

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/12/2016
NAME OF PROVIDER OR SUPPLIER RALEIGH REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 616 WADE AVENUE RALEIGH, NC 27605	
(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 241} SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff and resident interview, the facility failed to respond to resident's request for assistance for 1 (Resident #142) of 3 sampled residents reviewed for dignity which made the resident cry and miserable. Findings included: Resident #142 was admitted to the facility on 7/9/15 with multiple diagnoses including stage 4 pressure ulcer. The quarterly Minimum Data (Set MDS) assessment dated 2/25/16 indicated that Resident #142's cognition was intact with a BIMS (Brief Interview for Mental Status) score of 15. The assessment also indicated that the resident needed extensive assistance with toileting. The assessment also indicated that the resident had adequate vision. The care plan dated 3/8/16 indicated that Resident #142 had an indwelling urinary catheter. The nurse's notes for Resident #142 were reviewed. The notes dated 3/2/16 at 2:25 PM indicated that the nurse was called by the nurse aide to the room of Resident #142 and found the resident's pad to be wet and the catheter was leaking. The notes further indicated that the resident complained of irritation upon urination. The catheter was removed and was replaced. The notes dated 4/6/16 at 3:03 PM indicated that the catheter was found to be leaking and reported to the nurse by the nurse aide. The nurse</p>	{F 241}	<p>F241 Dignity and respect of individuality</p> <p>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 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.</p> <p>1. Interventions for affected resident: Resident #142 had her catheter removed on 4/6/16. Since 4/6/2016, she has been incontinent and is being provided incontinent care as needed. The Director of Nursing discussed with her how to call for assistance as often as needed and that she may discuss issues/concerns with any staff member. This occurred on 4/13/2016. A care planning with Inner-Disciplinary Team will occur on 4/25/2016 with the</p>	4/28/16

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

TITLE

(X6) DATE

Electronically Signed

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 241}	<p>Continued From page 1</p> <p>assessed the catheter and the balloon was found to have 20 centimeter (cc) of water. The notes further indicated that the balloon should have 30 cc of water and so the nurse re-inflated the balloon to have 30 cc of water. The notes also indicated that the doctor was made aware and a urology consult was made to address issue of continuous leaking of the catheter. On 4/6/16 at 7:20 PM, the notes indicated that the doctor had ordered to discontinue the catheter and to cancel the urology appointment and the catheter was removed.</p> <p>The wound doctor progress notes dated 4/6/16 was reviewed. The hand written notes were hard to read but it addressed the resident's leaking catheter.</p> <p>On 4/11/16 at 9:05 AM, Resident #142 was interviewed. She indicated that last week (April 6), she was lying on a soaking wet brief from 10:30 AM to 3:30 PM. She was miserable, could not stand lying on a soaking wet brief and cried the whole time. Resident #142 stated that NA #1 (assigned to her) had changed her disposable brief that morning of 4/6/16. NA #1 was aware that her catheter was leaking and heard her informing Nurse #1 about it. The resident revealed that Nurse #1 did not come to check her catheter after the NA had informed her. Around 1 PM that day (4/6/16), Nurse #2 (Wound Nurse) and the wound doctor came to assess her wounds and to change the dressing. Nurse #2 did not change the dressing to her wounds because she was soaking wet and her catheter was leaking. Resident #142 indicated that she heard Nurse #2 informing Nurse #1 to check her catheter as it was leaking and she was wet. Nurse #2 informed her that she would be back to change her dressing later. Resident #142 stated that Nurse #1 did not come to check her catheter</p>	{F 241}	<p>resident and her responsible party to review care. Resident verbalized no concerns at that time regarding incontinence needs or care needs during that meeting.</p> <p>2. Interventions for residents identified as having the potential to be affected: Beginning on 4/15/2016 the Director of Nursing(DON), Regional Clinical Director(RCD), Assistant Director of Nursing(ADON), Staff Development Coordinator(SDC), Minimum Data Set(MDS) Nurse, and Unit Managers(UM) were each assigned one hall in the facility. Each staff began conducting rounds on the residents to observe dignity and to inspect the physical layout for any potential concerns regarding care. Examples include call bell location, resident understanding and convenience for each individual to use the call bell, check water pitchers, bedside table placement. Concerns that were found during audits and immediately corrected at that time. The completed audit was presented to the DON at morning clinical meeting on 4/16/2016 and findings were discussed and acted upon as necessary.</p> <p>3. Systematic Change: All facility staff were required to be in-serviced in the area of dignity and respect. Facility staff attended all staff in-services from 4/14/2016 □ 4/16/2016 regarding dignity and respect. They included facility staff who are full time(FT), part time(PT) or as needed(PRN) across all shifts. They included all departments. These in-services were conducted by the Administrator, DON and a representative</p>		

