STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345423	A. BUILDING _____ B. WING _____	C 02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON REHABILITATION AND NURSING CENTER	**1705 SOUTH TARBORO STREET WILSON, NC 27893**

(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 and complaint investigation survey was conducted on 1/30/23 through 2/2/23. The faciltiy was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #BGD011.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 1/30/23 through 2/2/23. Event ID#CGD011. The following intake was investigated NC00197131. 2 of the 2 complaint allegations were not substantiated.	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	F 761		2/18/23

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

Electronically Signed | 02/16/2023

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F 761	Continued From page 1 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 record review, observations and staff interviews, the facility failed to discard an expired Novolog insulin flex pen from 1 of 4 medication carts observed. (300-hall medication cart) Findings included: A review of the Resident #33's Medication Administration Records (MAR) for December 2022 and January 2023 revealed she received Novolog Insulin flex pen for sliding scale coverage of blood sugars readings. She received one dose of Novolog Insulin on 12/30/22 and received twenty-two doses of Novolog Insulin in January: 1/1/2023, 1/2/2023, 1/3/2023, 1/4/2023, 1/6/2023, 1/8/2023, 1/9/2023, 1/10/2023, 1/11/2023, 1/13/2023, 1/14/2023, 1/16/2023, 1/18/2023, 1/21/2023, 1/22/2023, 1/23/2023, 1/24/2023, 1/26/2023, 1/27/2023, 1/28/2023, 1/29/2023 and 1/31/2023. An observation of the 300-hall medication cart was conducted on 2/1/2023 at 11:23 a.m. in the presence of Medication Aide #1 who was assigned to the 300-hall medication cart. Resident #33's Novolog Insulin flex pen (100 units per milliliter) label was observed with 12/1/22 written as the date opened and the expiration date written as 12/28/22. The label indicated the medication was to be discarded twenty days after opening.	F 761	F761 SS=D Label/Store Drugs and Biologicals 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 or alleged, or the correctness of the conclusions set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of the requirement under state and federal law and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident. Resident Affected: Following record reviews, observations, and staff interviews on 02/01/2023, the facility failed to discard an expired Novolog insulin flex pen issued to Resident #33 on the 300-hall medication cart. The Director of Nursing immediately disposed of Resident #33's Novolog Insulin Flex pen in a sharp container, on 02/01/2023. The Administrator immediately educated the Director of Nursing and Staff Development Coordinator on the policy and procedures for labeling and storage of drugs and biologicals on 02/01/2023. The Staff	

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F 761	Continued From page 2 In an interview with Medication Aide #1 on 2/1/2023 at 11:23 a.m., she stated the Infection Preventionist was responsible for checking the 300-hall medication cart, and nurses administered insulin to her residents. She said Resident #33 received Novolog Insulin as needed for elevated blood sugars and read the expiration date as 2/1/2023 on the Novolog Insulin flex pen. On 2/1/2023 at 11:27 a.m. the Director of Nursing (DON) observed Resident #33's Novolog Insulin flex pen from the 300-hall medication cart. She stated she could not tell if the open date was written as 12/9/2022 or 12/1/2022, and the expiration date written looked like 12/29/2022. Medication Aide #1 re-examined the Novolog flex pen and stated the open date written on the label looked like 12/1/2022, and the expiration date written looked like 12/29/2022. She said she did not think Resident #33 had received Novolog Insulin on 2/1/2023. The DON disposed of Resident #33's Novolog Insulin Flex pen in a sharp container. In an interview with the DON on 2/1/2023 at 11:32 a.m., she said the pharmacy checked the medication carts monthly, the Infection Preventionist (IP) checked the medication carts weekly, and the nursing staff checked the medication carts each shift and before administering medications to residents for expirations. She further stated the IP was to check the medication carts and medication rooms daily during the survey that week. An interview with the Infection Preventionist (IP) on 2/1/2023 at 2:51 p.m., she stated she was responsible for checking the medications carts and medication rooms monthly, and she had	F 761	Development Coordinator immediately educated Medication Aide #1, Nurse #1, and the Infection Preventionist on the policy and procedures for labeling and storage of drugs and biologicals, on 02/01/2023. Residents with Potential to be Affected: All Residents are at risk for this deficiency. The Director of Nursing and Infection Prevention Control Nurse completed a 100% Medication Cart Audit and Medication Storage Room Audit for compliance of the observed deficient practice, on 02/01/2023. There were no additional concerns identified. All Licensed Nursing Employees and Certified Medication Aide Employees will be educated, by the Staff Development Coordinator, on the policies and procedures for labeling and storage of drugs and biologicals, by 02/18/2023. The Staff Development Coordinator will educate all new licensed nursing staff and certified medication aide employees, upon orientation and as needed, on the policies and procedures for labeling and storage of drugs and biologicals. Systemic Changes: The facility Consultant Pharmacist #1 provided the Administrator and Director of Nursing with resource guidance that provided each required policy and procedure for labeling and storage of	

