STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345302	A. BUILDING _____ B. WING _____	05/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE RIDGE ON THE MOUNTAIN	417 MOUNTAIN TRACE ROAD SYLVA, NC 28779

(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	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY 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. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff and resident interviews the facility failed to ensure personal hygiene, which consisted of the removal of chin hair for 1 of 1 residents reviewed for dignity (Resident #65). The findings included: Resident #65 was admitted to the facility on 08/22/13 with diagnoses that included chronic pain, weakness, and dementia among others. Review of her quarterly Minimum Data Set dated 04/10/16 indicated Resident #65 was cognitively intact, had highly impaired vision, and required extensive assistance to total care for most activities of daily living (ADLs), which included personal hygiene, with 1 to 2 person assistance. Review of Resident #65's care plan updated as recently as 04/19/16 revealed she received assessment of her ADL and vision needs with interventions that included assistance with ADLs as needed. An observation of Resident #65 on 05/02/16 at 11:50 AM indicated she had numerous ¼ to ½ inch white hair on her chin. On 05/03/16 at 4:00 PM an observation of Resident #65 revealed she continued to have ¼ to ½ inch long hair on her chin. On 05/04/16 at 4:05 PM an interview and observation was conducted with Resident #65. The hairs on her chin remained without being	F 241	F-241 1. Resident #65 chin hair was removed on 5/4/16 2. Residents currently residing in the facility has a potential to be affected were reviewed. Current Resident Census Report dated 5/17/16 for Review of residents residing in the facility completed 5/27/16. 3. Current nursing staff was in-serviced by ADON/SDC on ADL Care including chin hair removal completed 5/27/16. Monitoring in place to validate ADL care including chin hair removal will be recorded using Daily Room Rounds Form completed by IDT team turned in and reviewed at morning meeting daily, On Shower Days using Shower Log the CNA will observe and record if chin hair removal needed or removed and 5 residents randomly reviewed each week using the Shower Log Form and Daily Room Rounds Form to ensure problem does not occur and results recorded on Morning Meeting Agenda Form Weekly for 12 weeks and reviewed at QAPI Committee. 4. The results of the Quality Improvement	6/2/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/19/2016

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F 241	Continued From page 1 trimmed. She revealed she had a shower on Tuesdays and Fridays. She stated she had a shower on 05/03/16, but no one offered to cut her chin hairs. Resident #65 stated staff did not cut her chin hair unless she asked them. She indicated she did not see well enough to know when they needed to be trimmed, but she did not like them and wished staff would keep them cut. Resident #65 stated she would not allow them to grow if she could care for them herself. She stated she could not recall the last time the hair on her chin had been cut. On 05/04/16 at 4:15 PM an interview was conducted with the Director of Nursing (DON). She stated Resident #65 had received a shower on 05/03/16. She stated when showers are given to residents, all needed care should be provided, which included shaving the men and trimming any needed chin hair for the ladies. The DON revealed this care did not need to be requested by the residents, it should be provided or offered each time a shower was given. On 05/04/16 at 4:25 PM an observation of Resident #65 was conducted with the DON. She acknowledged that Resident #65's chin hair was long and should have previously been cut during one of her shower visits, or whenever it was needed. On 05/05/16 at 10:45 AM Resident #65 was observed to have her chin hair removed. She stated the nurse came in the previous night and shaved her chin hair. Resident #65 stated she wished the staff would shave her move often because she did not like to lie around with a beard. She indicated she appreciated getting them cut because she could not see them and did not always know when her chin hair needed to be shaved. On 05/05/16 at 1:00 PM an interview was	F 241	monitoring will be reported by the Director of Nursing/ADON/Unit Manager to the Quality Assurance Performance Improvement Committee monthly for 3 months. The QAPI committee will recommend revisions as indicated to sustain substantial compliance.	