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{F 241}	<p>Continued From page 2</p> <p>after Nurse #2 informed her about the leaking catheter. It was around 3:30 PM, when NA #2 (3-11 shift NA) came to her room and saw her crying and she told her that she was lying on a soaking wet brief from 10:30 AM and her catheter was leaking. Two NAs (NA #3 & NA #4) came around 3:30 PM to provide incontinence care for her. Resident #142 indicated that Nurse #2 came around 5 PM and changed the dressing to her wounds and Nurse # 1 came after 6 PM to remove her catheter.</p> <p>On 4/11/16 at 9:30 AM, Nurse #2 was interviewed. Nurse #2 stated that last week (4/6) around 12:30 PM - 1 PM, she went to the room of Resident #142 with the wound doctor to assess the resident's wounds and to change her dressing. When she removed the resident's cover and looked at the wounds on the resident's thigh, she noticed a big pool of urine under her. The wound doctor had also observed that the resident was wet and that her catheter was leaking. She decided not to change the dressing and to come back later. She then informed Nurse #1 to check the resident's catheter as it was leaking and she was wet. She and the wound doctor proceeded to see other residents. Around 5 PM, she came back to the resident's room to change the wound dressing and found the resident crying. She was informed by the resident that she was lying on a soaking wet brief since 10:30 AM and was changed at 3:30 PM. The resident also informed her that Nurse #1 never come to check her catheter. Nurse #2 stated that around 6 PM, the resident's doctor was in the building and had asked her if the resident's catheter could be removed and she responded that it could be removed as long as she was kept dry due to her wounds.</p>	{F 241}	<p>from Alliant Quality, Quality Initiative Organization(QIO), and SDC. The in-services included education, small group participation regarding dignity and respect and root cause analysis. All staff unable to attend the in-service preformed on 4/14/2016-4/16/2016 will be in-serviced as they are scheduled to work prior to starting their assigned shift by DON, ADON, or SDC. Newly hired employees will receive similar training by the SDC prior to working with residents.</p> <p>4. Monitoring of the change to sustain system compliance ongoing: Room audits for dignity and respect will be preformed seven days a week on all shifts for two weeks, then five days a week on all shifts for four weeks, then three times a week on all shifts for six weeks to be completed by the DON, ADON, SDC, MDS, RCD, or UM. Concerns that are identified will be corrected at that time. Monthly for a minimum of three (3) months, the Director of Nursing or Assistant Director of Nursing will report audit findings from the audit of residents rooms regarding dignity issues to the Quality Assurance and Performance Improvement Committee. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained ongoing; and determine the need for further auditing beyond the three (3) months.</p>		

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PRINTED: 05/09/2016
FORM APPROVED
OMB NO. 0938-0391

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{F 241}	Continued From page 3 On 4/11/16 at 10:50 AM, NA #1 was interviewed. NA #1 stated that she was assigned to Resident #142 on 4/6/16 on 7-3 shift. She indicated that right after 7 AM that day, she checked the resident and she was wet. Around 9:30 -10:00 AM, the resident was wet again and had changed her brief. She noticed that the resident's catheter was leaking and she informed Nurse #1 about it. NA #1 indicated that she didn't know if Nurse #1 had checked the resident's catheter or not. NA #1 stated that there were student aides that day and they helped with incontinence care. NA #1 could not remember if she had checked the resident for incontinence after lunch but she indicated that according to the resident she did not check her or provided her with incontinence care. On 4/11/16 at 11:00 AM, Nurse #1 was interviewed. Nurse #1 was assigned to Resident #142 on 4/6/16 on 7A - 7P shift. Nurse #1 stated that she was informed that the catheter of Resident #142 was leaking but she could not remember the exact time she was informed and who informed her. She indicated that she checked the resident's catheter around 10:30-10:45 AM and informed the doctor who was in the building that the catheter was leaking. The doctor had ordered to discontinue the catheter and she removed the catheter around 11:45 AM. On 4/11/16 at 2:15 PM, Nurse #1 was again interviewed to clarify information after reading the nurse's notes of Resident #142. Nurse #1 indicated that the time documented in the nurse's notes was not the same time she checked the catheter or removed the catheter. She further	{F 241}			

