STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 319 SS=D	483.40(b)(1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES 483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that- (b)(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being. This REQUIREMENT is not met as evidenced by: Based on mental health interview, hospice interview, resident interview, staff interview, and record review the facility failed to follow multiple physician orders for psychiatry consultation for 1 of 1 residents (Resident #183) reviewed for hospice/palliative care services prior to the resident expressing suicidal ideation. Findings included: Record review revealed Resident #183 was admitted to the facility on 10/12/16 with a physician order for hospice services. The resident's documented diagnoses included cancer, cerebrovascular accident (CVA) with hemiplegia, and addiction/withdrawal. A 10/19/16 admission minimum data set (MDS) documented Resident #183 had short and long term memory impairment, was moderately impaired in decision making, had disorganized thought processes, and exhibited no mood issues/psychosis/behaviors. A 10/20/16 physician order started Resident #183	F 319	Although Resident #183 had a delay in services, he did in fact receive Psychiatric consult and evaluation per Physician order before the survey team entered. To prevent the same delay in services for other Residents, the DON and designated members of the Administrative Staff will audit all Resident Charts who are not currently being seen by Psychiatric Services. Any Resident not being seen by Psychiatric Services that has a supporting diagnosis, medication or behavior will be screened by the DON and designated member of the Administrative Nursing Staff to determine if a formal evaluation is needed or desired. Any recommendation for consult will be reported to the Medical Director. All Physician orders will be verified daily by the DON or designee to ensure the order has been transcribed and followed	3/16/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/16/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 319	Continued From page 1 on as needed (prn) Ativan 1 milligram (mg) twice daily (BID). A 11/03/17 physician order from the hospice Medical Director, on behalf of Hospice Nurse #1, documented Resident #183 was in need of psychiatric consultation. (Record review revealed no psych consult was set up for the resident). A 11/15/16 nurse's note written by facility staff documented, "Hospice nurse into see resident. n.o. (new order) need for consult (psych). Order sent to (Social Worker #1) for referral." (Record review revealed no psych consult was set up for the resident). A 11/15/16 physician order from the hospice Medical Director documented Resident #183's Zoloft (antidepressant medication) was to be increased, and a psychiatric consultation was to be scheduled for the resident. Resident #183's care plan, last updated on 12/17/16 identified, "Resident is receiving Hospice and/or Palliative care services" as a problem. Interventions to the problem included, "Act as liaison between hospice, facility, resident and physicians as needed and Monitor resident behavior and document. Report any negative observations to physician." Review of facility nurse's notes between 11/03/16 and 01/02/17 revealed no documentation of any emotional distress experienced by Resident #183. A 01/02/17 nurse's note written by Hospice Nurse #1 documented, "...Requesting call to ____ (name of friend). Borrowed cell phone for him.	F 319	through as ordered. (Physician orders transcribed on Saturday or Sunday will be verified the following business day.) All new admission and re-admission orders will be verified by the DON or designee to ensure the orders are transcribed accurately and timely. Any resident who has an Attending Physician or Nursing staff (ie Hospice) other than the Medical Director should communicate with the facility using the "Communication Book" to ensure that any consults or recommendations are transcribed and followed through expeditiously. All consultations for Psychiatric Services will be logged by the DON or designee using the same schedule the Physician orders are verified. The log will be audited weekly to ensure all Residents who have a Psychiatric Consult are scheduled to be seen or have been seen. The log will be updated with the date of consult for each Resident to ensure the evaluation and follow up have been completed. Results of weekly audits will be reported to QA Committee monthly for 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 319	Continued From page 2	F 319		

Becomes tearful and usually upset she does not answer."

A 01/03/17 nurse's note written by facility staff documented, "New order received for psych consult. Order given to (Social Worker #1)."

A 01/04/17 quarterly MDS documented Resident #183 had short and long term memory impairment, was moderately impaired in decision making, had disorganized thought processes, and exhibited no mood issues/psychosis/behaviors.

A 01/06/17 nurse's note written by Hospice Nurse #1 documented, "___ (name of resident) is becoming increasingly confused, having increased episodes of tearful upset and new onset of anxiety type symptoms requiring Ativan (anti-anxiety medication) and O2 (oxygen). Psych consult has been readdressed and is in the proper hands for it to begin the process of getting ___ (name of resident) seen. Pt (patient) has had a big weight drop recently and is often tearful and depressed." (Record review revealed Resident #183's weighed 164.2 pounds on 10/19/16 and 153.4 pounds on 01/25/17. The resident's prn Ativan use went from 7 doses in November 2017 to 19 doses in January 2017 prior to 01/23/17).

Review of facility nurse's notes between 01/03/16 and 01/22/16 revealed no documentation of any emotional distress experienced by Resident #183.