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F 241	Continued From page 2 conducted with NA#3. She stated when showers were given, all needed care should be provided. She indicated if the women needed their chin hair cut, that care should be provided, but it should be provided anytime the need was observed by staff. NA#3 stated trimming the chin hair of the female residents should be provided or offered without the care being requested. On 05/05/16 at 1:15 PM an interview was conducted with the DON. She stated she understood Resident #65 was bothered by her chin hair. She stated it was her expectation that the ladies received personal hygiene care which included trimming chin hair whenever it was needed.	F 241		
F 282 SS=D	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 observations, medical record review, family interview, and staff interviews the facility failed to follow the care plan for 1 of 16 residents (Resident #4) dependent on staff for personal hygiene and oral care. Resident #4 was admitted to the facility on 06/08/13 with diagnoses which included Alzheimer's disease, anxiety, malnutrition and arthritis. The significant change Minimum Data Set (MDS) dated for 05/04/16 indicated Resident #4 required extensive assistance with bed mobility and eating, and required total assistance	F 282	F-282 1. Resident #4 care plan and Kardex reviewed for consistency, proper personal hygiene washing hands and oral care provided after meals. 2. Residents currently residing in the facility has a potential to be affected were reviewed. Care plans and Kardex reviewed for consistency completed on 5/27/16. 3. Current nursing staff was in-serviced by	6/2/16

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F 282	Continued From page 3 with transfers, hygiene and toileting. During an interview with a family member of Resident #4 on 05/03/16 at 12:01PM, the family member indicated she did not feel the staff had provided adequate personal hygiene care (washing hands with soap and water before every meal or using a towelette provided by family) or oral care (brushing teeth and dentures after every meal) for Resident #4. During an observation of Resident #4 on 05/04/16 at 9:11AM, she was noted to be missing several teeth. Upon observation of her room she was noted to have a partial dental plate sitting in clear fluid in a see through cup on her dresser table at the side of her bed. Her upper extremities were covered with a blanket and her hands were not viewed. A medical record review conducted indicated the Care Area Assessment (CAA) of the MDS had an analysis of findings indicating Resident #4 was "severely impaired with cognition" and "staff complete hygiene tasks." The care plan that was initiated in 2015 and currently being used, listed a goal for ADL needs to be met daily. Approaches to meet this goal included 1) wash hands before meals with soap and water or towelette provided by family and 2) provide oral and denture care after each meal. During a joint interview with Nurse Aide #1 (NA #1) and Nurse Aide #2 (NA #2) on 05/04/16 at 2:41PM, both NAs indicated they assisted Resident #4 together on 05/03/16 from 7AM to 11PM and on 05/04/16 from 7AM to the interview time of 2:41PM. NA #1 indicated Resident #4 needed the assistance of 2 persons with care. NA #1 further indicated they provided care on 05/03/16 before and after breakfast, lunch and dinner, and on 05/04/16 before and after	F 282	ADON/SDC/MDS on Care provided as it related to Care plan and Kardex matching and nursing staff are permitted to review the care plan along with the Kardex including oral hygiene and hand washing completed 5/27/16. Initial complete review of current residents Care plans will be reviewed by the MDS Coordinator and matched to the Kardex for consistency and updated as needed. Monitoring in place to ensure care plans match the Kardex will be achieved by a random review of 5 residents Kardex and care plans weekly by MDS Coordinator/DON and brought to morning meeting and recorded on Morning Meeting Agenda Form weekly for 12 weeks 4. The results of the Quality Improvement monitoring will be reported by the Director of Clinical Services/Unit Manager to the Quality Assurance Performance Improvement Committee monthly for 6 months. The QAPI committee will recommend revisions as indicated to sustain substantial compliance.	

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F 282	Continued From page 4	F 282		

breakfast and lunch. Both NAs indicated they had not washed Resident #4's hands with soap and water or used a towelette before any of the meals on 05/03/16 or 05/04/16. Both NAs also indicated Resident #4 only had her teeth brushed once (during her shower) on 05/03/16 and they had not been brushed yet on 05/04/16. Both NAs were asked how they knew what care to provide for the residents. NA #2 stated they have a kardex that had everything they were supposed to do. NA #1 agreed the kardex was their care guide for all the residents. When asked if they knew what was on the care plan for Resident #4 they both indicated they had been told by a nurse they were not allowed to look at the care plans and had to follow what was listed on their kardex. NA #2 left the room and brought back the kardex reading through everything they were to do for Resident #4. The kardex included over 20 different written instructions for additional care for the resident. NA #1 and NA #2 both acknowledged they were not aware Resident #4 was supposed to have her hands washed with soap and water or a towelette before each meal nor were they aware she was supposed to have her teeth/dentures brushed after every meal since these 2 directives were not listed on the kardex.

