

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

PRINTED: 01/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/05/2019
NAME OF PROVIDER OR SUPPLIER SCOTIA VILLAGE-SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 ELM DRIVE LAURINBURG, NC 28352		
(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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §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. §483.45(h) Storage of Drugs and Biologicals §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. §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	F 761		12/20/19	

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

TITLE

(X6) DATE

Electronically Signed

12/17/2019

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>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 interviews the facility failed to keep unattended medication secured in a locked medication cart for 1 of 4 medication carts observed (Lighthouse unit). Findings included:</p> <p>In an observation on 12/03/19 from 4:12 PM to 4:13 PM the medication cart was against the partial wall dividing the dining room from the hallway. The medication cart was not visible from the dining room. The lock of the medication cart did not appear to be engaged. No staff members were seen on the hallway and the nursing station was empty of staff. After approximately 15-20 seconds a staff member walked up to the medication cart from out of the dining room and stood in front of the cart for a few seconds. The lock on the medication cart still appeared to not be engaged as she walked up the hallway approximately 40 feet to a resident room. The staff member returned down the hallway and adjusted the vital sign equipment that was on a cart outside the nursing station. When approached, the staff member confirmed that she was the nurse (Nurse #1) for the hallway.</p> <p>In an interview on 12/03/19 at 4:13 PM Nurse #1 verified that the medication cart was unlocked by pulling open a drawer containing medications without using a key to unlock the cart. She confirmed that she had stopped at the medication cart after leaving the dining room but heard an alarm and responded to it leaving the unlocked medication cart unattended. She indicated that medication carts should always be locked when</p>	F 761	<p>F761 – LABEL/STORE DRUGS AND BIOLOGICALS</p> <p>Preparation and or execution of this plan does not constitute admission or agreement by the Provider of the truth of facts alleged or conclusion set forth on the statement of deficiencies. The plan is prepared and executed solely because it is required by the provisions of State and Federal law.</p> <p>Facility nursing staff failed to keep unattended medication secured in a locked medication cart.</p> <p>On 12/03/19, Nurse #1 left a medication cart unlocked and unattended.</p> <p>The Staff Development Coordinator initiated an in-service to all licensed nursing staff on 12/05/19 regarding security of medication carts while unattended. No staff will work after 12/13/19 until they have received the in-service. All newly hired licensed nursing staff will receive the appropriate education during orientation.</p> <p>To ensure quality assurance, the Staff Development Coordinator and Director of Nursing will randomly audit 10 unattended medication carts to ensure carts are locked when not in visual sight of the nurse. Audits will occur weekly x 4 weeks, then monthly x 3 months. The Associate</p>		

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F 761	Continued From page 2 not attended. Nurse #1 stated if the cart was left unlocked, anyone could come and take whatever drugs they wanted and swallow them. In an interview on 12/05/19 at 10:23 AM the Director of Nursing (DON) stated that medication carts should always be locked if not in the line of sight of the nurse. She indicated that the medication carts should be locked to prevent anyone from getting the medications.	F 761	Director will review the audit tools weekly x 4 weeks, then monthly x 3 months for trends and concerns. The Director of Nursing will present the results of these audits to the Quality Assurance Performance Improvement Committee for a minimum of three consecutive meetings to identify trends, concerns, and recommendations for any modification of the process. The Director of Nursing will be responsible for implementing the plan of correction.		