A 01/23/17 facility nurse's note documented, "Hospice social worker in to see resident. Resident informed the social worker he was going to commit suicide. Resident stated he had a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 319	Continued From page 3	F 319		

plan. Hospice social worker informed this nurse. Order was received to send resident to ____ (name of hospital) for evaluation."

A 01/23/17 Emergency Department Encounter documented, "(Resident #183) was placed into a nursing home because of this weakness (lower extremities) and frequent falls several months ago. He has expressed dissatisfaction with this as he feels that they (the nursing home) are not working with him to get his lower extremities stronger so he can live on his own again. He was talking to the the social worker today and states he made 'a power play' basically threatening the social worker with suicide if he was not allowed to return home. He has since been transported to the emergency department and he has recanted his story. He admits that he was not actually considering hurting himself but rather was very frustrated with the nursing home and trying to get them to do what he wanted. He does admit to depression related to his physical state but does not want to hurt himself or anyone else..."

A 01/25/17 mental health note documented, "___ (name of resident) was seen on 01/25/17 and was receptive to meeting with therapist as well as open to possible medication changes. He denies suicidal or homicidal ideation. Patient reported feelings of hopelessness related to desires of 'moving back home' and continued declines with physical health. Patient discussed circumstantial issues with his roommate, limited ambulation, and desires to participate in physical therapy. Patient was oriented, alert, cooperative, and engaging. His depression appears to be more situational issues with regards to adjustment to placement, declining health, and loss of independence. He admitted to struggling with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 319	Continued From page 4	F 319		

feelings of hopelessness and frustration as well as issues related to insomnia and poor appetite..." The mental health therapist recommended changing the resident's antidepressant medication from Zoloft to Wellbutrin. This recommendation was carried forward as a physician order on 02/10/17.

In his 01/25/17 social progress note social worker (SW) #1 documented, "Resident was seen by the mental health professional...per request of his hospice agency. The hospice agency has stated he is talking about being sad, depressed. The worker (SW#1) during conversation with him he states he is doing fine. The worker asked the resident why is he telling hospice that he is sad, he stated he is getting tired of them always asking him if he is depressed, so he tells them yes..."

In Resident #183's Mental Health Attendance Record the licensed clinical social worker (LCSW) documented, "1st time met with client-worked on relationship building...appeared confused at times-client stated a desire to have PT (physical therapy) so he can 'get stronger and go home'--mood was depressed."

Resident #183 refused to be interviewed multiple times during the survey process.

At 3:00 PM on 02/16/17 SW #1 stated he never got copies of the orders for psychiatric consults on 11/03/16 and 11/15/16. He reported a copy of these orders should have been placed on his desk or slid under his door. He commented the facility did utilize contracted psychiatric services, and getting them to see a hospice resident was not a problem. According to the SW, he received

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 319	Continued From page 5	F 319		

a copy of a 01/06/17 physician order for Resident #183 to receive psychiatric services, this request was signed off on by his facility physician on 01/10/17, and the resident was seen by mental health services on 01/25/17, after he came back from the hospital for suicidal ideation. He stated he was aware that facility staff sometimes found the resident tearful, but Resident #183 told him he was tired of hospice asking him if he was depressed, so he told them what he thought they wanted to hear.

At 3:36 PM on 02/16/17, during a telephone interview, the Clinical Manager from hospice stated Hospice Nurse #1 was out sick, and this nurse and the hospice Medical Director were not available for interview. She reported her hospice staff found Resident #183 to be very emotional. She explained the resident did not want to come to a nursing home to live, and was upset that a close friend/caregiver was hospitalized. The manager commented during a interdisciplinary hospice meeting on 11/03/16 Hospice Nurse #1 reported concerns that Resident #183 was having an escalation of tearful episodes and that even with an adjustment in antidepressant medication, it appeared the resident needed additional interventions to address his depression. She reported an order for psychiatric consultation was written again on 11/15/16 when the hospice Medical Director was made aware that psychiatric consultation was still pending for Resident #183. She commented the hospice SW could have intervened to get the resident psychiatric services, but hospice was led to believe that the facility SW was working on getting the consult scheduled. The manager stated hospice notes between 11/15/16 and 01/06/17 reflected the resident was still tearful with anxiety issues at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 319	Continued From page 6	F 319		

times and a strong desire to return home.

At 4:02 PM on 02/16/17 the mental health LCSW stated she was responsible for Resident #183's weekly mental health follow-ups. She reported when she met with the resident for the first time the end of January 2017 he seemed alert and in relatively good spirits. However, she commented on her next visit the resident was very tearful, confused, and pleading to go home. She stated the resident did not have much of a support system, and was tearful and lonely. She reported his expectation that therapy could get him walking again so he could go home was unrealistic. She also commented she had noticed a very quick mental decline in the resident over the last couple of weeks.