During an interview with Nurse #1 on 05/04/16 at 3:25PM, Nurse #1 stated she was sure the NAs provided mouth care in the morning and at night and also cleaned resident's hands before taking them to meals but acknowledged she had not seen this care on 05/03/16 or 05/04/16 for Resident #4. Nurse #1 further indicated Resident #4 was missing some teeth but did not have partials or dentures that she was aware of.

During an interview with the MDS Coordinator on

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F 282	Continued From page 5 05/04/16 at 3:37PM, she indicated all the NAs knew to follow the care guide to know what care the residents required and if there was any extra tasks they were to do for the residents. She further indicated the NAs had no restrictions from looking at the care plans for all residents and could do so at any time. She also indicated that anything extra for a resident such as washing their hands with soap and water or using a towelette before meals or brushing their teeth/dentures after each meal would be listed on the care plan and should also be placed on the care guide. During an interview with the Director of Nursing (DON) on 05/05/16 at 12:41PM, she acknowledged the NAs were supposed to provide care for all the residents according to what was listed on the care plan. She further indicated her expectation was the information would be listed on the care guide/kardex for the NAs to follow.	F 282		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff and resident interviews the facility failed to cut the chin hair for 1 of 3 residents reviewed for activities of daily living (Resident #65). The findings included:	F 312	F-312 1. Resident #65 chin hair was removed on 5/4/16 2. Residents currently residing in the	6/2/16

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F 312	Continued From page 6 Resident #65 was admitted to the facility on 08/22/13 with diagnoses that included chronic pain, weakness, and dementia among others. Review of her quarterly Minimum Data Set dated 04/10/16 indicated Resident #65 was cognitively intact, had highly impaired vision, and required extensive assistance to total care for most activities of daily living (ADLs), which included personal hygiene, with 1 to 2 person assistance. Review of Resident #65's care plan updated as recently as 04/19/16 revealed she received assessment of her ADL and vision needs with interventions that included assistance with ADLs as needed. An observation of Resident #65 on 05/02/16 at 11:50 AM indicated she had numerous ¼ to ½ inch white hair on her chin. On 05/03/16 at 4:00 PM an observation of Resident #65 revealed she continued to have ¼ to ½ inch hair on her chin. On 05/04/16 at 9:30 AM an observation of Resident #65 revealed she continued to have ¼ to ½ inch hair on her chin. On 05/04/15 at 3:30 PM an observation of Resident #65 revealed she continued to have ¼ to ½ inch hair on her chin. On 05/04/16 at 4:05 PM an interview and observation was conducted with Resident #65. The hair on her chin remained without being trimmed. She revealed she had a shower on Tuesdays and Fridays. She stated she had a shower on 05/03/16, but no one offered to cut her chin hair. Resident #65 stated staff did not cut her chin hair unless she asked them too. She indicated she did not see well enough to know when they needed to be trimmed, but she did not like them and wished staff would keep them cut. Resident #65 stated she would not allow them to grow if she could care for them herself. She	F 312	facility has a potential to be affected were reviewed. Current Resident Census Report dated 5/17/16 for Review of residents residing in the facility completed 5/20/16. 3. Current nursing staff was in-serviced by ADON/SDC on ADL Care including chin hair removal completed 5/27/16. Monitoring in place to validate ADL care including chin hair removal will be recorded using Daily Room Rounds Form completed by IDT team turned in and reviewed at morning meeting daily, On Shower Days using Shower Log the CNA will observe and record if chin hair removal needed or removed and 5 residents randomly reviewed each week using the Shower Log Form and Daily Room Rounds Form to ensure problem does not occur and results recorded on Morning Meeting Agenda Form Weekly for 12 weeks and reviewed at QAPI Committee. 4. The results of the Quality Improvement monitoring will be reported by the Director of Nursing/ADON/Unit Manager to the Quality Assurance Performance Improvement Committee monthly for 3 months. The QAPI committee will recommend revisions as indicated to sustain substantial compliance.	