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F 761	Continued From page 3	F 761		

checked the 300-hall medication cart on 12/27/2023 and did not recall Resident #33's Novolog Insulin flex pen on the 300-hall medication cart. She disclosed medication carts and medication rooms should be checked weekly, and she had not been checking the medication carts and medication rooms weekly. She said she checked the medication rooms on Monday (1/30/2023) and had not checked the medication carts that week as directed by the DON.

On 2/1/2023 at 3:00 p.m. in an interview with Nurse #1, she stated she administered Resident #33 her Novolog Insulin per sliding scale on 1/31/2023 and could not recall using the Novolog Insulin flex pen dated with an expiration date of 12/29/2022 and checking the expiration date on the label of the Novolog Insulin. She stated when a new insulin vials or flex pens were opened, the date opened and the expiration date which was 28-30 days after opening depending on the type of insulin was written on the label. She further stated the expirations date on insulin should be checked before administering insulin to Resident #33.

A written statement dated 2/1/2023 from Nurse #1 to the Director of Nursing revealed Nurse #1 wrote she could not specifically remember checking Resident #33's Novolog Insulin expiration date on 1/31/2023 and she always checked the expiration dates. When she was done with the Novolog Insulin pen, she returned the Novolog Insulin pen to Medication Aide #1 who disposed of the Novolog Insulin Flex pen in the sharp container because it was empty. Therefore, the Novolog Insulin flex pen found on the 300-hall medication cart on 2/1/2023 expired medications issued to the facility, on 02/01/2023. The Assistant Director of Nursing and Unit Manager placed a copy of the resource guidance at each medication cart and in each medication storage room.

All Licensed Nursing Employees and Certified Medication Aide Employees will be educated, by the Staff Development Coordinator, on the location and information within resource guides for labeling and storage of drugs and biologicals, by 02/18/2023. All new licensed nursing staff and certified medication aide employees will be educated by the Staff Development Coordinator upon orientation and as needed on the location and information within resource guides for labeling and storage of drugs and biologicals.

The Infection Prevention Control Nurse will audit facility compliance of labeling and storage of drugs and biologicals medication storage rooms and medication carts, for 5 times per week for 4 weeks, 1 time per week for 4 weeks, and every other week for 4 weeks.

The Director of Nursing will audit the medication storage rooms and medication carts, for the effectiveness and compliance of the facility plan of correction on medication room and medication cart label and storage, and audit the demonstrated competency skills of the Infection Prevention Control Nurse, Licensed Nursing Staff, and Certified

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F 761	Continued From page 4 could not have been the Novolog Insulin flex pen used on 1/31/2023. A written statement not dated from Medication Aide #1 to the Director of Nursing revealed Nurse #1 returned Resident #33's Novolog Insulin flex pen to Medication Aide #1 on 1/31/2023. There was no more insulin in Resident #33's Novolog Insulin flex pen, and Medication Aide #1 discarded the Novolog Insulin flex pen into a sharp container on 1/31/2023. Medication Aide #1 wrote the Novolog Insulin flex pen found on 300-medication cart on 2/1/2023 was not the one used for Resident #33 on the evening of 1/31/2023. On 2/2/2023 at 10:03 a.m. in a phone interview with Pharmacist #1, she stated she randomly checked the contents of one medication cart and one medication room for expirations monthly. The last pharmacy medication cart check was performed on 1/23/202, and she checked the 100-hall medication cart. On 2/2/2023 at 9:53 a.m. in a phone interview with Pharmacist #2, she disclosed pharmacy records showed Resident #33 was dispensed a Novolog Insulin Flex Pen 100 units per milliliter on 11/10/2022 and 2/1/2023 to the facility. She stated the Novolog Insulin flex pen expired after 28 days of removing from the refrigerator and opened.	F 761	Medication Aide Staff, on the effectiveness of the facility corrective action on labeling and storage of drugs and biologicals, 1 time per week for 12 weeks. Monitoring: The Director of Nursing will discuss the audit results during the monthly Performance Improvement Committee Meeting, consisting of the Administrator, Director of Nursing, Pharmacist, Social Worker, Minimum Data Set Coordinator, and Medical Director, for 3 months and ensure facility plan of correction compliance is ongoing and will determine the need for further audits/in-services on the deficient practice as needed.	