROANOKE RIVER NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>119 GATLING STREET WILLIAMSTON, NC 27892</b>																																				
(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	<p>Continued From page 2</p> <table border="0"> <tr> <td>2/20</td> <td>48</td> <td>(illegible)</td> <td>34</td> <td>LS</td> </tr> <tr> <td>2/21</td> <td>34</td> <td>LS</td> <td>36</td> <td>LS</td> </tr> <tr> <td>2/22</td> <td>30</td> <td>LS</td> <td>(blank)</td> <td></td> </tr> <tr> <td>2/23</td> <td>36</td> <td>LS</td> <td>(blank)</td> <td></td> </tr> <tr> <td>2/24</td> <td>(blank)</td> <td></td> <td>(blank)</td> <td></td> </tr> <tr> <td>2/25</td> <td>(blank)</td> <td></td> <td>(blank)</td> <td></td> </tr> <tr> <td>2/26</td> <td>(blank)</td> <td></td> <td>36</td> <td>DW</td> </tr> </table> <p>Observation of the Skilled Unit medication refrigerator on 2/26/15 at 11:00AM with Nurse #1 revealed a tube shaped glass thermometer inside the refrigerator that read 50 degrees. Nurse #1 stated she had had the door open for a few minutes. Several vials of insulin, opened and unopened, were observed in the refrigerator. Nurse #1 indicated that insulin was stored in the refrigerator when not on the cart during medication pass times.</p> <p>During an interview on 2/26/15 at 11:28 AM, Administrative Nurse #2 indicated there was no definitive process for nurses to follow when medication refrigerator temperatures were not in the required range. Nurse #1 stated at this time she would adjust the temperature and recheck. Nurse #1 added that not too long ago some insulin froze in the refrigerator and needed to be replaced.</p> <p>On 2/26/15 at 11:56 AM the Maintenance Director was interviewed. He stated he had replaced the Skilled Unit medication refrigerator a month or so ago. He provided a copy of a purchase order and receipt dated 1/19/15 for the medication refrigerator. The Maintenance Director indicated he did not check the temperatures or monitor the temperature logs for the medication refrigerators. He said nursing would let him know if there was a problem he needed to address. The Maintenance Director also stated he had not been notified of</p>	2/20	48	(illegible)	34	LS	2/21	34	LS	36	LS	2/22	30	LS	(blank)		2/23	36	LS	(blank)		2/24	(blank)		(blank)		2/25	(blank)		(blank)		2/26	(blank)		36	DW	F 431	<p>Monitoring QI tool. No issues were noted with any refrigerator temperatures during the audit on 3/12/15. The Dietary Manager placed a calibrated thermometer in medication refrigerators in addition to thermometers in refrigerators, which included Skill Unit medication refrigerator, to ensure accuracy of thermometers and accurate temperature of refrigerators, this was completed 3/2/2015 by the dietary manger using a QI tool.</p> <p>3. 100% in-service was initiated with all license nurses regarding checking of all refrigerators in the facility, to include the medication refrigerators. A list of all refrigerators in the facility, to include the medication refrigerators, is located in front of all MARs to make sure the hall nurse is aware of their assigned refrigerator temperature checks. It is the responsibility of the assigned hall nurse to check all refrigerators, including the medication refrigerators, in that assignment daily for appropriate temperature ranges and to document the temperature on the refrigerator Temperature Logs daily. Any inconsistency with range are to be immediately adjusted by the hall nurse and re checked within 30 minutes and documented on the Refrigerator Adjustment Log. If after adjustment the temperature is not within range the refrigerator will be taken out of service and reported to the Maintenance Department using a work order form. This in-service was completed on 3/6/15 by Staff Facilitator. Any newly hired licensed nurses will be in-serviced on</p>	
2/20	48	(illegible)	34	LS																																			
2/21	34	LS	36	LS																																			
2/22	30	LS	(blank)																																				
2/23	36	LS	(blank)																																				
2/24	(blank)		(blank)																																				
2/25	(blank)		(blank)																																				
2/26	(blank)		36	DW																																			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/26/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROANOKE RIVER NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>119 GATLING STREET WILLIAMSTON, NC 27892</b>		
(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	<p>Continued From page 3</p> <p>any recent problems with the temperature of the Skilled Unit medication refrigerator.</p> <p>On 2/26/15 at 3:15 PM, the Maintenance Director revealed a tube shaped glass thermometer that was observed to be broken when closely examined. He stated this thermometer had been in the Skilled Unit medication refrigerator; the break was discovered this morning but he could not determine how long it had been broken. The Maintenance Director indicated he had issued a replacement thermometer for the refrigerator. An observation with Nurse #1 in attendance on 2/26/15 at 3:20 PM revealed a round metal thermometer in the Skilled Unit medication refrigerator. The thermometer read 34 degrees Fahrenheit. A follow up interview was held with Nurse #1 at this time. The nurse stated she frequently checked the medication refrigerator temperatures and they often were out of the accepted range. Nurse #1 indicated she would have verbally reported this to the Maintenance Director although she did not believe she reported to him every time the temperatures were running low.</p> <p>On 2/26/15 at 3:49 PM an interview with Administrative Nurse #1 revealed she expected any nurse who checked the refrigerator temperature to adjust the thermostat if the temperature was outside the 36 - 46 degree F range, and then recheck the temperature within an hour. If the temperature was still out of range then the nurse should notify the Maintenance Department. The Administrative Nurse #1 recalled replacing some frozen insulin from the Skilled Unit but did not recall exactly when. She added that no one reviewed the temperature logs and the logs were kept in the Medical Records office. Administrative Nurse #1 indicated that the</p>	F 431	<p>checking refrigerators temperatures in the facility, including the medication refrigerators, per the refrigerator list prior to taking an assignment on a hall to include adjusting the temperature if temperature is not within correct range with documentation on the Refrigerator Temperature and Adjustment logs.</p> <p>The daily documentation of the temperatures of refrigerators in the facility, including the medication refrigerators, will occur on the Temperature Log and any refrigerators that require adjustments will occur on the Refrigerator Adjustment log, when adjustments occur with rechecks occurring 30 minutes after adjustment. If temperature is not within appropriate range after 30 minutes, the refrigerator will be taken out of service and the Maintenance department will be notified using a work order form.</p> <p>The administrative nurses, DON/ADON, QI nurse, Staff Facilitator, Unit Manager and/or treatment nurse, will monitor the temperature and adjustment logs on all refrigerators for complete documentation and to ensure temperatures are within range in the facility to include the medication refrigerators using a Refrigerator Temperature and Adjustment Monitoring QI tools weekly X☐s 4 weeks and then monthly X☐s 2 months. The Administrator will review and initial the Refrigerator Temperature Monitoring QI tools for completion weekly X☐s 4 weeks, then monthly X☐s 2 months.</p> <p>4. The Executive QI committee will meet and review the Refrigerator Temperature Monitoring audits for issues and/or trends</p>		

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

PRINTED: 03/18/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/26/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROANOKE RIVER NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>119 GATLING STREET WILLIAMSTON, NC 27892</b>		
(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	Continued From page 4 record for the Skilled Unit medication refrigerator for January 2015 could not be located.	F 431	and to determine continued frequency of audits and make changes as needed monthly x 3 months.	