STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345505	A. BUILDING _____ B. WING _____	C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA REHAB CENTER OF CUMBERLAND	**4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306**

(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 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. This REQUIREMENT is not met as evidenced by: Based on record review, observations, and staff interviews the facility failed to provide personal privacy by exposing the Medication Administration Record (MARs) containing the resident ' s name, diagnosis and list of medications for 2 (Residents #4 and 5) of 5 sampled residents observed.	F 164	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain	7/29/15

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

Electronically Signed | 07/22/2015

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F 164	Continued From page 1 The findings included: 1) During a tour of the 700 hall of the facility on 6/30/2015 at 5:30 pm the medication storage cart on the hall was observed in the hall with the Medication Administration Record (MAR) on the tablet screen open and facing toward the hallway. The screen displayed the MAR for Resident #4 which exposed the resident ' s name, diagnosis, and list of medications. The cart was observed to be unattended by staff. Continuous observation made from 5:30 pm to 5:37 pm revealed Resident #4 ' s personal information remained publicly displayed and unsupervised for 7 minutes. The nurse (Nurse #5) responsible for the 700 hall medication cart was observed returning to the cart from the 600 hall at 5:37 pm. During an interview with Nurse #5 on 6/30/2015 at 5:38 pm, she stated she had left the medication cart to speak with a family member visiting a resident on the 600 hall. When asked why she had not locked the tablet screen to insure Resident #4 ' s private information consisting of his name, diagnosis, and list of medications was not publicly displayed she stated " I was in a hurry and thought that I would be right back. " Nurse #5 further stated she understood the facility policy was for staff to protect the privacy rights of residents by not leaving personal resident information where it could be publicly viewed. She stated she should have locked the tablet screen to protect Resident #4 ' s personal information from public view. 2) During a tour of the 800 hall of the facility on 6/30/2015 at 5:50 pm the medication storage cart on the hall was observed in the hall with the MAR on the tablet screen open and facing toward the hallway. The tablet screen displayed the MAR for Resident #5 which exposed the resident ' s name, diagnosis, and list of medications. The cart was	F 164	in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center¿s allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. F164 How corrective action will be accomplished for each resident found to have been affected by the deficient practice: -Medication Administration Records (MARS) were secured 6/30/15 How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: -Current nurses in-serviced on HIPPA Policy -#101 "Privacy rules-standards of Practice" Measures to be put in place or systemic changes made to ensure practice will not re-occur: -All new LN's will receive education on HIPPA Policy - #101 "Privacy rules-standards of Practice" during orientation. -4 Medication Administration Records (MARs) will be audited by the DON and or designee for compliance with HIPPA policy #101 Privacy rules-standards of	

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F 164	Continued From page 2 observed to be unattended by staff. Continuous observation made from 5:50 pm to 5:55 pm revealed Resident #5 ' s personal information remained publicly displayed and unsupervised for 5 minutes. The nurse (Nurse #6) responsible for the 800 Hall medication cart was observed returning to the cart from resident room number 807 at 5:55 pm. During an interview with Nurse #6 on 6/30/2015 at 5:56 pm, she stated she had left the cart with the MAR exposed on the screen of the tablet on top of the cart to administer medications to a resident in another room. When asked why she had not shut down the tablet screen to insure Resident #5 ' s private information was not publicly displayed she stated " I thought that I had locked (shut down) the tablet screen. " Nurse #6 further stated she understood it was facility policy that " nurses protect the privacy of resident personal information by not leaving it where the public can see it. " Nurse #6 stated she should have locked the MAR screen on the tablet which displayed (Resident #5 ' s) personal information before leaving it unattended to administer medications in a room down the hall. During an interview with the facility Administrator on 7/01/2015 at 9:30 am, she stated she had interviewed the two nurses who had failed to protect residents ' personal information from public display on 6/30/2015 (Nurse #5 and Nurse #6). She further stated the two nurses would not be allowed to return to work until they had completed in-servicing on the facility policy for confidentiality of resident healthcare and personal information. The Administrator stated it was her expectation that nurses secure documents containing residents ' personal information to protect them from public view. During an interview with the Director of Nursing	F 164	practice daily Monday through Friday X 1 month, weekly X 1 month and monthly X 1 month. -Results of audits will be reviewed at Quality Assurance weekly Risk Management meeting for further problem resolution. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur-: -Results of audit will be reviewed at Quarterly Quality Assurance meeting X 1 for further problem resolution if needed.	