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{F 241}	<p>Continued From page 4</p> <p>indicated that she did not remember the exact time she had checked the catheter or removed the catheter. She also indicated that she did not inform NA #1 after she had checked the resident's catheter.</p> <p>On 4/11/16 at 3:30 PM, Resident #142 was again interviewed. The resident indicated that NA #1 was aware that she was wet due to her leaking catheter but the NA was waiting for Nurse #1 to check her catheter. After lunch, the student aides came to her room to empty her catheter bag.</p> <p>On 4/11/16 at 4:20 PM, NA #2 was interviewed. NA #2 had worked 3-11 shift on 4/6/16 on the hall where Resident #142 resided. NA #2 stated that around 3:30 PM on 4/6/16, she went to the room of Resident #142. She observed the resident was crying and when asked what happened, the resident informed her that she had been lying on a soaking wet brief since before lunch. NA #2 indicated that she had observed 2 NAs (NA# 3 & NA #4) provided incontinence care to the resident and had to change the brief, the draw sheet and the pad on the resident's bed.</p> <p>On 4/11/16 at 4:45 PM, NA #3 was interviewed. She stated that she was assigned to Resident #142 on 4/6/16 on 3-11 shift. She stated that around 3:30 PM, she was called to the resident's room and found the resident wet. She added that with the help of NA #4, they provided incontinence care to the resident. NA #3 did not remember if they had changed the resident's draw sheet or pad that day but her brief was wet.</p> <p>NA #4 was not available for interview.</p> <p>On 4/12/16 at 2:45 PM, the Director of Nursing was interviewed. He stated that he was informed</p>	{F 241}			

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{F 241}	Continued From page 5 of the incident regarding Resident #142 on 4/11/16 and he had talked to Nurse #1 about it. He stated that the information conveyed to us by the resident was the same information he gathered from the resident during the interview.	{F 241}			
{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. 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	{F 431}		4/28/16	

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{F 431}	Continued From page 6 be readily detected. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to discard an expired medication and to date medications when opened on 2 (carts A & B on 4th floor) of 4 medication carts observed. Findings included: The facility's policy on medication storage dated 3/31/16 was reviewed. The policy for Advair Diskus (used to treat Asthma and Chronic Obstructive Pulmonary Disease) indicated " date the diskus when removed from the foil pouch and discard 1 month after removal from the pouch or after all blisters have been used, whichever comes first. " The policy for Pulmicort Respules (used to treat Asthma) indicated " date once the foil envelope is opened and discard unused portion 2 weeks after opening the foil envelope. " 1. On 4/11/16 at 3:55 PM, the medication cart B on 4th floor was observed. Observed a used Advair diskus with an opened date of 2/19/16 and an opened foil of Pulmicort/Budesonide with 3 ampules inside the foil and the foil was undated. The pharmacy instruction written on the bag of Advair diskus read " expires 1 month after opening. " The manufacturer's instruction written on the box of Pulmicort read " once the foil is opened, use the vials within 2 weeks. " On 4/11/16 at 4:15 PM, Nurse #1 was interviewed. She indicated that she had called the pharmacy and the pharmacy indicated that the last Advair that was requested and sent for the resident was on 2/18/16 and she stated that the pharmacy will send a new one on their next delivery. Nurse #1 also stated that Advair diskus	{F 431}	F431 Drug records, label/store drugs and biological 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 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. 1. Interventions for affected resident: No residents were named in this citation. 2. Interventions for residents identified as having the potential to be affected: Any resident requiring medications can be affected by this practice. Regional clinical director(RCD), Director of nursing(DON), assistant director of nursing(ADON), staff development coordinator(SDC) and unit manager(UM), and central supply clerk completed an initial inspection of the facility medication carts and medication rooms on 4/13/2016 and discarded any outdated and/or unlabeled medications from facility. From 4/13/2016-4/22/2016,		