At 4:48 PM on 02/16/17 Med Tech #1 stated Resident #183 would be fine one day and then tearful and very anxious the next. She reported the resident's sadness and anxiety seemed to increase when he talked with a friend over the phone, and he continuously talked about wanting to go home.

At 4:55 PM on 02/16/17 Nurse #1 stated Resident #183 stayed upset, sad, depressed, and wanted to go home. She reported the resident was anxious if he did not talk to a friend, but became even more upset after talking to the friend over the phone. She commented the resident frequently worked himself up into a state of elevated anxiety. According to Nurse #1, the resident had trouble sleeping at night. She also stated as far as she knew copies of the 11/03/16 and 11/15/16 orders for Resident #183 to receive psychiatric consultation were given to SW #1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 319	Continued From page 7 At 5:02 PM on 02/16/17 nursing assistant (NA) #1 stated Resident #183 frequently appeared sad, cried, and begged to go home. However, she reported she had not seen his depression elevate to the point that he expressed thoughts of suicide. At 5:30 PM on 02/16/17 the director of nursing (DON) and administrator in training (AIT) stated the facility's contracted mental health services went through some personnel changes and problems over the last couple of months which may have contributed in the delay for having Resident #183 placed on caseload. They stated hospice "dropped the ball" by not making sure they provided SW #1 with the November 2016 orders for psychiatric consultation. They commented hospice services were told about a month ago they needed to make sure the facility received hospice-initiated orders so the facility could coordinate services. According to the DON and AIT, the facility collected yellow copies of physician orders and reviewed them in the facility's morning meetings. They were unable to explain how the facility missed addressing the November 2016 orders for Resident #183 in their morning meetings.	F 319		
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	F 431		3/10/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 8	F 431		

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 instructions, and the expiration date when applicable.

(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.

(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 9 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 keep 1 of 5 medication storage refrigerators in the temperature range recommended by its consultant pharmacy. Findings included: At 10:22 AM on 02/16/17 no temperature was recorded for 02/16/17 on the Refrigeration Temperatures log on the medication storage refrigerator at nursing station #3. The log documented between 01/04/17 and 02/15/17 the temperature in this refrigerator ranged between 22 degrees and 30 degrees Fahrenheit for 38 out of 41 days. Two nurses (Nurse #2 and Nurse #3) had initialed off on most of these temperatures. The recommended refrigerator temperatures were not posted on the refrigerator or in the medication storage room. At 10:26 AM on 02/16/17 the thermometer in the medication storage refrigerator at nursing station #3 registered 32 degrees Fahrenheit. The refrigerator contained one bottle of Tuberculin, 15 individual Ativan IM (intramuscular) 2 milligram per milliliter (mg/mL) vials, 1 box of 25 vials of Ativan IM 2 mg/mL, an unopened Risperdal 50 mg dose pack, 4 bottles of Latanoprost/Xalatan eye drops, one opened 10 mL multi-dose vial of Lantus insulin, 8 unopened 10 mL multi-dose vials of Lantus insulin, and 8 unopened multi-dose vials of Humalog insulin. Ice crystals were not observed in any of the medications stored in the refrigerator. Instructions enclosed with the bottle of Tuberculin documented, "This	F 431	All meds that were in refrigerator were inventoried and discarded and reordered from pharmacy. Temperature was adjusted on the refrigerator. New temperature sheets were made that showed the acceptable range and explicitly states what to do if temp fall outside of range. In-services were done on proper temperature ranges and how to properly fill out log as well as what to do if temps fall outside of expected range. Logs will be check at a minimum five days a week by DON or designee to ensure that temps are in appropriate range and logs are being filled out appropriately. Maintenance will also incorporate weekly checks on refrigerators to ensure proper temps are being maintained. Any variances in the temps outside of the acceptable range will be reported to daily IDT meeting and referred to the monthly QA meeting for continued monitoring until we have three consecutive months of compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 10	F 431		

product should be stored between 36 degrees Fahrenheit and 46 degrees Fahrenheit and protected from light." Instructions on the Risperdal 50 mg dose pack documented, "Store in outer carton/container. Store in refrigeration 36 to 46 degrees Fahrenheit." FDA (Food and Drug Administration) prescribing information for injectable Ativan documented, "Storage temperature 36 to 46 degrees Fahrenheit." Review of FDA literature also revealed, "According to the product labels from all three U. S. insulin manufacturers, it is recommended that insulin be stored in a refrigerator at approximately 36 degrees Fahrenheit to 46 degrees Fahrenheit. Avoid freezing the insulin. Do not use insulin that has been frozen."

