STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345417	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE NURSING CENTER OF WAK	968 EAST WAIT AVENUE WAKE FOREST, NC 27587

(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 cited as a result of the complaint survey. Event #U5XB11.	F 000		
F 371 SS=E	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to discard of expired food and clean 2 of 7 dirty vents in the kitchen. Findings included:	F 371	This plan of correction constitutes a written allegation of compliance, preparation, and submission of the plan of correction does not constitute an admission or agreement by the provider of truth of the facts alleged or the corrections	8/8/17

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

Electronically Signed | 09/01/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345417	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE NURSING CENTER OF WAK	968 EAST WAIT AVENUE WAKE FOREST, NC 27587

(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 371	Continued From page 1 1. A tour of the facility's kitchen was conducted on 8/2/17 at 6:50 AM and revealed the following: 5 boxes of corn starch with an expiration date of 6/24/17 3 cans of tomato paste with an expiration date of 2/22/17 1 tub of vanilla icing with an expiration date of 2/26/17 Cook #1 was interviewed on 8/2/17 at 7:20 AM. He stated that they would put food with the oldest expiration date on top of the shelves and the food with the most recent expiration date on the bottom. He stated that they got 2 shipments in a week. The staff that stocked the supply room would check the expiration dates. He stated that the facility changed the menu every season and sometimes they would throw out the food that was not used during the previous menu cycle. He stated that the expired icing was most likely ordered for the cake in the winter menu cycle, which was why it may have been expired. Cook #1 discarded of all expired items on 8/2/17 at 7:20 AM. The Dietary Manager was interviewed on 8/2/17 at 7:35 AM. She stated that they had shipments that came in twice a week on Tuesday and Friday. The oldest food products were placed in the front in the dry storage area and the newest products were put in the back. She stated that there was also a person that put the stock away that would check the expiration dates of the food in the dry storage area to ensure they were in date. The Dietary Manager was interviewed again on	F 371	of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of the requirements under state and federal law. Corrective action for those residents that have been affected. On 8/1/17 it was observed in dry storage three cans of tomato paste, five packets of starch, and icing expired. The Dietary Manager disposed of the items into the trash. 8/1/17 Dietary Manager inspectd the dry storage for any other potential expired items. No further items were found to be expired. On 8/1/17 All seven of the vents in the kitchen were cleaned by the Maintenance Director. Corrective action will be accomplished for those residents to be affected by same deficient practice. Beginning on 8/2/17 the dry storage area will be inspected two times daily by the Dietary Manager or the cook for potential expired items. Any items that are expired will be disposed of properly. The Maintenance Director or his assistant will clean the kitchen vents on a weekly basis beginning 8/1/17. Measures put into place or systemic changes made to ensure that the deficient practice will not occur. On 8/8/17 the Cook Dietary Staff was in-serviced by the Dietary Manager on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345417	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE NURSING CENTER OF WAK	968 EAST WAIT AVENUE WAKE FOREST, NC 27587

(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 371	Continued From page 2 8/2/17 at 1:59 PM. She stated they do not use corn starch much and the corn starch they were currently using had not expired yet. The tomato paste that was expired must have come from the store and was probably for a recipe. She stated that she expected staff will use food before their expiration date. She stated that staff were supposed to be checking the dates and letting her know if food was expired. Kitchen Cook #2 was interviewed on 8/2/17 at 2:00 PM. He stated that he restocked the dry storage on Tuesdays and Fridays. He stated that when he restocked items, he would put the newest dated items in the back and the oldest dated items in the front of the dry storage area. He stated that he also labeled and dated the items in the dry storage area. Typically, if he found an expired item then he would throw it away and let the dietary manager know about it. 2. Two of 7 ceiling vents (near the ice maker and near the reach in refrigerator) were observed dirty with a thick layer of gray dust over them in the kitchen on 8/2/17 at 7:20 AM. 2 of the 7 ceiling vents (near the ice maker and near the reach in refrigerator) in the kitchen were observed again on 8/2/17 at 1:59 PM. The vents had a thick layer of gray dust over them. The Dietary Manager was interviewed on 8/2/17 at 1:59 PM. She stated that maintenance man or the cleaning person would clean the vents. She stated he did not know when they were last cleaned. It may have been about a month ago. She stated that the vents needed to be cleaned. The Maintenance man was interviewed on 8/2/17	F 371	discarding expired items upon discovery. Of the five cooks in dietary, all were in-serviced. All new cooks will be in-serviced by the Dietary Manage during orientation. The Dietary Manager or the lead cook will be responsible for inspecting the dry storage to ensure any expired items are discarded. This will be documented on the audit too. (Exhibit A) After thirty days, this area will be checked one-time daily for an additional thirty days and then one-time weekly for the next thirty days. This will be conducted on an ongoing basis. Any items that are expired will be disposed of properly. The Maintenance Director or his assistant will document the vent cleaning on the audit tool. See Exhibit C. The facility plans to monitor its performance to make sure solutions are sustained. The administrator will observe the audit tools weekly to ensure compliance. The findings will be brought to the Quality Assurance Performance Committee monthly for three months or until a pattern of compliance is obtained and this process will be ongoing.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345417	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE NURSING CENTER OF WAK	968 EAST WAIT AVENUE WAKE FOREST, NC 27587