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{F 431}	<p>Continued From page 7</p> <p>was good for 1 month after opening and confirmed that the Advair was already expired. Nurse #1 also indicated that the date should have been written on the foil of Pulmicort when it was first opened but confirmed that it was not dated.</p> <p>2. On 4/11/16 at 4:20 PM, the medication cart B on 4th floor was observed and found an opened bottle of UTI stat (urinary liquid supplement) less than half full that was undated. The instruction on the bottle of the UTI Stat read " discard 3 months after opening, record date opened on bottom of container. "</p> <p>On 4/11/16 at 4:25 PM, Nurse # 3 was interviewed. Nurse #3 stated that the bottle of the UTI Stat should have been dated when opened and she verified that it was not dated.</p> <p>On 4/12/16 at 3:20 PM, the administrator was interviewed. He stated that the night shift nurses were responsible for checking the medication carts for expired medications and dates but from now on, he will have the Director of Nursing to check the medication carts every day for 10 days.</p>	{F 431}	<p>the DON and/or RCD have inspected all medication carts once daily. Medications that were identified as expired or outdated were removed from the medication carts and medication rooms immediately. Beginning on 4/22/2016, SDC, ADON or UM will review all medication carts daily for outdated or undated medication, and submit documentation of the medication cart audits to the DON, ADON, SDC, or RCD during daily morning clinical meetings.</p> <p>3. Systematic Change: SDC and pharmacy representative in-serviced licensed all nursing staff and medication aides across all shifts to include, full time(FT), part time(PT) and as needed(PRN) staff from 4/14/2016-4/25/2016 on how to maintain medication carts and medication rooms free from expired medication and with proper labeling. All staff unable to attend the in-service preformed on 4/14/2016-4/25/2016 will be in-serviced as they are scheduled to work prior to starting their assigned shift by DON, ADON, or SDC. Newly hired facility nursing staff will be trained by the SDC prior to administering medications.</p> <p>4. Monitoring of the change to sustain system compliance ongoing: DON, ADON, SDC or UM will complete medication cart audits once daily seven days a week, and discuss in clinical meeting starting 4/22/2016 – 5/27/2016. Medication room audits will begin daily on 4/26/2016 and follow the same schedule as the medication carts. From 5/27/2016 – 6/24/2016, the audits will be conducted</p>		

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{F 431}	Continued From page 8	{F 431}	once daily five times weekly for four weeks. From 6/24/2016 – 7/8/2016, it will be completed once daily, two times per week. Monthly for a minimum of three (3) months, the Director of Nursing will report audit findings from Medication cart audits to the Quality Assurance and Performance Improvement Committee. The Quality Assurance and Performance Improvement Committee will review the audits and make recommendations as needed to ensure compliance is sustained and ongoing; and determine the need for further auditing beyond the three (3) months.		
{F 520} SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p>	{F 520}		4/28/16	

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{F 520}	<p>Continued From page 9</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews, resident interviews, staff interviews and observations, the facility ' s Quality Assessment and Assurance committee failed to implement, monitor and revise as needed the action plan developed for the 3/10/16 recertification survey. The facility had a pattern of repeat deficiencies in the areas of dignity and medication storage. The continued failure of the facility during two federal surveys of record show a pattern of the facility ' s inability to sustain an effective Quality Assessment and Assurance program. The findings included:</p> <p>This tag is cross referenced to: 1a. F 241. Dignity: Based on record reviews, staff interviews and resident interview, the facility failed to respond to a resident ' s request for assistance for 1 (Resident # 142) of 3 sampled residents reviewed for dignity which made the resident cry and miserable.</p> <p>The facility was cited for F 241 for failing to respond to a resident ' s request for assistance in a timely manner during the 3/10/16 recertification survey.</p> <p>b. F 431. Medication Storage: Based on record reviews, observations and staff interview, the facility failed to discard an expired medication and to date medications when opened in 2 (carts A & B on 4th floor) of 4 medication carts observed.</p>	{F 520}	<p>F520 QAA Committee/Meet Quarterly/plans</p> <p>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 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.</p> <p>1. Interventions for affected resident: F241- Resident #142 had her catheter removed on 4/6/16. Since 4/6/2016, she has been incontinent and is being provided incontinent care as needed. The Director of Nursing discussed with her how to call for assistance as often as needed and that she may discuss issues/concerns with any staff member. This occurred on 4/13/2016. A care planning with Inner-Disciplinary Team will occurred on 4/25/2016 with the resident and her responsible party to</p>		