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stated she could not recall the last time the hair on her chin had been cut.
On 05/04/16 at 4:15 PM an interview was conducted with the Director of Nursing (DON). She stated Resident #65 had received a shower on 05/03/16. She stated when showers are given to dependent residents, all needed care should be provided, which included shaving the men and trimming any needed chin hair for the ladies. The DON revealed this care did not need to be requested by the residents, it should be provided or offered each time a shower was given.
On 05/04/16 at 4:25 PM and observation of Resident #65 was conducted with the DON. She acknowledged that Resident #65's chin hair was long and should have previously been cut during one of her shower visits, or whenever it was needed.
On 05/05/16 at 10:45 AM Resident #65 was observed to have her chin hair removed. She stated the nurse came in the previous night and shaved her chin hair. Resident #65 stated she wished the staff would shave her move often because she did not like to lie around with a beard. She indicated she appreciated getting them cut because she could not see them and did not always know when her chin hair needed to be shaved.
On 05/05/16 at 1:00 PM an interview was conducted with NA#3. She stated when showers were given to dependent residents, all needed care should be provided. She indicated if the women needed their chin hair trimmed, the care should be provided, and it should be provided anytime the need was observed by staff. NA#3 stated trimming the chin hair of the female residents should be provided or offered without the care being requested.
On 05/05/16 at 1:15 PM an interview was

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F 312	Continued From page 8 conducted with the DON. She stated she understood Resident #65 was bothered by her chin hair. She stated it was her expectation that the ladies received personal hygiene care whenever it was needed.	F 312		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on record review, observations, and staff interviews the facility failed to label and date stored food in the kitchen refrigerator and freezer, failed to remove spoiled food from the kitchen refrigerator, failed to provide a clean kitchen freezer, and failed to ensure nourishment refrigerator/freezers were clean, items properly labeled, and contained no out of date food/beverages in 1 of 1 kitchen refrigerator/walk in cooler, 1 of 1 kitchen freezer and 2 of 2 nourishment refrigerator/freezers (100/200 hall nourishment refrigerator/freezer and 300 hall nourishment refrigerator/freezer). The findings included: 1. A review of the undated facility policy entitled "Food Storage" indicated the following:	F 371	F-371 1. Kitchen Freezer/Refrigerator Spaghetti, resealed macaroni, resealed egg noodles, 25 lb. cardboard box with food thickener in a bag, 16 oz. container of beef base, 40 oz. bag of sliced meat with 3 slices in bag with multiple brown and red colored areas, opened plastic bag of frozen breaded okra with no label, 2garden burgers in an opened plastic bag, plastic bag of BBQ chicken chunks. kitchen freezer on the floor frozen corn, frozen breading, small cardboard strips, paper towels, 2 ice chiller bags, a 4 oz. container with lid of a frozen ivory colored substance with no label, and a previously opened white bag	6/2/16

