

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

PRINTED: 03/16/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/24/2017
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NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 430 BROOKWOOD AVENUE NE CONCORD, NC 28025
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(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
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F 000	INITIAL COMMENTS There were no deficiencies cited as a result of this complaint investigation survey of 02/24/17. Event ID# 0L3Q11.	F 000		
F 431 SS=D	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary	F 431		3/14/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/14/2017
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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 instructions, and the expiration date when applicable.</p> <p>(h) Storage of Drugs and Biologicals. (1) 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>(2) 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 and staff interview the facility failed to double lock controlled medications in one of two medication room refrigerators (100 hall). The findings included: On 2/24/17 at 1:09 PM the medication refrigerator in the 100 hall medication room was observed with Nurse #1. The medication room itself had been locked but the medication lock box inside the medication refrigerator was observed to be unlocked and not completely closed. There were controlled medications inside the open box including 3 vials of Ativan (an antianxiety medication). Interview with Nurse #1 at this time revealed that he was not sure why the refrigerated controlled medications were not double locked. He indicated he had not seen the box unlocked before. He then obtained the key</p>	F 431	<p>F483.45</p> <p>Criteria #1: There were no residents affected by alleged deficient practice. On 02/24/2017 upon inspections of the drug rooms it was noted that the lock box in the medication refrigerator on Side A was not locked due to the lock sticking and not working correctly.</p> <p>2. Criteria #2: Corrective action accomplished for those residents having the potential to be affected by alleged deficient practice, though no residents were found to be affected on 02/24/2017, maintenance replaced the locked refrigerator box and it continues to work properly.</p>		

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F 431	Continued From page 2 and locked the box. He did say that it was difficult to lock at that time because the lock was sticking. On 2/24/17 at 3:29 PM the Director of Nursing was interviewed. She stated that it was her expectation that controlled medications be double locked as required. She also indicated that a reconciliation of the medications in the lock box found no discrepancies.	F 431	3.Criteria #3: On 02/24/2017 Monitoring began by the Administrative Nursing Team (Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Weekend Supervisor) to ensure that narcotics are being stored correctly under 2 functioning locks as required: this monitoring by the Administrative Nursing Team (Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Weekend Supervisor) will continue daily for 30 days (2/24/17 – 3/26/2017). After this time the hall 1 nurse or medication aide and the hall 3 nurse or medication aide will be monitoring the narcotic boxes in the medication room & refrigerator every shift to ensure that locks are functioning properly and signing the signature log alleging compliance of functioning locks. Nurses and Medication Aides were educated by the Director of Nursing 03/13/2017 on monitoring the Narcotic Lock Boxes to ensure that locks are locking properly and all narcotics are under a double lock system (medication room door lock and refrigerator narcotic lock box)as required by State and Federal Guidelines. Any nurse or medication aide that has not received this education will be unable to work until he/she has this education and is able to verbal understanding. All new nurses and medication aides will be educated to the State and Federal Guidelines upon hire. 4.Criteria #4: Quality Improvement		

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F 431	Continued From page 3	F 431	<p>monitoring will be conducted by the Administrative Nursing Team (Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Weekend Supervisor) daily x30days, then weekly x8 weeks, then monthly x9 months. The results of the Quality Improvement monitoring will be reported by the director of nursing, assistant director of nursing or administrator to the Quality Assurance Performance Improvement Committee monthly. This will be an on-going system change and reviewed q month in QA.</p> <p>5. Alleged Compliance Date: 03/13/2017.</p>	