

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

PRINTED: 05/24/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345558	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2023
NAME OF PROVIDER OR SUPPLIER NC STATE VETERANS HOME-BLACK MOUNTAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 62 LAKE EDEN ROAD BLACK MOUNTAIN, NC 28711		
(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	An unannounced recertification and complaint investigation survey was conducted on 5/8/23 through 5/12/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# K2CN11. INITIAL COMMENTS	F 000			
F 761 SS=E	A recertification and complaint investigation survey was conducted from 5/8/23 through 5/12/23. Event ID# K2CN11. The following intakes were investigated: NC00199806, NC00197361, NC00200275, NC00200829, NC00201176, NC00199804, NC00199805, NC00188995, NC00195975, NC00202062. 16 of the 16 complaint allegations did not result in deficiency. 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	F 761	6/1/23		

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

TITLE

(X6) DATE

Electronically Signed

05/24/2023

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>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:</p> <p>Based on observations and staff interviews, the facility failed to remove expired medications from 2 of 4 medication carts (B hall and D hall) and 1 of 4 medication rooms (D hall).</p> <p>The findings included:</p> <p>1.a. An observation on 5/12/23 at 10:15 AM with Nurse #2 of the B hall medication cart revealed a medication card of Acetaminophen 325 milligram tablets that had a total of 8 pills left marked with a discard date of 4/11/23 from the pharmacy and no manufacturer expiration date. Acetaminophen is used to treat pain and to reduce fever. The expired Acetaminophen card was left available for use in the B hall medication cart.</p> <p>An interview with Nurse #2 on 5/12/23 at 10:18 AM indicated that the nurses should check medication dates before administration and the medication carts once a week. Nurse #2 stated that the pharmacy checked medication carts once a month. She further stated that the night shift nurses were responsible for stocking and reordering the medications for the cart. She stated that the resident no longer used the Acetaminophen, and that it was overlooked.</p> <p>An interview with the Director of Nursing (DON) on 5/12/23 at 11:00 AM revealed that all the</p>	F 761	<p>1.The facility failed to remove expired medications from 2 of 4 medication carts (B hall and D hall) and 1 of 4 medications rooms (D Hall). The Director of Nursing and Administrator immediately removed expired medications from medication carts on B hall and D hall. The acetaminophen and mineral oil were immediately removed from the medication cart and placed in the return to pharmacy tote. The vial of expired tuberculin was discarded appropriately by the Director of Nursing.</p> <p>2.All residents have the potential to be affected by this deficiency. A 100% audit was completed between 5/23/2023-5/24/2023 to ensure there were no expired medications present on the medication carts or medication storage rooms. All expired medications were removed and disposed of immediately.</p> <p>3.Education was initiated for all licensed nurses on May 23, 2023 of the facility's policy for expired medications. Any nurse that was not educated by June 1, 2023 will be educated prior to their next scheduled shift. Any new hires will be educated during orientation.</p>		

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F 761	<p>Continued From page 2</p> <p>nurses were supposed to check the medication rooms when they put away medications and the carts whenever they were on the cart. She added that the nurses were also supposed to check the expiration date before they administered a medication. The DON stated that she checked the medication rooms and carts once a week while pharmacy checked them once a month. She also stated that the facility policy was to use the manufacturer's expiration date but if there was no manufacturer's date on the medication, then they would go by the pharmacy discard date and the Acetaminophen on the B hall medication cart should have been discarded according to the pharmacy discard date.</p> <p>1.b. During an observation of the D hall medication cart on 5/12/23 at 11:50 AM with Nurse #1, there was an open bottle of Mineral Oil marked with a manufacturer's expiration date of 2/2023 and was available for use. It had a pharmacy label that indicated it was sent from the pharmacy on 3/6/23. Mineral oil is a colorless, odorless oil commonly used as a lubricant and a laxative.</p> <p>An interview with Nurse #1 on 5/12/23 at 11:53 AM revealed that the Mineral Oil was no longer being used by the resident. Nurse #1 stated that it was used prior to his ear irrigation to soften the wax. He was not sure why the pharmacy sent the expired bottle, but it should have been sent back to the pharmacy because the bottle was expired.</p> <p>An interview with the DON on 5/12/23 at 4:50 PM revealed that she was unsure why pharmacy would send expired mineral oil and she was going to follow up with them. The DON stated that she and the Administrator went to the D hall</p>	F 761	<p>4.Audits will be completed by the Director of Nursing or designee 5 times weekly x 2 weeks, 2 time weekly x 4 weeks, then weekly x 2 months to ensure no expired medications are present on medication carts or medication preparation room. An AdHoc QAPI meeting was held on May 24, 2023 with the interdisciplinary team. Results of these audits will be reported in monthly QAPI meeting by the Director of Nursing for 3 months or until substantial compliance is met.</p> <p>5.Date of Compliance: June 1, 2023</p>		