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F 371	Continued From page 9 · All products should be dated upon receipt and when they are prepared. · Use "use-by-dates" on all food stored in refrigerators and use dates according to the timetable in the dry, refrigerated and freezer storage chart. · Remember to cover, label and date. A review of the undated facility policy entitled "Record of Refrigerator Temperatures" indicated the following: · Nursing Unit refrigerators and freezers and any other refrigerators/freezers having resident food stored in it must be clean, have "use by dates" of food products, and have temperatures recorded. During initial tour observations on 05/02/16 beginning at 9:36AM, the following was discovered in the kitchen refrigerator/walk-in cooler: · dry resealed spaghetti was observed without a label, expiration or use by date · dry resealed macaroni was observed without a label, expiration or use by date · dry resealed egg noodles was observed without a label, expiration, or use by date · opened 25 lb. cardboard box with food thickener in a bag that was open to air with no label, expiration or use by date · 16 oz. container of beef base that had been opened with no label, expiration or use by date · 40 oz. bag of sliced meat with 3 slices in bag with multiple brown and red colored areas on the surface of the meat with no label, expiration or use by date During initial tour observations on 05/02/16 beginning at 9:36AM, the following was	F 371	containing 2 pieces of frozen meat and floor cleaned and removed. 300 hall nourishment refrigerator /freezer opened pint container of ice cream and plastic bag of frozen fruit removed. 100 and 200 hall Nourishment room 8 ounce (oz.) container of whole milk opened with about 2oz.'s of milk, 8 oz. white Styrofoam container of nectar thickened (NT) tea, 8oz. white Styrofoam container of lactose free (LF) milk, 4 containers of 4 oz. each of vanilla mighty shakes, 1 strawberry mighty shakes, 4 oz. juice containers on a tray removed. All shelves that were observed with a sticky substance and the 2 refrigerator bins had a sticky substance inside of the bins were cleaned. 2. Storage areas containing food having the potential checked for improper dating, storage and cleanliness. 3. Current dietary staff was in-serviced by [Dietary Manager/Designee] on [Food Receiving and Storage /Refrigerators Freezers] and [Cleaning of Refrigerator/ Freezers] completed 5/27/16. Daily or as needed cleaning, labeling and storage of Nourishment rooms, Kitchen Freezer and Kitchen Refrigerator done by dietary staff and recorded on Daily check sheet form in kitchen and nourishment rooms. Monitoring to ensure system effectiveness of [Food Receiving and Storage /Refrigerators Freezers] and [Cleaning of Refrigerator/ Freezers] and proper recording on Daily check sheet is reviewed daily by Dietary Manager. Monitoring and or validation of system effectiveness will be reviewed weekly by the Administrator to ensure system	

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F 371	Continued From page 10 discovered in the kitchen freezer: · opened plastic bag of frozen breaded okra with no label, expiration or use by date · cardboard box sitting on shelf with 2 garden burgers in an opened plastic bag with no label, expiration and use by date along with an opened plastic bag of BBQ chicken chunks that also had no label, expiration and use by date Also in the kitchen freezer on the floor was the following: frozen corn, frozen breading, box tape, small cardboard strips, paper towels, 2 ice chiller bags, a 4 oz. container with lid of a frozen ivory colored substance with no label, and a previously opened white bag containing 2 pieces of frozen meat with no label. During an observation of the 300 hall nourishment refrigerator/freezer on 05/02/16 at 11:21AM, the following was discovered in the nourishment freezer: · an opened pint container of ice cream with no label or date · a plastic bag of frozen fruit with no label or date During an interview with the Dietary Manager (DM) on 05/05/16 at 8:45AM, she stated her expectation was for labeling and dating on all food products when they are opened and when they are taken out of a box or container and only partially used. The DM stated the facility no longer used food thickener and it should have been thrown away. The DM also stated the dietary staff was very good about putting meat into containers after opening the meat product from a plastic bag and could not explain the brown and red discolored meat. The DM further stated she knew the dietary staff would know not to use this meat product and throw it away if they had discovered it. The DM stated she believed the BBQ chicken chunks bag was probably set on	F 371	effectiveness and recorded on the Morning Meeting Agenda form weekly for 12 weeks and reviewed monthly for 3 months at QAPI Committee. 4. The results of the Quality Improvement monitoring will be reported by the Dietary Manager/Designee to the Quality Assurance Performance Improvement Committee monthly for 3 months. The QAPI committee will recommend revisions as indicated to sustain substantial compliance.	

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F 371	Continued From page 11 top of the box with the garden burgers and fell in the same box. The DM acknowledged the freezer floor should be cleaned at least once a week, spills of food and non-food items cleaned up immediately, and no food substances sitting on the floor should be used. The DM acknowledged some of these issues are due to her staff being inexperienced, still learning their job responsibilities, and did need further training. The findings included: 2. An initial tour of the 100 and 200 hall nourishment room was conducted on 05/02/16 at 9:40 AM with the Director of Nursing (DON). Observation of the nourishment room refrigerator revealed an 8 ounce (oz.) container of whole milk that had been opened with about 2 oz.'s of milk had been removed and had an expiration date of 03/15/16, 1 8 oz. white Styrofoam container of nectar thickened (NT) tea with a date of 4/26/16, 1 8oz. white Styrofoam container of lactose free (LF) milk without a date, 4 containers of 4 oz. each of vanilla mighty shakes and 1 strawberry mighty shake that were undated, and undated 4 oz. juice containers on a tray. All refrigerator shelves were observed with a sticky substance and the 2 refrigerator bins had a sticky substance inside of the bins. An interview was conducted with the DON on 05/02/16 at 9:42 AM who stated the 100 and 200 hall nourishment refrigerator was supposed to be checked for outdated food items every day by the dietary staff. The DON verified that the	F 371		

