STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. BUILDING _____ B. WING _____	C 07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN REHABILITATION AND HEALTHCARE CENTER	**226 N OAKLAND AVENUE EDEN, NC 27288**

(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 7/24/23 through 7/27/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #0WKE11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 7/24/23 through 7/27/23. Event ID# 0WKE11. The following intakes were investigated NC00195841 and NC00194419. 3 of the 3 complaint allegations did not result in deficiency.	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	F 761		8/8/23

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

Electronically Signed | 08/08/2023

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F 761	Continued From page 1 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to monitor temperatures for 1 of 2 medication refrigerators (300/500 Hall medication refrigerator). The findings included: Review of the medication storage policy labeled "Medication Storage in the Facility" and last updated 5/1/22 read in part "The facility should maintain a temperature log in the storage area to record temperatures at least once a day." An observation was conducted of the 300/500 Hall medication refrigerator on 07/25/23 at 03:25 PM. Review of the temperature log for the month of July revealed the temperatures had not been recorded for 7/3/23, 7/8/23, 7/9/23, 7/18/23, 7/21/23, 7/22/23, 7/23/23, 7/24/23. An attempt to conduct an interview on 7/26/23 with the night shift nurse was unsuccessful. An interview was conducted with the Director of Nursing on 07/27/23 at 11:20 AM. The DON stated the refrigerator temperature checks were assigned to the night shift nurse. An interview was conducted with the Administrator on 07/27/23 at 11:27 AM. The Administrator stated she expected that	F 761	Per the 2567, based on observation of the 300/500 hall medication refrigerator temperature log, the facility failed to consistently monitor temperatures for 1of 2 medication refrigerators. The manual read thermometer did not allow an opportunity for verification of temperatures on past dates. No Adverse outcomes were identified. All residents receiving refrigerated medications have the potential to be affected by the deficient practice. The facility should maintain a temperature log in the storage area to record temperatures at least once daily. A full house audit of all medication refrigerators to ensure temperatures were in normal range was conducted on July 25, 2023 by the Director of Nursing. Temperatures were in range. Mandatory education of all licensed nurses employed by the facility, on policies and procedures related to medication storage, specific to monitoring of medication refrigerator temperatures was initiated by Director of Nursing on July 25, 2023 with completion on August 7, 2023. All new licensed nurses employed by the	

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F 761	Continued From page 2 medication refrigerators temperatures would be monitored at least once a day.	F 761	facility will have this mandatory education completed upon hire by RN Staff Development Nurse or Director of Nursing, prior to working on the unit. To ensure ongoing compliance, the Director of Nursing or designee will perform visual audits of the medication refrigerator temperature log for documentation completion daily times seven days then five times per week for four weeks then twice weekly for eight weeks. An additional measure to ensure compliance has been the addition of a digital thermometer with memory to each medication refrigerator, to allow for verification of temperature on past dates should that information be needed. The results of the drug storage audits will be reported, by the Director of Nursing, at the monthly QAPI meeting until such time that substantial compliance has been achieved x 3 months.	