STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. BUILDING _____ B. WING _____	C 05/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HEALTH CARE CENTER	1987 HILTON ROAD BURLINGTON, NC 27217

(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 An unannounced Recertification survey was conducted on 05/24/21 through 05/24/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #Q2LV11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 05/24/21 through 05/27/21. 17 of the 17 complaint allegation's were not substantiated Event ID#Q2LV11	F 000		
F 761 SS=E	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		6/12/21

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

Electronically Signed | 06/03/2021

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F 761	Continued From page 1 quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to provide the date medications were opened stored in 3 of 6 medication administration carts; failed to remove expired medications stored in 2 of 3 medication storage rooms (Mauve1, Teal North and Teal South halls). Findings Included: 1 a. On 5/24/21 at 9:20 AM, and observation of the medication administration cart on Mauve 1 hall with Nurse #1 revealed the following medications were opened and undated: 1 multi-dose vial of Insulin Lispro, 1 multi-dose Insulin Humalog Pen, 2 multi-dose vials of Insulin Lantus Pen. A review of the manufacturer ' s literature indicated to discard the insulin multi-dose vial and pen-injector 28 days after opening. On 5/24/21 at 9:25 AM, during an interview, Nurse #1 indicated that the nurses, who worked on the medication carts, were responsible for putting the date of opening on insulin pens-injectors and multi-dose vials. The nurse indicated that she had not checked the date of opening on insulin vials in her medication administration cart at the beginning of her shift. She mentioned that per training/competency, every nurse should put the date of opening on multi-dose medications. The nurse did not administer undated insulin this shift. 1 b. On 5/24/21at 12:10 PM, an observation of	F 761	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility□s allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. F761 Medication Storage Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: All expired medications were removed from medication carts and medication storage areas on 05/25/2021 by Staff Development Nurse. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All medication carts and storage areas were audited on 05/26/2021 and any medications expired were discarded. All medication carts will be audited by Omnicare Pharmacy Nurse Consultant for	

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F 761	Continued From page 2 the medication administration cart on Teal North hall with Nurse #2 revealed 1 opened multi-dose vial of Insulin Levemir Pen, with no date of opening. A review of the manufacturer ' s literature indicated to discard the insulin multi-dose vial and pen-injector 28 days after opening. On 5/24/21at 12:15 PM, during an interview, Nurse #2 indicated that the nurses, who worked on the medication carts, were responsible for putting the date of opening on insulin pens-injectors and multi-dose vials. The nurse indicated that she had not checked the date of opening on insulin vials in her medication administration cart at the beginning of her shift. She mentioned that per training/competency, every nurse should put the date of opening on multi-dose medications. The nurse did not administer undated insulin this shift. 1 c. On 5/25/21 at 7:30 AM, an observation of the medication administration cart on Teal South hall with Nurse #3 revealed 1 opened multi-dose vial of Insulin Lantus Pen, with no date of opening. A review of the manufacturer ' s literature indicated to discard the insulin multi-dose vial and pen-injector 28 days after opening. On 5/25/21 at 7:35 AM, during an interview, Nurse #3 indicated that the nurses, who worked on the medication carts, were responsible for putting the date of opening on insulin pens-injectors and multi-dose vials. The nurse indicated that she had not checked the date of opening on insulin vials in her medication administration cart at the beginning of her shift. She mentioned that per training/competency, every nurse should put the date of opening on	F 761	expired medications on June 10, 2021 and any expired items will be discarded. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: All licensed nurses will be educated on storage of medications by Director of Nursing or designee, completion date 06/12/2021. Licensed nurses who have not received education on or before 06/12/2021 by Director of Nursing or designee will not be allowed to work until education is received. All new licensed nurses will be educated on storage of medications during orientation by Director of Nursing or Staff Development nurse. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: Medication carts and medication storage areas will be audited by Director of Nursing or designee weekly x2 weeks, Bi-weekly x2 weeks then monthly x 1 month. Results of audits will be reported to Quarterly Quality Assurance and Improvement committee X1 for further problem resolution if needed. Completion date June 12,2021.	

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F 761	Continued From page 3	F 761		

multi-dose medications. The nurse did not administer undated insulin this shift.

2 a. On 5/25/21 at 7:40 AM, observation of the medication storage room on Teal hall with Nurse #3 revealed: in the refrigerator, there were 6 paper boxes of Influenza Vaccine, multi-dose vials, 5 ml, sealed, expired on 5/19/21; in the cabinet, there were 1 opened plastic container of Firvanq Oral Solution (antibacterial medication), expired on 5/20/21 and 1 opened Liquid Pain Relief, Acetaminophen, expired on March 2021.

2 b. On 5/25/21 at 7:55 AM, observation of the medication storage room on Mauve 1 hall with Nurse #3 revealed: in the cabinet, there was 1 paper box with 7 Acetaminophen Suppositories, expired in February 2021.

On 5/25/21 at 8:15 AM, during an interview, Nurse #3 indicated that all the nurses were responsible for checking and removal the expired medications from the medication storage room. Nurse #3 stated she did not check the medication storage room during her shift.

On 5/25/21 at 10:15 AM, during an interview, the Interim Director of Nursing indicated that all the nurses were responsible for putting the date of opening on insulin pens-injectors and multi-dose vials, check all the medications in medication administration carts/medication storage rooms for expiration date and remove expired medications every shift. The DON stated that every two weeks the pharmacy staff, who restocked medication storage rooms, checked the expiration date and removed expired medications. She expected that no expired items be left in the medication carts or medication storage rooms.

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