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F 164	Continued From page 3 (DON) on 7/01/2015 at 10:55 am, she stated it was her expectation that the facility nurses secure residents ' personal information to avoid unauthorized public view. During an interview with the SDC on 7/01/2015 at 4:30 pm, she stated it was her expectation that nurses follow the facility policy for Residents ' Right to Confidentiality. She stated nurses are expected to lock the MAR screens on the tablets secured to the top of medication carts when leaving the carts unattended. She further stated all facility nurses received training on the facility policy for Residents ' Right to Confidentiality when they were hired.	F 164		
F 282 SS=G	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, observations, resident interview and staff interviews the facility staff failed to follow the care plan for two staff assistance with bed mobility resulting in a hip fracture for 1 of 3 sampled residents. (Resident #1) The findings included: Resident #1 was admitted to the facility on 5/22/2009 with diagnoses which included bipolar disorder, Cerebral Palsy, Diabetes, joint disease, limited mobility. The Minimum Data Set (MDS) dated 5/19/2015 indicated Resident #1 was moderately cognitively	F 282	F 282 How corrective action will be accomplished for each resident found to have been affected by the deficient practice: -C.N.A involved in resident care at the time of fall was re-trained on 6/25/2015. How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice:	7/29/15

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F 282	Continued From page 4 impaired. The MDS also indicated the resident required extensive assistance consisting of two person staff support with transfers, bed mobility, and hygiene care. The MDS also indicated the resident was totally dependent on staff for all activities of daily living (ADL ' s). The resident ' s ADL Care Area Assessment (CAA) dated 5/19/15 documented " resident triggered due to inability to independently manage self-care in all ADL ' s. Resident #1 ' s care plan dated 5/11/2015 indicated " the resident is unable to provide ADL self-care due to limitations in mobility, range of motion, and disease process of Cerebral Palsy. " The care plan indicated the goal as " the resident will maintain current level of function through the next review. " The care plan intervention included - " Toileting/Changing: Nurses Assistant (NA) will provide toileting and hygiene. " Resident #1 ' s care plan dated 5/11/2015 indicated " the resident is at risk for falls due to Psycho-active drug use, incontinence, seizure disorder, and contractures. " The care plan indicated the goal as " the resident will not sustain serious injury through next review. " The care plan intervention included - " Assist x 2 staff for bed mobility " and " Assist x 2 staff for bathing. " Review of the facility Accident Report dated 6/22/2015 revealed the following information concerning a fall involving Resident #1 on that date: " (NA #1) called for help from resident ' s room. This writer, (LPN #1) came to assist. Resident fell on left side of her bed during patient care and was lying face down and on her left side. Resident said, " I fell and my hip hurts. " The resident was assessed head to toe. Resident assisted to her back, vitals taken and stable, laceration to forehead cleaned, and ice	F 282	-Current residents plan of care tasks (electronic kardex in PCC) were audited for the level of assistance needed for ADLs. -Current residents plan of care tasks (electronic kardex in PCC) were updated with appropriate level of assistance needed for ADLs. C.N.As and Licensed nursing staff were in-serviced on location of documentation (electronic kardex in PCC)of appropriate level of assistance needed for ADLs. Measures to be put in place or systemic changes made to ensure practice will not re-occur: -All new LN's and C.N.As will receive education on where to locate information for appropriate assistance with ADL's during orientation. -All residents care plan tasks will be audited on admission and updated with changes by Unit Manager and/or designee. -Current residents care plan tasks will be audited for accuracy with Quarterly care plan review by Unit Manager and/or designee -10% of total census will be audited to ensure staff are following appropriate assistance levels for ADLs by the SDC and or designee daily Monday through Friday X1 month, weekly X 1 month and monthly X 1 month.	