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F 761	<p>Continued From page 3</p> <p>medication cart and removed the expired bottle of mineral oil. She stated the nurses who worked on the night shift usually received the medications from pharmacy and they should be checking the expiration dates. The DON stated the expiration date on the Mineral Oil was missed due to an oversight.</p> <p>2. An observation on 5/12/23 at 11:43 AM in the D hall medication room with Nurse #1 revealed a vial of Tuberculin, Purified Protein Derivative marked with an opened date of 2/24/23 and a discard date of 3/24/23. The expired vial of Tuberculin was available for use in the D hall medication refrigerator.</p> <p>An interview with Nurse #1 on 5/12/23 at 11:45 AM indicated that the Tuberculin should have been discarded after the discard date marked on the vial. Nurse #1 stated that the nurses normally checked the temperature in the medication refrigerator and the narcotics that were locked in the medication room. He reported he checked the D hall medication room on the morning of 5/12/23 but he only checked the refrigerator temperature and the narcotics. He further stated that they sometimes used the Tuberculin vial for TB (Tuberculosis) testing on new residents but the nurse who would give the TB shot should check the expiration date on the vial prior to administering it.</p> <p>An interview with the DON on 5/12/23 at 4:50 PM revealed that the Memory Care Unit Coordinator was supposed to check the medication room refrigerator in the D hall by doing the temperature checks and looking for expired medications more frequently. The DON stated she usually checked the other medication rooms once a week. The</p>	F 761			

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F 761	Continued From page 4 DON stated the expired vial of Tuberculin should have been discarded.	F 761			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(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. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to remove expired and spoiled food items available for use in 1 of 1 walk-in cooler and 1 of 1 reach-in cooler; remove expired food from 1 of 1 dry storage room; and failed to ensure a pipe in 1 of 1 walk-in freezer was free from leaks. This practice had the potential to affect food served to residents. The findings included: 1. An initial observation of the walk-in cooler on	F 812	1.The facility failed to remove expired and spoiled food items in 1 of 1 walk in cooler, 1 of 1 reach-in cooler, expired food from 1 of 1 dry storage room, and failed to ensure a pipe in 1 of 1 walk- in freezer was free from leaks. The expired and spoiled foods were immediately discarded. The pipe noted to be leaking in the walk in freezer was noted to be dripping. The maintenance director investigated and determined the pipe needed more appropriate insulation to	6/1/23	

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F 812	<p>Continued From page 5</p> <p>05/08/23 at 10:37 AM revealed the following:</p> <p>a. An opened box containing 6 cantaloupes with white and brown spots. The date received on the box of cantaloupes was 04/24/23.</p> <p>b. An opened box of green peppers that contained multiple black spots. The date received on the box of green peppers was 04/24/23.</p> <p>c. A 5-pound bag of carrots with yellow discoloration. There was no received-on or best by date on the bag of carrots.</p> <p>d. An opened box of celery with brown discoloration. There was no received-on or best by date on the box of celery.</p> <p>e. 2 boxes of tomatoes with black and white spots. There was no received-on or best by date on the boxes of tomatoes.</p> <p>f. A 5-pound bag of cheese cubes with a best-by date of 12/28/22</p> <p>An interview with the Kitchen Supervisor on 05/08/23 at 10:40 AM revealed the cooler was checked daily for expired food or food not in good condition and she was not sure why the above food items were still in the cooler.</p> <p>An interview with the Dietary Manager on 05/10/23 at 1:51 PM revealed food should be used or discarded on or before the best-by date. He stated a staff member come in on Mondays and Thursdays to put up stock and the staff member should check expiration dates or for signs of spoilage at that time, but all dietary staff</p>	F 812	<p>ensure the leak is repaired. The maintenance director stated the pipe will be re-insulated by May 31, 2023, then this project will be monitored to ensure it is acceptable. If not, the maintenance director will contact the vendor at a later date as necessary to repair the leak.</p> <p>2.All residents have the potential to be affected by this deficiency. A 100% audit was completed of the kitchen, walk in cooler, walk in freezer, nourishment room, and each kitchenette to ensure no expired foods or spoiled foods were present. Any spoiled or expired foods were immediately removed and disposed of immediately.</p> <p>3.The dietary manager was educated on May 23, 2023 by the administrator on ensuring all foods in the kitchen, walk in cooler, and freezer are appropriate for resident consumption and not expired or spoiled as well as immediately reporting any freezer leaks to the Administrator and Maintenance Department for repair. Education was initiated by the dietary manager on May 23, 2023 to all dietary employees and stock personnel to ensure expired or spoiled foods are disposed of immediately. Any staff that were not educated by June 1, 2023 will be educated prior to their next scheduled shift. Any new hires will be educated during orientation.</p> <p>4.Audits will be completed 5 times weekly x 2 weeks, 2 times weekly x 4 weeks, then weekly x 2 months to ensure no expired or spoiled foods are present in the</p>		

