STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345489	A. BUILDING _____ B. WING _____	C 05/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SATURN NURSING AND REHABILITATION CENTER	**1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262**

(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 000	INITIAL COMMENTS There were no deficiencies as a result of this complaint investigation Event ID DB8B11.	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 instructions, and the expiration date when	F 431		5/29/17

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

Electronically Signed | 05/30/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345489	A. BUILDING _____ B. WING _____	C 05/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SATURN NURSING AND REHABILITATION CENTER	1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262

(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 1 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 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 observations, record reviews, and staff interviews the facility failed to discard one expired card of medications from one of five medication carts. The findings included: An observation of the South Hall for medication cart #1 was made on 05/10/2017 at 10:34 AM. Nineteen tablets of Hydroxyzine Chloride (HCL) 25 milligram (mg) with an expiration date of 03/01/2017 for Resident #9 were observed in the medication cart. An interview was conducted with Nurse #1 on 05/10/2017 at 10:46 AM. The nurse stated she checked the expiration date prior to administering each medication to resident. Nurse #1 added the expired Hydroxyzine HCL had been discontinued	F 431	This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusion set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of requirement under state and federal law, and to demonstrate the good faith attempts by the provider to continue to improve the quality of life of each resident. Resident #9 did not receive identified expired medication as the medication was not on resident active medication list, Hydroxyzine Chloride (HCL) 25mg order	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345489	A. BUILDING _____ B. WING _____	C 05/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SATURN NURSING AND REHABILITATION CENTER	1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262

(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 2 and it had not been used after it was expired. An interview was conducted with Nurse #2 on 05/10/2017 at 10:56 AM. As a charge nurse for South Hall, she expected the third shift nurses to pull the medication from the cart and return it to the pharmacy on the same day when the order was discontinued. Other than expecting all the nurses to check for expired medications before administration, she particularly expected the third shift nurses to check all the medication in their assigned medication cart thoroughly for expired medication at least once during their shift. In addition, the pharmacy staff had routinely checked for expired medication for the facility at least once monthly. Review of the physician order dated 04/14/2016 revealed Hydroxyzine HCL 25 mg was ordered for Resident #9 to take one tablet by mouth every eight hours as needed for itching. Review of medication administration record revealed this medication was ordered on 04/14/2016 and it was discontinued on 07/26/2016. This expired medication had not been used since its expiration date on 03/01/2017. Resident #9 was admitted to the facility on 11/07/14 with diagnoses that included dementia, anxiety, depression, and anemia. Review of facility's medication storage policy indicated, "Outdated, contaminated, or deteriorated medication and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal, and reordered from the pharmacy, if a current order exists."	F 431	was discontinued on 7/26/16. On 5/10/17 the nineteen tablets of Hydroxyzine Chloride(HCL) 25mg with an expiration date of 3/1/17 for resident #9 were removed and destroyed by the Director of Nursing. Corrective action was accomplished for other residents having the potential to be affected by the deficient practice by a complete audit 5/11/17 of all facility medication carts and medication storage areas by nursing administrative staff. There were no other expired medications found. Measures put into place to ensure the deficient practice will not occur are: The Director of Nursing in service facility licensed nursing staff on the facility policy for proper medication storage, expiration and destruction of medication. This in service will be completed by 5/29/17. Licensed nursing staff not receiving this in service by 5/29/17 will not be allowed to work until receiving the in service. This education information will be updated to the licensed nursing new hire orientation packet. Starting 5/15/17 a weekly Medication Audit sheet for expired medications will be conducted for all medication carts and medication storage areas. The audit will be conducted by the nursing administrative staff weekly for 3 months, and then monthly till a pattern of compliance is maintained. Any negative finding will be documented on the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345489	A. BUILDING _____ B. WING _____	C 05/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SATURN NURSING AND REHABILITATION CENTER	**1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262**

(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 3 In an interview conducted with the Director of Nursing (DON) on 05/11/2017 at 1:36 PM. She stated the facility had a system in place to check for expired medication as mentioned by Nurse #2. In addition, the DON and the charge nurse would conduct random check for expired medication at times. The failure of the expired medication checking system was mainly due to improper implementation and human error. It was her expectation for the third shift nurses to pull medications from the medication cart on the same day the medication was discontinued and checked their assigned medication thoroughly at least once during third shift. She also expected all the nurses to check for expired medication prior to administration on regular basis.	F 431	Medication Audit sheet and addressed immediately. The facility plans to monitor performance to make sure that solutions are sustained with a weekly Medication Audit form. The medication audit will be conducted weekly by nursing administration for 3 months, and then monthly till a pattern of compliance is maintained. Results will be evaluated weekly in the Nursing Standards Committee for effectiveness with necessary changes being made to ensure compliance. The Plan of Correction will be integrated and monitored monthly by the Quality Assurance Committee with necessary changes being made to ensure corrective action is achieved and sustained.	