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F 282	Continued From page 5 pack applied as tolerated. The facility physician was called at 7:25 pm, new order to send to the hospital emergency room. 911 called, (Emergency Management System) EMS arrived and resident sent to (Emergency Department) ED. " An Accident Report dated 6/22/2015 at 7:10 pm which related to Resident #1 ' s fall read: " Situation - fall on 6/22/2015. Resident was lying on left side holding on to side rail while receiving patient care from (NA #1) and when NA went to reach for wash clothes resident ' s legs began to slip off the bed. When (NA #1) tried to hold her (Resident #1) back her (NA #1 ' s) arm and hand landed in fecal matter and that ' s when she (NA #1) lost her and tried to hold onto the resident ' s gown and she (Resident #1) fell and hit her head on bed side table. Background - Resident unable to voice needs. Incontinent to B&B. Requires one assist with patient care and ADL ' s. Assessment/Appearance - This writer assessed resident head to toe, resident assisted to her back, vitals taken, laceration cleaned and ice pack applied as tolerated. Recommendations - use two assist with patient care and ADL ' s. Author: (LPN #1). " LPN #1 was unavailable for interview. A Progress Note dated 6/22/2015 at 7:40 pm indicated the resident was taken to an acute care hospital emergency department by Emergency Transport Services at 7:45 pm. Resident #1 was diagnosed with a hip fracture as a result of the fall. Resident #1 remained in the hospital at the time of this investigation. In a telephone interview with NA #1 on 7/01/2015 at 12:30 pm, she verified Resident #1 had fallen as described in the incident report. NA #1 stated she was changing Resident #1 when she lost control of her and the resident slid off of the bed	F 282	-Results of audits will be reviewed at Quality Assurance weekly Risk Management meeting for further problem resolution. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur-: -Results of audit will be reviewed at Quarterly Quality Assurance meeting X 1.	

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F 282	Continued From page 6 onto the floor. NA #1 further stated she had not worked at the facility long and was not familiar with Resident #1 ' s care plan intervention of: two staff to assist with toileting, bathing, and bed mobility. During an interview with the facility Administrator on 7/01/2015 at 12:50 am, she stated she had investigated the circumstances of Resident #1 ' s fall on 6/22/2015 and determined that NA #1 had not followed the care planned interventions of: " two staff to assist the resident with bed mobility and bathing. " The Administrator stated she had interviewed NA #1 on 6/24/2015 and obtained her statement concerning Resident #1 ' s fall. She stated that NA #1 had stated " I did not know the resident needed two people for changing. This information was not relayed to me until after the fall and was not in her Kardex. " The Administrator stated that she and the DON reviewed the electronic Kardex which is intended to provide information concerning resident care needs to nurses and NA ' s, including how many staff are care planned to assist in ADL ' s. She stated that the Kardex was found not to contain information on how many staff are needed to assist the residents in ADL ' s. The administrator stated that she audited several resident ' s electronic Kardex ' s and determined the omission of the number of staff needed to assist resident ' s with ADL ' s was present in all of the audited Kardex ' s. She further stated NA #1 had been suspended from work pending the results of her investigation. The Administrator stated her expectation was for the Nurse ' s Aides and nurses to use the appropriate number of staff to perform resident ADL ' s as outlined in each resident ' s care plan.	F 282		
F 323	483.25(h) FREE OF ACCIDENT	F 323		7/29/15