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F 812	<p>Continued From page 6</p> <p>were responsible for discarding expired or spoiled food.</p> <p>An interview with the Administrator on 05/12/23 at 5:21 PM revealed she expected food to be used on or before best-by dates and regular audits should be performed to check food for signs of spoilage.</p> <p>2. An observation of a pipe in the ceiling of the walk-in freezer above a shelf containing boxes of food on 05/08/23 at 10:47 AM revealed a large icicle was hanging from the pipe and a slow trickle of water was dripping onto a box of pastry strips and muffins stored under the pipe.</p> <p>An interview with the Kitchen Supervisor on 05/08/23 at 10:49 AM revealed the pipe had been leaking for approximately 2 months and she was not sure if maintenance had been notified of the leak. She stated food should not be stored under a leaking pipe.</p> <p>An interview with the Dietary Manager on 05/10/23 at 1:51 PM revealed the pipe in the walk-in freezer had been leaking since he began employment approximately 4 years ago. He stated he had checked with the facility's maintenance department in the past (he was unable to give an exact time) and they stated they were unable to fix the pipe and he needed to call the freezer manufacturer to come check the freezer. The Dietary Manager stated he had not contacted the freezer manufacturer to check the freezer and dietary staff tried to remove the icicle from the pipe periodically. He confirmed food should not be stored under the leaking pipe.</p> <p>An interview with the Maintenance Director on</p>	F 812	<p>kitchen, walk in cooler, freezer, and kitchettes as well as checking for leaks or icicles in the walk in freezer. An AdHoc QAPI meeting was held on May 24, 2023 with the interdisciplinary team. Results will be reported in monthly QAPI meeting by the Dietary Manager for 3 months or until substantial compliance is met.</p> <p>5.Date of Compliance: June 1, 2023</p>		

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F 812	<p>Continued From page 7</p> <p>05/12/23 at 2:50 PM revealed he had been employed at the facility a little over a year. He stated approximately 7 months he was made aware of an icicle hanging from a pipe in the ceiling of the walk-in freezer and he re-wrapped insulation around the pipe and he was not aware of any further problems with the pipe. The Maintenance Director stated since the icicle had re-formed the condensation must be collecting and leaking through the insulation and he would try re-wrapping the pipe. He stated if re-wrapping the pipe again did not fix the problem, the freezer manufacturer would have to be contacted.</p> <p>An interview with the Administrator on 05/12/23 at 5:21 PM revealed she expected concerns with the pipe in the ceiling of the walk-in freezer to be addressed when noticed.</p> <p>3. An observation of the dry storage room on 05/08/23 at 10:56 AM revealed a bag of vanilla wafers with a best-by date of 02/10/23 was sitting on a shelf and was available for use.</p> <p>An interview with the Kitchen Supervisor on 05/08/23 at 10:57 AM revealed the vanilla wafers should have been used or discarded on or before the best-by date. She stated stock came in Mondays and Thursdays and the person putting up the stock should be checking for expiration dates when stock was placed on the shelves, and she was not sure why the vanilla wafers had not been discarded.</p> <p>An interview with the Dietary Manager on 05/10/23 at 1:51 PM revealed food should be used or discarded on or before the best-by date. He stated a staff member come in on Mondays and Thursdays to put up stock and the staff</p>	F 812			

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F 812	<p>Continued From page 8</p> <p>member should check expiration dates at that time, but all dietary staff were responsible for discarding expired food.</p> <p>An interview with the Administrator on 05/12/23 at 5:21 PM revealed she expected food to be used on or before best-by dates.</p> <p>4. An observation of the reach-in cooler on 05/08/23 at 11:02 AM revealed the following:</p> <p>a. An opened 5-pound container of sour cream opened on 05/04/23 with a best-by date of 04/26/23</p> <p>b. An unopened 5-pound container of cottage cheese with a best-by date of 04/09/23</p> <p>c. An unopened 5-pound container of sour cream with a best-by date of 04/26/23</p> <p>An interview with the Kitchen Supervisor on 05/08/23 at 11:04 AM revealed the sour cream and cottage cheese should have been used or discarded on or before the best-by date and she was not sure they had not been discarded.</p> <p>An interview with the Dietary Manager on 05/10/23 at 1:51 PM revealed food should be used or discarded on or before the best-by date. He stated a staff member come in on Mondays and Thursdays to put up stock and the staff member should check expiration dates at that time, but all dietary staff were responsible for discarding expired food.</p> <p>An interview with the Administrator on 05/12/23 at 5:21 PM revealed she expected food to be used on or before best-by dates.</p>	F 812			

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