

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

PRINTED: 03/20/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/01/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF DREXEL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>307 OAKLAND AVENUE MORGANTON, NC 28655</b>	
(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 761 SS=D	<p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(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>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(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>§483.45(h)(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: Based on observations and staff interviews, the facility failed to date an opened multi-dose vial in 1 of 1 medication refrigerator, date 2 bottles of opened medications in 1of 5 medication carts, and secure and label unidentified loose pills in 1 of 5 medication carts.</p> <p>The findings included:</p> <p>The pharmacy policy was reviewed which</p>	F 761	<p>This plan of correction constitutes my written allegation of compliance for deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exist or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.</p>	3/23/18

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

TITLE

(X6) DATE

Electronically Signed

03/19/2018

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 761	<p>Continued From page 1</p> <p>indicated recommended minimum medication storage parameters and read in part; multi-dose vials for injection: date when opened and discard unused portion after 28 days or in accordance with manufacturers recommendations.</p> <p>1.a An observation of the 1st floor medication room refrigerator on 2/27/18 at 3:30 pm revealed 1 opened, undated multi-dose vial of Tuberculin solution.</p> <p>During an interview with the nurse at the time of the observation she verified the vial was opened and not dated. She stated the vial should have been dated when opened.</p> <p>b. An observation of the 200 hall medication cart revealed 14 whole loose pills and (3) ½ loose pills in the drawers.</p> <p>In an interview with the nurse at the time of the observation she stated she could not identify all the loose pills and doesn't know when or how they became loose in the bottom of the drawer. She demonstrated her process for dispensing pills into the medicine cup in order to not lose a pill and that if a pill were to fall into the cart she would attempt to locate it in order to discard it. The nurse discarded the loose pills at that time.</p> <p>c. An observation of the 200 hall medication cart revealed a partially used 16 ounce bottle of Milk of Magnesia opened and not dated and a 300 milliliter bottle of Keppra opened and not dated.</p> <p>An interview with the nurse at the time of the observation revealed she was unaware that the Milk of Magnesia was not dated but should have been dated when opened. She also added, she was unaware that the Keppra was undated and was unsure as to why the bottle was open or</p>	F 761	<p>It was identified during the survey process that facility failed to date a multi-dose vial of 1 of 1 refrigerated medication, date 2 bottles of opened medications in 1 of 5 medication carts, and secure and label unidentified loose pills in 1 of 5 medication carts. Director of Nursing or designee will in-service all nurses and medication aides on proper medication storage, labeling, and importance of cleanliness of all medication storage areas. Director of Nursing or designee will audit medication storage, labeling of medications, and cleanliness of all medication storage areas.</p> <p>All nurses and medication aides will be trained by Director of Nursing or designee on proper storage of medications, labeling of medications and disposal of medications that have expired, and importance of cleanliness of all medication storage areas. All in-servicing will be completed by 3/23/18. All new staff hired will be in-serviced upon hire. The Director of Nursing and/or designee will complete weekly audits and check all medication storage areas for proper labeling of medications, expired medications, and cleanliness of areas.</p> <p>In order to assure continued compliance, Director of Nursing or designee will complete audits of all medication storage areas weekly for 3 months to assure compliance in these areas.</p> <p>The results of audit will be presented in the monthly Quality Assurance</p>		