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refrigerator shelves had a sticky substance on them and the bins had a sticky substance inside and the refrigerator was not clean. The DON stated she was not sure who was responsible in the dietary department to clean the nourishment refrigerator.

On 05/02/16 at 10:20 AM an interview was conducted with the Dietary Manager (DM) who stated the juice in the 100 and 200 hallway nourishment refrigerator once thawed and stored in the refrigerator had 14 days until expired. The DM stated the tray located in the nourishment refrigerator should have had a date on the tray to indicate when the juice had been thawed so that dietary staff would know when the juice had expired. The DM indicated 10 4 oz. cranberry juice, 15 4 oz. apple juice, and 8 4 oz. orange juice containers had no date to indicate when the juice was thawed and when the juice would expire and were in the nourishment refrigerator ready for resident use. The DM stated the juice should have been removed by the dietary aides. The DM stated the 8 oz. NT tea in a white Styrofoam container was dated 04/26/16 and had expired on 04/30/16. The DM stated the NT tea had a 4 day refrigerated shelf life after being prepared and should have been removed by the dietary aides. The DM stated the 8 oz. LF milk in a white Styrofoam container was in the refrigerator without an open or expiration date and should have been discarded. The DM stated the 8 oz. opened container of whole milk had expired on 03/15/16 and should have been discarded. The DM stated the 4 4oz. vanilla mighty shakes and the 1 4 oz. strawberry mighty shake were not dated to determine when they were thawed. The DM stated once thawed the mighty shakes would have expired in 14 days from the thaw date. The

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F 371	Continued From page 13 DM stated the juice, whole milk, NT tea, LF milk, and mighty shakes should have been removed from the nourishment refrigerator by the dietary staff due to being outdated. The DM immediately removed the outdated food items from the nourishment refrigerator. The DM stated the dietary staff were to check the nourishment refrigerator daily for outdated food items and she was unsure why the juice, whole milk, NT tea, LF milk, and mighty shakes were not removed from the nourishment refrigerator. The DM stated she was ultimately responsible for assuring that the 100 and 200 hall nourishment refrigerator was free of outdated food items. The DM verified that the shelves in the nourishment refrigerator had a sticky substance and the refrigerator bins contained a sticky substance and the refrigerator was not clean. The DM stated it was the responsibility of the dietary staff to clean the 100 and 200 hall nourishment refrigerator daily. On 05/05/16 at 11:07 AM an interview was conducted with the Administrator who stated his expectation was that the dietary staff would have checked the 100 and 200 hall nourishment refrigerator for outdated food items and cleaned the nourishment refrigerator daily. The Administrator stated it was ultimately the responsibility of the DM to oversee that the nourishment room refrigerator on 100 and 200 hall had no outdated food items on a daily basis and was kept clean on a daily basis.	F 371		
F 431 SS=E	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	F 431		6/2/16

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F 431	Continued From page 14 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 be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to discard an opened Levemir insulin vial that was not dated when opened and an opened Levemir insulin FlexPen that was not dated when opened and were available for use in 2 of 5 medication carts and	F 431	F- 431 1. Resident #8, #16 & #41, Outdated or opened and not dated Insulin discarded. 2. Residents with diagnosis of Insulin Dependent Diabetes Mellitus reviewed.	