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F 323 SS=G	Continued From page 7 HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, observations, resident interview and staff interviews the facility failed to prevent a fall resulting in a hip fracture for 1 of 3 sampled residents. (Resident #1) The findings included: Resident #1 was admitted to the facility on 5/22/2009 with diagnoses which included bipolar disorder, Cerebral Palsy, Diabetes, joint disease, limited mobility. The Minimum Data Set (MDS) dated 5/19/2015 indicated Resident #1 was moderately cognitively impaired. The MDS also indicated the resident required extensive assistance consisting of two person staff support with transfers, bed mobility, and hygiene care. The MDS also indicated the resident was totally dependent on staff for all activities of daily living (ADL ' s). Resident #1 ' s care plan dated 5/11/2015 indicated " the resident is at risk for falls due to Psycho-active drug use, incontinence, seizure disorder, and contractures. " The care plan indicated the goal as " the resident will not sustain serious injury through next review. " The care plan intervention included - " Assist x 2 staff for bed mobility " and " Assist x 2 staff for bathing. "	F 323	F 323 How corrective action will be accomplished for each resident found to have been affected by the deficient practice: -C.N.A involved in resident care at the time of fall was re-trained on 6/25/2015. How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: -Current residents plan of care tasks (electronic kardex in PCC) were audited for the level of assistance needed for ADLs. -Current residents plan of care tasks (electronic kardex in PCC) were updated with appropriate level of assistance needed for ADLs. C.N.As and Licensed nursing staff were in-serviced on location of documentation (electronic kardex in PCC)of appropriate level of assistance needed for ADLs.	

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F 323	Continued From page 8 Review of the facility Incident/Accident report for June, 2015 revealed the resident sustained a witnessed fall on 6/22/2015 at 7:10 pm while receiving hygiene care from NA #1 after an incident of incontinence. The facility report indicated Resident # 1 was assessed and a comprehensive accident report was filled out by a Licensed Practical Nurse (LPN). Review of the facility Accident Report dated 6/22/2015 revealed the following information concerning a fall involving Resident #1 on that date: " (NA #1) called for help from resident ' s room. This writer, (LPN #1) came to assist. Resident fell on left side of her bed during patient care and was lying face down and on her left side. Resident said, " I fell and my hip hurts. " The resident was assessed head to toe. Resident assisted to her back, vitals taken and stable, laceration to forehead cleaned, and ice pack applied as tolerated. The facility physician was called at 7:25 pm, new order to send to the hospital emergency room. 911 called, EMS (Emergency Medical Services) arrived and resident sent to Emergency Department) ED. " An Incident Report dated 6/22/2015 at 7:10 pm which related to Resident #1 ' s fall read: " Situation - fall on 6/22/2015. Resident was lying on left side holding on to side rail while receiving patient care from (NA #1) and when NA went to reach for wash clothes resident ' s legs began to slip off the bed. When (NA #1) tried to hold her (Resident #1) back her (NA #1 ' s) arm and hand landed in fecal matter and that ' s when she (NA #1) lost her and tried to hold onto the resident ' s gown and she (Resident #1) fell and hit her head on bed side table. Background - Resident unable to voice needs. Incontinent to B&B. Requires one assist with patient care and ADL ' s. Assessment/Appearance - This writer assessed	F 323	Measures to be put in place or systemic changes made to ensure practice will not re-occur: -All new LN's and C.N.As will receive education on where to locate information for appropriate assistance with ADL's during orientation. -All residents care plan tasks will be audited on admission and updated with changes by Unit Manager and/or designee. -Current residents care plan tasks will be audited for accuracy with Quarterly care plan review by Unit Manager and/or designee. -10% of total census will be audited to ensure staff are following appropriate assistance levels for ADLs by the SDC and or designee for daily Monday through Friday X 1 month, weekly X 1 month and monthly X 1 month. -Results of audits will be reviewed at Quality Assurance weekly Risk Management meeting for further problem resolution. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur-: -Results of audit will be reviewed at Quarterly Quality Assurance meeting X 1.	