(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 371	Continued From page 3 at 3:03 PM. He stated that they checked the vents on the ceiling every month and dusted them. The ones that were really bad were taken out and cleaned. He stated that he tried to clean the vents in the kitchen every month. He stated that they checked and cleaned the vents during a monthly preventive maintenance program. He stated he thought they were last cleaned the first week in July. If staff noticed the vents were dirty, they should have called them to clean the vents. He stated that the vents looked worse than last month. The Administrator was interviewed on 8/2/17 at 3:28 PM. He stated that they typically cleaned the vents monthly the first and second week. He stated that he would expect that the cleaning for the vents to be kept as scheduled. He stated that the vents would have been cleaned this week. He would expect that there would not be any expired items in the kitchen and were to be checked at meals and that all items had a date on it.	F 371		
F 431 SS=E	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.	F 431		8/30/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345417	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE NURSING CENTER OF WAK	968 EAST WAIT AVENUE WAKE FOREST, NC 27587

(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 4 (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 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:	F 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345417	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE NURSING CENTER OF WAK	968 EAST WAIT AVENUE WAKE FOREST, NC 27587

(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 5 Based on observations and staff interviews, the facility failed to store medications within the temperature range specified by the manufacturer in 1 of 2 Medication Rooms (Unit 1 Med Room). The findings included: Accompanied by Nurse #1, an observation was made of the Unit 1 Medication Room (Med Room) on 8/3/17 at 10:55 AM. Upon opening the refrigerator door, a thermometer hanging from the top shelf of the Med Room refrigerator indicated the temperature was 23 degrees (o) Fahrenheit (F). The thermometer reading was verified by Nurse #1 at that time. The contents of the refrigerator at the time of the observation on 8/3/17 at 10:55 AM included, in part: --4 Tresiba unused insulin pens in an opened, partial box (originally containing 5 insulin pens) dispensed by the pharmacy on 5/12/17 for Resident #47. A review of the manufacturer ' s product information indicated unused Tresiba should be stored between 36oF to 46oF ...Do not freeze; --2 unopened boxes (containing 5 unused Lantus insulin pens each) and 3 unused Lantus insulin pens in an opened, partial box (originally containing 5 insulin pens) dispensed from the pharmacy for Resident #177. A review of the manufacturer ' s product information indicated unopened Lantus should be stored between 36oF to 46oF ...Do not freeze. Discard if frozen; --1 unopened vial of Lantus insulin dispensed from the pharmacy on 8/1/17 for Resident #14; --1 unopened vial of Novolog insulin dispensed from the pharmacy on 7/27/17 for Resident #174. A review of the manufacturer ' s product	F 431	This plan of correction constitutes a written allegation of compliance, preparation, and submission of the plan of correction does not constitute admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of requirement under state and federal law. Corrective Action for those residents that have been affected. On 8/1/17 it was observed that the temperature range of the Medication Refrigerator on Unit 1 was not in acceptable range between 36F and 46F. All of the medications in that refrigerator were discarded immediately by the Director of Nursing. Maintenance was notified and the temperature was adjusted until it was within the appropriate temperature range between 36F and 46F. The temperature did reach the appropriate on 8/1/17. The Refrigerator was monitored daily by the Third shift supervisor through August 15th 2017, to ensure the temperature stayed within range. The Maintenance Director determined that the temperature variance was not consistently in the range of 36F and 46F, and purchased a new Medication Refrigerator for Unit 1. The Medications were then placed in the new Unit 1 Refrigerator on 8/16/17. On 8/30/17 the Old Unit 1 Medication refrigerator was removed from the facility and discarded.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345417	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE NURSING CENTER OF WAK	968 EAST WAIT AVENUE WAKE FOREST, NC 27587