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NAME OF PROVIDER OR SUPPLIER RALEIGH REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 616 WADE AVENUE RALEIGH, NC 27605		
(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 520}	Continued From page 10 The facility was cited for F 431 for failing to discard expired Novolog insulin vial during the 3/10/16 recertification survey. An interview was conducted with the Administrator on 4/12/16 at 3:30 PM. The Administrator did not offer an explanation as to why the facility had a pattern of repeat deficiencies for dignity. He stated the Director of Nursing (DON) was responsible for monitoring the medication carts for expired medications and for medications not labeled with the date opened. The Administrator stated he expected the DON to monitor the all medications carts himself for the next 12 days.	{F 520}	review care. Resident verbalized no concerns at that time regarding incontinence needs or care needs during that meeting. F431- No resident was named in this citation. 2. Interventions for residents identified as having the potential to be affected: F241- Beginning on 4/15/2016 the Director of Nursing(DON), Regional Clinical Director(RCD), Assistant Director of Nursing(ADON), Staff Development Coordinator(SDC), Minimum Data Set(MDS) Nurse, and Unit Managers(UM) were each assigned one hall in the facility. Each staff began conducting rounds on the residents to observe dignity and to inspect the physical layout for any potential concerns regarding care. Examples include call bell location, resident understanding and convenience for each individual to use the call bell, check water pitchers, bedside table placement. Concerns that were found during audits and immediately corrected at that time. The completed audit was presented to the DON at morning clinical meeting on 4/16/2016 and findings were discussed and acted upon as necessary. F431- Any resident requiring medications can be affected by this practice. Regional clinical director(RCD), Director of nursing(DON), assistant director of nursing(ADON), staff development coordinator(SDC) and unit manager(UM), and central supply clerk completed an initial inspection of the facility medication carts and medication rooms on 4/13/2016 and discarded any outdated and/or		

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{F 520}	Continued From page 11	{F 520}	<p>unlabeled medications from facility. From 4/13/2016-4/22/2016, the DON and/or RCD have inspected all medication carts once daily. Medications that were identified as expired or outdated were removed from the medication carts and medication rooms immediately. Beginning on 4/22/2016, SDC, ADON or UM will review all medication carts daily for outdated or undated medication, and submit documentation of the medication cart audits to the DON, ADON, SDC, or RCD during daily morning clinical meetings.</p> <p>3. Systematic Change: F241- All facility staff were required to be in-serviced in the area of dignity and respect. Facility staff attended all staff in-services from 4/14/2016 □ 4/16/2016 regarding dignity and respect. They included facility staff who are full time(FT), part time(PT) or as needed(PRN) across all shifts. They included all departments. These in-services were conducted by the Administrator, DON and a representative from Alliant Quality, Quality Initiative Organization(QIO), and SDC. The in-services included education, small group participation regarding dignity and respect and root cause analysis. All staff unable to attend the in-service preformed on 4/14/2016-4/16/2016 will be in-serviced as they are scheduled to work prior to starting their assigned shift by DON, ADON, or SDC. Newly hired employees will receive similar training by the SDC prior to working with residents.</p>	

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{F 520}	Continued From page 12	{F 520}	<p>F431- SDC and pharmacy representative in-serviced licensed all nursing staff and medication aides across all shifts to include, full time(FT), part time(PT) and as needed(PRN) staff from 4/14/2016-4/25/2016 on how to maintain medication carts and medication rooms free from expired medication and with proper labeling. All staff unable to attend the in-service preformed on 4/14/2016-4/25/2016 will be in-serviced as they are scheduled to work prior to starting their assigned shift by DON, ADON, or SDC. Newly hired facility nursing staff will be trained by the SDC prior to administering medications.</p> <p>F520- There will be regional oversight for the Quality assurance performance improvement(QAPI) members for the next 3 months on 5/10/2016, 6/14/2016 and 7/12/2016. Alliant Quality, Quality Improvement Organization(QIO) will assist in this process. Additionally, Alliant Quality QIO will provide an in-service to members of the quality assurance(QA) Team on 5/10/2016.</p> <p>4. Monitoring of the change to sustain system compliance ongoing: Monthly for a minimum of six (6) months, the Director of Nursing will report audit findings related to dignity and respect, and medication storage to the Quality Assurance and Performance Improvement Committee. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained and ongoing; and determine the need for</p>		

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{F 520}	Continued From page 13	{F 520}	further auditing beyond the six (6) months.		