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F 323	Continued From page 9	F 323		

resident head to toe, resident assisted to her back, vitals taken, laceration cleaned and ice pack applied as tolerated. Recommendations - use two assist with patient care and ADL ' s. Author: (LPN #1). "
LPN #1 was unavailable for an interview.
A Progress Note dated 6/22/2015 at 7:40 pm indicated the resident was taken to an acute care hospital emergency department by Emergency Transport Services at 7:45 pm. Resident #1 was diagnosed with a hip fracture as a result of the fall. Resident #1 remained in the hospital at the time of this investigation.
In a telephone interview with NA #1 on 7/01/2015 at 12:30 pm, she verified Resident #1 had fallen as described in the incident report. NA #1 stated she was changing Resident #1 when she lost control of her and the resident slid off of the bed onto the floor. NA #1 further stated she had not worked at the facility long and was not familiar with Resident #1 ' s care plan intervention of: two staff to assist with toileting, bathing, and bed mobility.
During an interview with the facility Administrator on 7/01/2015 at 12:50 am, she stated she had investigated the circumstances of Resident #1 ' s fall on 6/22/2015 and determined that NA #1 had not followed the care planned interventions of: " two staff to assist the resident with bed mobility and bathing. " The Administrator stated she had interviewed NA #1 on 6/24/2015 and obtained her statement concerning Resident #1 ' s fall. She stated that NA #1 had stated " I did not know the resident needed two people for changing. This information was not relayed to me until after the fall and was not in her Kardex. " The Administrator stated that she and the DON reviewed the electronic Kardex which is intended to provide information concerning resident care

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F 323	Continued From page 10 needs to nurses and NA ' s, She stated that the Kardex was found not to contain information on how many staff were needed to assist the residents in ADL ' s. The administrator stated that she audited several resident ' s electronic Kardex ' s and determined the omission of the number of staff needed to assist resident ' s with ADL ' s was present in all of the audited Kardex ' s. She further stated NA #1 had been suspended from work pending the results of her investigation. The Administrator stated her expectation was for the Nurse ' s Aides and nurses to use the appropriate number of staff to perform resident ADL ' s as outlined in each resident ' s care plan.	F 323		
F 431 SS=D	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.	F 431		7/29/15

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	345505	A. BUILDING _____ B. WING _____	C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA REHAB CENTER OF CUMBERLAND	4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306

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F 431	Continued From page 11 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. This REQUIREMENT is not met as evidenced by: Based on record review, observations, and staff interviews the facility failed to provide secure medication storage for 4 of 6 medication carts. The findings included: During a tour of the 700 hall of the facility on 6/30/2015 at 5:30 pm the medication storage cart on the hall was observed in the hallway with the medication drawers facing toward the hall. The cart was observed to be unsecured and unattended by staff. Continuous observation made from 5:30 pm to 5:37 pm revealed the medication cart remained unlocked and unsupervised for 7 minutes. The nurse (Nurse #5) responsible for the 700 hall medication cart was observed returning to the cart from the 600 hall at 5:37 pm. During an interview with Nurse #5 on 6/30/2015 at 5:38 pm, she stated she had left the medication cart to speak with a family member visiting a resident on the 600 hall. When asked why she had not locked the medication cart she stated " I was in a hurry and thought that I would be right back. " Nurse #5 further stated she	F 431	F431 How corrective action will be accomplished for each resident found to have been affected by the deficient practice: -Medication Carts were locked to secure medications 6/30/2015 How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: -Current nurses in-serviced on locking medication carts when not in attendance to secure medications. Measures to be put in place or systemic changes made to ensure practice will not re-occur: -All new LN¿s will receive education on keeping medication carts locked when unattended to secure medications during	