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F 761	Continued From page 2 even on the med cart as it was a back-up and not needed until the current bottle was used.  During an interview with the DON on 2/28/18 at 4:31 pm she stated she expects her staff to date and initial multi-dose vials when opened and bottles of medication in the medication carts are to be dated when opened. She further added the unit supervisors are responsible for weekly audits for expired meds and cleaning if needed. She would expect any medication nurse, if thought there were loose pills, to do their best to locate them in the cart and discard them.  In an interview with the unit supervisor, on 2/28/18 at 4:04 pm, he stated his assignments vary day to day but he does a weekly audit of the medication carts for expired meds.	F 761	Performance Improvement committee times 3 months for further review and recommendations.  The title of the person responsible for implementing the acceptable plan of correction is the Administrator.		
F 805 SS=D	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3)  §483.60(d) Food and drink Each resident receives and the facility provides-  §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews, the facility failed to provide the physician ordered diet for 1 of 2 residents receiving modified diets (Resident #3).  The Findings Included:  Resident #3 was admitted to the facility on 2/17/17. Her diagnoses included dementia and dysphagia.	F 805	It was identified during the survey process that Resident #3, with a documented diet consistency of Pureed, was observed being served and fed one bite of regular consistency diced pears. Dietary staff and Activities assistant failed to identify incorrect diet being served. The dietary manager or designee will be observing dining to assure correct diets are served. All meal tickets will be	3/23/18	

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F 805	<p>Continued From page 3</p> <p>The annual Minimum Data Set (MDS) assessment dated 2/11/18 coded her with severely impaired cognition, having no behaviors, requiring extensive to total assistance with all activities of daily living including eating, and receiving a mechanically altered diet.</p> <p>A review of the physician progress notes for 1/24/18 reflected a change to a pureed diet for Resident #3 at her daughter's request.</p> <p>Observation of the lunch meal on 2/26/18 at 1:03PM revealed the meal included diced pears for dessert.</p> <p>Resident #3 was observed in the dining room being assisted with her lunch meal by the activity assistant. The activity assistant was observed to feed Resident #3 a spoonful of diced pears. Resident #3 was attempting to eat the pears, no coughing or distress was noted. Upon review of the tray card, that accompanied the meal, with the activity assistant, she verified the resident should be served pureed foods. All other foods served on the lunch tray were of pureed consistency.</p> <p>Subsequent meal observations were made on 2/28/18 at 8:30AM and 12:31PM and on 3/1/18 at 8:30AM. Resident #3 was served a pureed diet as ordered.</p> <p>An interview was conducted with the Speech Therapist on 3/1/18 at 2:10PM which revealed the resident is on a pureed diet and should not be served regular consistency foods. She further added the resident experienced some weight loss a few months ago due to a decrease in intake of</p>	F 805	<p>observed for accuracy in comparison to items placed on meal trays before resident is served.</p> <p>The dietary staff, certified nursing assistants, and all staff trained to feed or pass trays working first and second shift on 2/26/18 were in-serviced by Dietary Manager, Assistant Director of Nursing, or Designee before supper meal was served regarding how to assure accuracy. The remainder of staff will be in-serviced by Dietary Manger or Designee by 3/23/18. All new staff hired will be in serviced upon hire.</p> <p>In order to assure continued compliance, Dietary Manager or designee will audit 6 residents a day times 1 week and then will drop to 6 residents weekly times 3 months to assure diet consistency served matches tray card.</p> <p>The results of audit will be presented in the monthly Quality Assurance Performance Improvement committee times 3 months for further review and recommendations.</p> <p>The title of the person responsible for implementing the acceptable plan of correction is the Administrator.</p>		

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F 805	<p>Continued From page 4</p> <p>solid foods and would only consume liquids. The order was then changed to a pureed diet.</p> <p>On 3/1/18 at 3:45PM in an interview with the Dietary Manager, she revealed she prints out the tray cards for each meal and highlights the textures and special instructions on each card. The server on the tray line goes by the tray cards, the dietary aide that sets up the trays is a second check, and then whoever picks up the tray to deliver it to the resident should see the card.</p> <p>An interview was conducted with the activity assistant on 3/1/18 at 2:41PM. She stated she should have caught the mistake on the tray when she looked at the tray card. She further added, she only gave the resident one spoonful of the diced pears which the resident chewed and spit out.</p> <p>During an interview with the DON on 3/1/18 at 4:00PM she stated it was her expectation that a resident with a pureed diet order would be served pureed food.</p>	F 805			