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F 431	Continued From page 15 failed to discard an opened NovoLOG insulin vial that was expired for 82 days and was available for use in 1 of 1 medication refrigerators. Findings included: 1. A review of the facility protocol entitled Section 7.23 Subcutaneous Insulin dated 09/10 indicated prior to administering insulin an expiration date was required to be checked and the insulin vial or device was to be dated after first use. A review of the facility protocol entitled Section 9.11 Medications with Special Expiration Date Requirements indicated a Levemir insulin vial was good for 42 days once opened and refrigerated or unrefrigerated. Resident #41 was admitted to the facility on 09/17/15 with a diagnosis of diabetes mellitus. A physician's order dated 02/26/16 indicated Resident #41 was to receive Levemir insulin 28 units at 9:00 AM and 8:30 PM. On 05/05/16 at 12:06 PM Resident #41's Levemir insulin vial was observed on the #1 200 hall medication cart ready for use and was opened and undated. The fill date on the Levemir insulin label indicated a date of 02/26/16. A yellow sticker was located on the bottom of the opened Levemir insulin vial and included a place for date opened and the date was not indicated and the space was blank. A review of the Medication Administration Record (MAR) revealed Resident #41 received Levemir insulin 28 units on 05/05/16 at 9:00 AM as per physician's orders as indicated by Nurse #2's documentation on the MAR.	F 431	Medications for these residents checked for opened and dated insulin and expiration dates verified. 3. Current nursing staff was in-serviced by ADON/SDC related to insulin use when opened to date and checking for expiration completed on 5/27/16. Monitoring daily of carts and Med Rooms to be checked by ADON/Unit Manager of Insulin opened dated or expired and results recorded on Daily Insulin Check List Form. To ensure system effectiveness the Daily Insulin Check List Form will be used for the DON/ADON to check Carts and Med Rooms to ensure accuracy on the Insulin Check List Form and results brought to morning meeting and reviewed by DON/Administrator for 12 weeks and brought to monthly for 3 months to QAPI Committee. 4. The results of the Quality Improvement monitoring will be reported by the Director of Nursing/ADON/Unit Manager to the Quality Assurance Performance Improvement Committee monthly for 3 months. The QAPI committee will recommend revisions as indicated to sustain substantial compliance.	

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F 431	Continued From page 16 On 05/05/16 at 12:06 PM an interview was conducted with Nurse #2 who stated she administered Levemir insulin 28 units to Resident #41 on 05/05/16 at 9:00 AM. Nurse #2 stated she was busy and had computer issues and had not checked the Levemir insulin vial for an open date or verified an expiration date prior to administering the Levemir insulin to Resident #41 on 05/05/16. Nurse #2 stated the yellow sticker located on the bottom of the opened Levemir insulin vial should have indicated an opened date. Nurse #2 stated the nurse who had opened the Levemir insulin vial should have placed a date on the yellow sticker. Nurse #2 stated without an opened date she was unable to determine if Resident #41's Levemir insulin had expired prior to administering the insulin on 05/05/16. Nurse #2 stated the date on the label of the Levemir insulin vial indicated the Levemir insulin had been filled on 02/26/16. Nurse #2 immediately removed the undated Levemir insulin vial from the #1 200 hallway medication cart. On 05/05/16 at 1:27 PM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that nursing staff would have dated the Levemir insulin vial for Resident #41 when it was opened as per facility protocol. The DON stated her expectation was that nursing staff per facility protocol would have checked that Resident #41's Levemir insulin vial was dated when opened prior to administering the Levemir insulin to Resident #41. The DON stated her expectation was that nursing staff would have identified that Resident #41's Levemir insulin was not dated when opened and nursing staff would have discarded the insulin prior to administration of the insulin because without an	F 431		

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opened date there was no way to determine when the Levemir insulin had expired.

On 05/05/16 at 1:45 PM an interview was conducted with the Administrator who stated his expectation was that nursing staff would have placed an opened date on insulin as per facility protocol. The Administrator stated prior to administering insulin to Resident #41, nursing staff should have checked that insulin had an opened date as per facility protocol.

2. A review of the facility protocol entitled Section 7.23 Subcutaneous Insulin dated 09/10 indicated prior to administering insulin an expiration date was required to be checked and the insulin vial or device was to be dated after first use. A review of the facility protocol entitled Section 9.11 Medications with Special Expiration Date Requirements indicated a Levemir insulin FlexPen was good for 42 days once opened and refrigerated or unrefrigerated.

Resident #8 was admitted to the facility on 02/12/15 with a diagnosis of diabetes mellitus.