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F 431	Continued From page 12 understood the facility policy was for staff to lock a medication cart whenever they stepped away from it. She further stated she should not have left the cart unlocked. During a tour of the 800 hall of the facility on 6/30/2015 at 5:50 pm the medication storage cart on the hall was observed in the hallway next to resident room number 803 with the medication drawers facing toward the hall. The cart was observed to be unsecured and unattended by staff. Continuous observation made from 5:50 pm to 5:55 pm revealed the medication cart remained unlocked and unsupervised for 5 minutes. The nurse (Nurse #6) responsible for the 800 hall medication cart was observed returning to the cart from resident room number 807 at 5:55 pm. During an interview with Nurse #6 on 6/30/2015 at 5:56 pm, she stated she had left the cart to administer medications to the resident in room number 807. When asked why she had not locked the medication cart she stated " I thought that I had locked the cart. " Nurse #6 further stated she understood it was the facility policy that " nurses lock the medication carts whenever we are not monitoring them. " Nurse #6 stated she should have locked the medication cart before going into room #807 to administer medications. During a tour of the 100 hall and the 200 hall of the facility on 6/30/2015 at 6:10 pm the medication storage carts for the 100 hall and the 200 hall were observed parked at the nursing station with the medication drawers facing toward the halls. The carts were observed to be unsecured and unattended by staff. Continuous observation from 6:10 pm to 6:35 pm revealed the medication carts remained unlocked and unsupervised for 25 minutes. At 6:35 pm the	F 431	orientation. -4 Medication carts each unit will be audited for locked when not in attendance to secure medications by the DON and or designee for daily Monday through Friday X 1 month, weekly X 1 month and monthly X 1 month. -Results of audits will be reviewed at Quality Assurance weekly Risk Management meeting for further problem resolution. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur-: -Results of audit will be reviewed at Quarterly Quality Assurance meeting X 1 for further problem resolution if needed.	

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F 431	Continued From page 13 nurse (Nurse #7) responsible for the 100 hall medication cart and the nurse (Nurse #8) responsible for the 200 hall medication cart were observed returning to their medication carts from a room on the far end of the 100 hall. During an interview with Nurse #7 on 6/30/2015 at 6:38 pm, she stated she had left her medication cart to assist in the process of admitting a new resident on the 100 hall. When asked why she had not locked the medication cart she stated " I forgot to lock the cart. " Nurse #7 further stated it was not safe to leave a medication cart unlocked and unattended. Nurse # 7 stated she should not have left her medication cart unlocked while it was unsupervised. She further stated she understood the facility policy to keep medication carts locked when unattended. During an interview with Nurse #8 on 6/30/2015 at 6:45 pm, she stated she had left her medication cart to assist with admitting the new resident to the 100 hall. Nurse #8 stated she was the unit supervisor for second shift and was familiar with the policy to always lock a medication cart when it was unattended. Nurse # 8 stated she should have locked her medication cart prior to leaving it unattended. She further stated that as unit supervisor it was her expectation that nurses lock their medication carts whenever they leave them unattended. During an interview with the facility Administrator on 7/01/2015 at 9:30 am, she stated she had interviewed the four nurses who had left their medication carts unlocked on 6/30/2015 (Nurse #5, Nurse #6, Nurse #7, and Nurse #8). She stated " the nurses whose carts were not secured will receive disciplinary action. " She further stated the four nurses would not be allowed to return to work until they had completed in-servicing on the facility policy for safe	F 431		

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F 431	Continued From page 14 medication storage. The Administrator stated it was her expectation that nurses lock their medication carts whenever they step away from them. The Administrator provided a copy of the facility Medication Storage Policy. During an interview with the Director of Nursing (DON) on 7/01/2015 at 10:55 am, she stated it was her expectation that the facility nurses secure their medication carts by locking them whenever the carts were left unattended. During an interview with the SDC on 7/01/2015 at 4:30 pm, she stated it was her expectation that nurses follow the facility policy for safe medication storage. She stated nurses are expected to lock their medication carts whenever left unattended.	F 431		