At 11:00 AM on 02/16/17 Nurse #4 stated she was not sure what the acceptable temperature range was for the medication refrigerators. She reported the third shift nurses were supposed to monitor the temperatures of these refrigerators, but she was not sure about the frequency of that monitoring.

At 11:05 AM on 02/16/17 Nurse #1 stated she thought the temperature in the medication refrigerators should be above freezing, kept in the 40s. She reported the maintenance department was to be notified when the temperatures were unacceptable.

At 11:14 AM on 02/16/17 Nurse #5 stated third shift was supposed to record the temperature of the medication refrigerators on the logs, and if the temperatures were not in the acceptable range, then maintenance was to be notified. According to Nurse #5, if the temperatures in the medication refrigerators were out of range, the medications

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 11	F 431		

were to be removed immediately and placed in a refrigerator which was working properly.

At 11:28 AM on 02/16/17 the Maintenance Manager (MM) stated he was not involved in monitoring the temperatures of medication refrigerators. However, he stated if there were temperature or mechanical issues with these refrigerators he was notified via work requisitions completed by staff. He commented he did not recall any requisitions being logged for the medication refrigerators in the four months he had worked in the facility.

At 12:46 PM on 02/16/17, during a telephone interview, the facility's consultant pharmacist stated she did not review temperature logs or check medication refrigerators during her monthly visits to the facility. She reported this was the responsibility of the pharmacy nurse consultant. The pharmacist commented she had not overheard conversations or received reports about a medication refrigerator being out of temperature range. According to the pharmacist, the recommended temperature range for safe storage of medications in refrigeration was 36 to 46 degrees Fahrenheit. She stated her concern about medication refrigeration temperatures in the range of 22 degrees to 30 degrees Fahrenheit was the medications might have frozen, thus affecting the stability and efficacy of the products. She reported there was not enough research compiled about the effects of medications that change form during storage. She commented the general rule of thumb was if the refrigerated medications contained no ice crystals or particles and they had not changed color then they were safe to use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 12	F 431		

At 1:23 PM on 02/16/17, during a telephone interview, the pharmacy nurse consultant stated she did not monitor the temperature logs on the medication refrigerators, but she did some random checks on the thermometers in the various medication refrigerators. She reported the last time she was in the facility was on 02/14/17, and at that time she checked all the medication refrigerators in the building, and all the thermometers registered temperatures between 36 and 46 degrees Fahrenheit. She commented the thermometer at nursing station #3 registered 40 degrees Fahrenheit on 02/14/17. According to the nurse consultant, she or a co-worker visited the facility monthly, and usually checked random medication refrigerator thermometers during those visits. She reported the last time she had a temperature documented for the refrigerator at nursing station #3, prior to 02/14/17, was in March 2016. However, she commented some of her co-workers may have have taken temperatures at station #3 and documented them between March 2016 and February 2017, but she did not have access to their documentation.

In a 02/16/17 2:45 PM e-mail the Pharmacy President documented, "When evaluating the stability of medications if the refrigerator falls below the recommended range, the medications are stable and safe to be administered. If a medication is found to be frozen, the facility staff member should alert the pharmacy so that the specific medication can be evaluated and determined if it should be administered once it thaws as that can vary by product."

At 5:07 PM on 02/16/17 during a telephone interview Nurse #2, who worked third shift on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 13	F 431		

station #3, stated the only time she felt her medication refrigerator might be out of temperature range was the morning of 02/16/17 when she opened the door, and the refrigerator air felt extremely cold with the insulin vial she retrieved also feeling extremely cold to touch. However, she commented there were no ice crystals in the insulin. She stated she was not sure what the acceptable temperature range was for the medication refrigerator, but she judged the acceptability based on the way the medications felt in her hands--whether they were too warm, too cold, or too moist in her hands. According to Nurse #2, she had not filled out a work requisition on the medication refrigerator at nursing station #3 because she did not think there were any ongoing problems with it.

Phone messages were left for Nurse #3, who also worked third shift on station #3, but she did not make any return calls in order to be interviewed.

At 5:30 PM on 02/16/17 the Director of Nursing (DON) and the Administrator-in-Training (AIT) stated in the past the third shift nurses and the MM monitored medication refrigerator temperatures. However, they explained when the new MM began work about four months ago that responsibility was not passed on to him. They reported this temperature monitoring probably needed to be assigned once again to a nurse and a non-nurse at each nurse station. They commented they thought the problem at nurse station #3 was mainly the result of a staff member not doing what they had been instructed to do. The DON and AIT stated as soon as medication temperatures were found out of range, all medications were to be removed and stored at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 14 the appropriate temperatures elsewhere until the MM could repair the original refrigerator or order another one. The AIT stated the facility would be replacing those medications in station #3's medication refrigerator which they felt were at the greatest risk of being compromised by temperatures which were too cold.	F 431		