

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

PRINTED: 02/24/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345554	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/28/2016
NAME OF PROVIDER OR SUPPLIER TRINITY GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 631 JUNCTION CREEK DRIVE WILMINGTON, NC 28412		
(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 & 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 observations and staff interviews, the</p>	F 431	Medications in medication refrigerator on	2/11/16	

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

TITLE

(X6) DATE

Electronically Signed

02/12/2016

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: 345554	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/28/2016
NAME OF PROVIDER OR SUPPLIER TRINITY GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 631 JUNCTION CREEK DRIVE WILMINGTON, NC 28412		
(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>facility failed to store medications at the refrigeration temperature specified by the manufacturer in 1 of 4 Medication Rooms (Unit C).</p> <p>The findings included:</p> <p>A review of the facility's policy entitled "Medication Storage" (dated 2009) read, in part: "9. Medications requiring refrigeration must be stored in a refrigerator (accepted temperature 36 o - 46 o Fahrenheit) located in the medication room at the nurses' station or other secured location. Medications must be stored separately from food and must be labeled accordingly."</p> <p>A review of manufacturers' product information included the following storage requirements: --Tubersol PPD solution (an injectable medication used as a diagnostic screening agent for tuberculosis) should be stored under refrigeration at 35o - 46o Fahrenheit (F). Do not freeze. Discard product if exposed to freezing. --Fluzone influenza vaccine should be stored between 35o - 46o F. Do not freeze. Discard if vaccine has been frozen. --Unopened Humalog insulin pens should be stored in a refrigerator (36o - 46o F), but not in the freezer. Do not use Humalog if it has been frozen.</p> <p>An observation was made of Unit C's Medication Room (Med Room) on 1/28/16 at 10:20 AM. The Med Room refrigerator temperature was noted to be 32o F. The contents of the refrigerator at the time of the observation included: 1 opened vial and 2 unopened vials of Tubersol PPD solution; 2</p>	F 431	<p>Unit C were discarded on 1/28/16.</p> <p>Refrigerator temperature was adjusted on 1/28/16 and re-checked within an hour. Temperature on re-check found to be within range (36 o - 46 o Fahrenheit).</p> <p>Temperature log used by nursing to monitor the temperature of medication refrigerators was updated on 1/28/16 to include correct parameters.</p> <p>Nursing in-service initiated on 1/28/16 on use of correct log and the process for correcting and/or reporting any temperature that falls outside of the acceptable range. In-service completed with all nurses on 2/11/16.</p> <p>Administrator will review temp logs of all medication refrigerators no less than once per week for eight weeks then quarterly for three quarters. Administrator will observe if correct temperature log is being used and if appropriate actions were taken by Nursing staff if temperature is found to be out of range. These findings will be documented on QA Log. This log will be included in quarterly QAPI meeting for review. First 8 entries to be completed by 4/8/16 and final entries by 1/20/17.</p> <p>If it is determined that a Nurse is not following correct procedure, he/she will repeat in-service. If same Nurse fails to follow correct procedure again, disciplinary action will be taken.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345554	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/28/2016
NAME OF PROVIDER OR SUPPLIER TRINITY GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 631 JUNCTION CREEK DRIVE WILMINGTON, NC 28412		
(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> <p>unopened vials of Fluzone influenza vaccine; and 1 unopened Humalog insulin pen labeled for use by Resident #59. A temperature log taped to the front of the refrigerator noted the temperature taken on 1/28/16 at 1:00 AM was 32o F. The temperature log included a notation at the top which indicated the reach-in refrigerator temperature should be = 41o F (no lower limit was specified).</p> <p>An interview was conducted on 1/28/16 at 10:20 AM with Medication Aide #1. Medication Aide #1 was present at the time of the Unit C Med Room observation and confirmed the refrigerator temperature was 32o F. When asked what she thought about the temperature of the refrigerator, the Med Aide indicated she thought it was, "okay."</p> <p>An interview was conducted on 1/28/16 at 10:55 AM with the facility's Director of Nursing (DON). During the interview, the DON reported medication refrigerator temperatures were monitored and recorded by the night shift nurse. The DON inspected the Unit C Med Room refrigerator and its contents. After reviewing the refrigerator temperature log, the DON acknowledged the temperature was recorded as 32o F on 1/28/16 at 1:00 AM and noted there were two additional dates in January (1/10/16 and 1/11/16) when the temperature was also recorded as 32o F. Upon inquiry, the DON stated the Med Room refrigerator temperature needed to be at least 36o F. She stated if the refrigerator temperature was less than 36 degrees, the nurse should have turned the temperature control knob up and rechecked the refrigerator to ensure it was in the appropriate range. The DON also stated she would have expected the night shift nurse to have notified maintenance if there was a</p>	F 431			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345554	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/28/2016
NAME OF PROVIDER OR SUPPLIER TRINITY GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 631 JUNCTION CREEK DRIVE WILMINGTON, NC 28412		
(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>concern about the refrigerator's temperature.</p> <p>An interview was conducted on 1/28/16 at 11:18 AM with the Director of Plant Operations. Upon inquiry, the Director reported he was not aware of a concern with the temperature control for the Unit C Med Room refrigerator. To date, the Director reported he had not received a maintenance request form drawing attention to this refrigerator. The Director indicated the nursing staff was responsible for making temperature adjustments to the Med Room refrigerators on a day to day basis. However, the Director reported he should have been informed if temperature adjustments made to the refrigerator were not fixing the problem or if there was a physical problem with the refrigerator itself.</p> <p>A telephone interview was conducted on 1/28/16 at 2:20 PM with Nurse #1. Nurse #1 was the night shift nurse who recorded Unit C's Med Room refrigerator temperature as 32o F on 1/28/16 at 1:00 AM. Nurse #1 confirmed the Med Room refrigerator temperatures were monitored and recorded once daily on the night shift. She reported the acceptable temperature range for the medication refrigerator was 32o - 40o F. Upon inquiry, the nurse recalled checking the temperature of the Unit C Med Room refrigerator in the night. Nurse #1 reported she did not make any temperature adjustments to the refrigerator since she thought 32o F was within the acceptable temperature range for the refrigerator.</p> <p>A follow-up interview was conducted on 1/28/16 at 2:28 PM with the DON. During the interview, the DON reported the Med Room refrigerator monitoring log used for Unit C was the wrong temperature log. The DON reported the</p>	F 431			

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

PRINTED: 02/24/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345554	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/28/2016
NAME OF PROVIDER OR SUPPLIER TRINITY GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 631 JUNCTION CREEK DRIVE WILMINGTON, NC 28412		
(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 monitoring log used was intended for the kitchen refrigerators, not the Med Room refrigerator. She stated the correct temperature monitoring logs were now being used and staff education had been initiated on the use of them.	F 431			