(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 6 information indicated unopened Novolog insulin should be stored between 36oF to 46oF ...Do not freeze Novolog and do not use Novolog if it has been frozen; --1 unopened vial of Humalog insulin dispensed from the pharmacy on 7/30/17 for Resident #32. A review of the manufacturer ' s product information indicated unopened Humalog insulin should be stored between 36oF to 46oF. Do not freeze; --1 unopened vial of Humalog insulin dispensed from the pharmacy on 7/21/17 for Resident #21; --1 unopened vial of Procrit (an injectable medication used to treat anemia) dispensed from the pharmacy on 8/1/17 for Resident #201. A review of the manufacturer ' s product information indicated Procrit should be stored between 36oF to 46oF. Do not freeze; --1 partial box containing 18 vials of 20 micrograms/2 milliliters (mcg/ml) Perforomist (a medication used for the treatment of chronic obstructive pulmonary disease or asthma) dispensed on 7/25/17 for Resident #83. A review of the manufacturer ' s product information indicated prior to dispensing, Perforomist should be stored in the refrigerator at 36oF to 46oF; --1 partial box containing 3 vials of 20 mcg/2 ml Perforomist dispensed on 6/29/17 for Resident #131; and, --1 partial box containing 24 vials of 15 mcg/2 ml Brovana nebulizer solution (a medication used for the treatment of chronic obstructive pulmonary disease) dispensed from the pharmacy on 7/31/17 for Resident #122. A review of the manufacturer ' s product information indicated unopened pouched unit-dose vials of Brovana should be stored in a refrigerator between 36oF to 46oF.	F 431	Corrective action will be accomplished for those residents to be affected by the same deficient practice. On 8-1-17 the remaining two Medication refrigerators(Rehab Medication refrigerator and Unit 2 Medication refrigerator)were checked by the Director of Nursing to ensure they were in the acceptable range. The temperatures were in the acceptable range between 36F and 46F in each of those refrigerators on 8/1/17. Measures put into place or systemic changes made to ensure that the deficient practice will not occur. The Third Shift Supervisor or the third shift charge nurse will be responsible for logging the Medication Refrigerator daily and ensuring all three are in the appropriate ranges(between 36F and 46F) for medications. If the temperature is out of range the thermostat is to be adjusted and the temperature is to be checked within 30 minutes. If the temperature is not within the range the medications are to be moved to one of the remaining two Medication Refrigerators, and Maintenance will be communicated by work order or phone call to resolve the issue. (See Exhibit B) This process is to be ongoing. Beginning 8-8-17 nurses were in-serviced by the Director of Nursing, Staff Development Coordinator and Nurse Supervisors regarding the procedure for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345417	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE NURSING CENTER OF WAK	968 EAST WAIT AVENUE WAKE FOREST, NC 27587

(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 7 On 8/3/17 at 10:55 AM, an August 2017 temperature log was also observed to be posted on the front of the Unit 1 Med Room refrigerator. The temperature log documented the following: --On 8/1/17 at 7:00 AM the refrigerator temperature was 35oF; --On 8/2/17 at 2:00 AM the refrigerator temperature was 28oF; --On 8/3/17 at 12:50 AM the refrigerator temperature was 30oF. Typed notations at the top of the Temperature Log read: "1) Acceptable refrigerator temperature is between 36F & 46F. 2) If temperature not in range notify maintenance immediately." An interview was conducted on 8/3/17 at 11:15 AM with the facility's Director of Nursing (DON). During the interview, the observation of the Unit 1 Med Room refrigerator temperature and August 2017 temperature log was shared with the DON. At that time, the DON stated her expectation would be for the staff to follow procedures and notify maintenance, herself, and the Administrator if the medication room refrigerator temperatures were not within the acceptable range. The DON confirmed each of the temperatures recorded in August (to date) were below the recommended range. An interview was conducted on 8/3/17 at 12:00 PM with the facility ' s Maintenance Director. During the interview, the Maintenance Director reported he had not been informed of any issues or concerns with the Unit 1 Med Room refrigerator. When asked what the process involved for 3rd shift nursing staff to report such a concern, he stated staff only needed to text or call him so the refrigerator temperature could be	F 431	appropriate Temperatures for Medication Refrigeration and the procedure to follow if the medications are not within the acceptable temperatures (between 36F and 46F). Of the 47-nursing staff, 39 have been in-serviced as of 8/25/17. Any nurse that has not been in-serviced will be in-serviced prior to the start of their next scheduled shift. See Exhibit B. This will be part of the orientation process for all new nurses. The Staff Development Coordinator will be responsible for this education for new staff. The Facility plans to Monitor its performance to make sure the solutions are sustained. The Administrator and/or DON will observe the audit tool weekly and will present the findings to the Quality Assurance Performance Improvement Committee monthly for three months or until a pattern of compliance is obtained. This process will be ongoing.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345417	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE NURSING CENTER OF WAK	968 EAST WAIT AVENUE WAKE FOREST, NC 27587

(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 adjusted and/or the refrigerator defrosted, if needed. He reported staff did not have to fill out a work order. The Maintenance Director reiterated he was not notified of any temperature problems with the Unit 1 Med Room refrigerator. A follow-up interview was conducted on 8/3/17 at 3:15 PM with the DON. The DON stated she had talked with the nursing staff who documented the August refrigerator temperatures and confirmed no reports had been made about the med room refrigerator temperatures being outside of the recommended range.	F 431		