

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

PRINTED: 05/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345383	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/07/2016
NAME OF PROVIDER OR SUPPLIER SCOTTISH PINES REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 JOHNS ROAD LAURINBURG, NC 28352		
(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	Scottish Pines Rehabilitation and Nursing	4/30/16	

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

TITLE

(X6) DATE

Electronically Signed

05/02/2016

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.

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F 431	<p>Continued From page 1</p> <p>facility failed to lock 1 of 7 medication carts located in the facility when the cart was left unattended on the Aberdeen Hall directly outside room 509 and failed to secure medications for 1 (Resident #1) of 122 residents when 2 of Resident #1's medications were left on top of the unattended cart.</p> <p>The findings included:</p> <p>Facility's Cart Management policy for medications states "All carts will be locked when not in direct eyesight of the nurse supervising the cart" and "all medications will be observed by the nurse until administered."</p> <p>Continuous observation of the medication cart identified as the Aberdeen Hall cart on 4/07/2016 from 6:40 AM until 6:50 AM revealed the medication cart was unlocked and unattended by Nurse #1 who was not present on the Aberdeen Hall. Nurse #1 was not in direct view of the cart during this time. The lock in the center of the cart was in the unlocked position and drawers could be opened. There were no residents in the hallway at the time.</p> <p>Interview with Nurse #1 on 4/07/2016 at 6:55 AM revealed she was responsible for the Aberdeen Hall medication cart and that she had left 2 of Resident #1's medication on top of the unattended cart. Nurse #1 stated "I left my cart and went to another hallway to attend to a resident." Nurse #1 stated she was aware that the medication cart was to be locked when she was not in direct eyesight of the cart and that resident medications were not to be removed from the cart and left unattended. The nurse stated she could not see the cart from where she</p>	F 431	<p>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.</p> <p>The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Scottish Pines Rehabilitation and Nursing. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.</p> <p>F431</p> <p>1) Facility Assistant Director of Nursing provided 1:1 with Nurse #1 regarding facility policy that all carts must be locked when not in direct eyesight of the nurse and all medications must be observed by the nurse until administered.</p> <p>2) On 4/9/2016, all licensed nursing staff and medication aides were re-in serviced by facility Assistant Director of Nursing on facility policy on ensuring medication cart is locked when not in direct eyesight of the nurse or medication aide and all medications must be observed by the nurse or medication aide until administered by resident.</p> <p>3) On 4/8/2016 and ongoing, facility Unit Coordinator or designee has been assigned to complete daily random cart checks while making rounds to ensure</p>		

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F 431	<p>Continued From page 2</p> <p>was on the other hallway. Nurse #1 stated "I should not have left the cart unlocked or the medications unattended where other residents could get them." Nurse #1 identified the eyedrops as Prednisolone Suspension 1% (an antiinflammatory steroid eye drop) and the blue pill in the medication cup as Vimpat (a therapeutic anticonvulsant, schedule V). The nurse stated she would discard the unattended pill and replace the unattended eye drops.</p> <p>An interview on 4/07/2016 at 9:15 AM with the facility administrator revealed the it was her expectation that staff follow facility policy to lock medication carts when not in direct view and not to leave resident medications unattended at any time once removed from the cart. The administrator stated nurses were trained to follow this policy.</p>	F 431	<p>that medication carts are locked at all times when not within direct eyesight of nurse or medication aide and that no medications are left on top of medication cart unobserved by nurse or medication aide.</p> <p>4) Any cart discrepancies reported by facility Unit Coordinator during audits will be addressed through disciplinary action notices with those particular employees reported to not follow facility policy.</p> <p>5) On 4/30/16, signage that reads, "Before you walk away... Did you lock your med cart?!?" placed on each medication cart that reminds nurses and medication aides to always check to ensure medication cart locked before walking out of direct eyesight of medication cart.</p> <p>6) Director of Nursing Services or appropriate designee will complete random checks on medication carts monthly X 3 months, then quarterly x 3 quarters and as needed.</p> <p>7) Outcomes of compliance with random cart checks will be reviewed at morning administration meeting weekly x 4 weeks, and as needed. Any discrepancies/corrections will be addressed immediately by the Director of Nursing Services, or appropriate designee.</p> <p>8) Following this, the Director of Nursing Services, or appropriate designee, will bring results of compliance with plan to the facility monthly QA meeting x 2months for review by all committee members. Discussion of compliance/non-compliance will be entered into the committee meeting</p>		

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F 431	Continued From page 3	F 431	<p>minutes.</p> <p>9) This will be followed by results of compliance with plan being brought to the facility quarterly QA meeting by the Director of Nursing Services, or appropriate designee, quarterly X 3 quarters. Discussion of compliance/non-compliance will be entered into the committee meeting minutes.</p> <p>10) Any non-compliance with the medication cart checks will require QA committee members to review plan and develop modifications as needed.</p> <p>11) Any modification to the plan will require re-in servicing of applicable nursing personnel by the Director of Nursing Services, or appropriate designee.</p> <p>12) Any modifications to the plan will require monitoring of such revisions and subsequent outcomes to begin again with Step 9.</p>		