

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

PRINTED: 05/02/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/31/2017
NAME OF PROVIDER OR SUPPLIER EAST CAROLINA REHAB AND WELLNESS			STREET ADDRESS, CITY, STATE, ZIP CODE 2575 W 5TH STREET GREENVILLE, NC 27834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 431 SS=D	<p>483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>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.</p> <p>(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.</p> <p>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--</p> <p>(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>(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.</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</p>	F 431		4/28/17	

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

TITLE

(X6) DATE

Electronically Signed

04/21/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 431	<p>Continued From page 1</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview the facility failed to remove expired medications from 1 of 3 of medication carts (200 Hall medication cart).</p> <p>Findings included:</p> <p>On 3/31/2017 at 10:24 AM an observation was made of the 200 hall medication cart. The cart was located beside the nurse's station. In a medication drawer located on the bottom right side of the cart was a 120 milliliter (ml) opened bottle of Lophen-NR (a medication used to treat cough and congestion) with an expiration date of 01/5/2017. The bottle contained 40 ml of liquid. Handwritten on the bottle was the opened date of 1/18/2016.</p> <p>The Director of Nursing (DON) was present at the 200 Hall nursing station when the medication was discovered. The medication bottle was given to the DON and the DON indicated it would be discarded. The DON stated the carts were checked daily for expired medications by nursing</p>	F 431	<ol style="list-style-type: none"> The expired medication on the 200 hall medication cart was immediately removed from that medication cart and disposed of. The other medication carts in the facility were audited to ensure that there were no expired medications within them. All nurses and medication aides will be inserviced between the dates of 4-17-17 and 4-26-17 on medications and expiration dates. All medication carts in the facility will be audited monthly by either the Pharmacy Consultant, Director of Nursing or their designee to ensure that medications have not reached their expiration date. The results of these audits will be brought to the facility Quality Assurance & Assessment Committee (QA&A) to ensure that there are no expired medications on the medication carts. 		

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F 431	Continued From page 2 staff and was unsure why the medication was not discovered during the checks. During an interview with the DON on 03/31/2017 at 11:43 AM, the DON reported the expectation was for all medication storage areas and medication carts to be checked daily for expired medications and for expired medications to be discarded so they would not be available to administer to residents.	F 431			