A physician's order dated 12/02/15 indicated Resident #8 was to receive Levemir insulin FlexPen 38 units at 9:30 AM and 9:30 PM.

On 05/05/16 at 12:49 PM Resident #8's Levemir insulin FlexPen was observed on the #2 100 hall medication cart ready for use and was opened and undated.

A review of the Medication Administration Record (MAR) revealed Resident #8 received Levemir insulin 38 units on 05/05/16 at 9:30 AM as per physician's orders as indicated by Nurse #3's

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documentation on the MAR.

An interview was conducted with Nurse #3 on 05/05/16 at 12:50 PM who stated he administered 38 units of Levemir insulin to Resident #8 at 9:30 AM on 05/05/16 and used the undated Levemir FlexPen. Nurse #3 stated he forgot to check Levemir insulin FlexPen for an opened date prior to administering Levemir insulin to Resident #8. Nurse #3 stated the facility protocol was for nursing staff to date Levemir insulin FlexPen when opened and to verify prior to administering Levemir insulin that an open date was indicated on the insulin. Nurse #3 stated without an opened date on Resident #8's Levemir insulin FlexPen there was no way to determine when the insulin had expired. Nurse #3 immediately removed Resident #8's undated Levemir insulin Flexpen from the #2 100 hall medication cart.

On 05/05/16 at 1:27 PM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that nursing staff would have dated the Levemir insulin Flexpen for Resident #8 when it was opened as per facility protocol. The DON stated her expectation was that nursing staff per facility protocol would have checked that Resident #8's Levemir insulin FlexPen was dated when opened prior to administering the Levemir insulin to Resident #8. The DON stated her expectation was that nursing staff would have identified that Resident #8's Levemir insulin FlexPen was not dated when opened and nursing staff would have discarded the insulin prior to administration of the insulin because without an opened date there was no way to determine when the Levemir insulin FlexPen had expired.

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On 05/05/16 at 1:45 PM an interview was conducted with the Administrator who stated his expectation was that nursing staff would have placed an opened date on insulin as per facility protocol. The Administrator stated prior to administering insulin to Resident #8, nursing staff should have checked that insulin had an opened date as per facility protocol.

3. A review of the facility protocol entitled Section 9.11 Medications with Special Expiration Date Requirements indicated a NovoLOG insulin vial was good for 28 days once opened and refrigerated or unrefrigerated.

Resident #16 was admitted to the facility on 01/20/16 with a diagnosis of diabetes mellitus.

On 05/05/16 at 1:18 PM Resident #16's NovoLOG insulin vial was observed in the 300 hall medication room refrigerator ready for use and was opened and dated 01/17/16. Nurse #4 verified that Resident #16's NovoLOG insulin was available for use and was dated 01/17/16 and had not been discarded.

An interview was conducted with Nurse #4 on 05/05/16 at 1:19 PM who stated Resident #16's NovoLog insulin was dated 01/17/16 and was available for use in the medication refrigerator should have been discarded. Nurse #4 stated NovoLOG insulin was good for 28 days after opening. Nurse #4 stated Resident #16 had NovoLOG insulin on the medication cart and to her knowledge had not received on 05/05/16 the NovoLog insulin dated 01/17/16 that was located in the 300 hall medication refrigerator. Nurse #4 stated she was not sure who was responsible to check the medication refrigerator in the 300 hall

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F 431	Continued From page 20 medication room for outdated and expired medication and Nurse #4 further stated it was every nurse's responsibility to check the 300 hall medication refrigerator for out dated medication. Nurse #4 immediately removed Resident #16's NovoLOG insulin vial dated 01/17/16 from the 300 hall medication room refrigerator. On 05/05/16 at 1:27 PM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that Nurse #4 would have checked the 300 hall medication room refrigerator for outdated and expired medication. The DON stated her expectation was that Nurse #4 would have discarded Resident #16's NovoLOG insulin vial dated 01/17/16 that was available for use prior to 05/05/16. On 05/05/16 at 1:45 PM an interview was conducted with the Administrator who stated his expectation was that nursing staff would have checked the 300 hall medication room refrigerator for expired medication and would have discarded the expired medication.	F 431		