

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

PRINTED: 11/08/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 10/07/2016
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NAME OF PROVIDER OR SUPPLIER  SENTARA NURSING CENTER PORTSMOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 GREENWOOD DR PORTSMOUTH, VA 23701	REVISED COPY
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{F 000} INITIAL COMMENTS		{F 000}	F000	
	<p>An unannounced Medicare/Medicaid revisit to the standard survey conducted 8/9/16 through 8/11/16, was conducted 10/5/16 through 10/7/16. One complaint was investigated during the survey. Significant corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. Three uncorrected deficiencies are identified within the body of this report.</p> <p>Corrected deficiencies are identified on the CMS 2567-B.</p> <p>The census in this 132 certified bed facility was 108 at the time of the survey. The survey sample consisted of 13 resident reviews, 12 current residents (Residents #101 through #112) and 1 closed record review (Resident #113).</p>		<p>Preparation and/or execution of this plan of correction do not constitute admission or agreement by the provider of the truth of the fact alleged or of any conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State laws.</p>	<p><b>RECEIVED</b> <b>NOV 10 2016</b> <b>VDH/OLC</b></p>
{F 425}	483.60(a),(b) PHARMACEUTICAL SVC - SS=D ACCURATE PROCEDURES, RPH	{F 425}	F425	
	<p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation</p>		<p>The facility staff must properly store scheduled II medications in a separate locked permanently affixed compartment.</p> <ol style="list-style-type: none"> <li>1. Medications in the little red tackle box were placed in the locked E-med stat cart on 10/7/16 by the Certified Pharmacy technician.</li> <li>2. Controlled substances that are unsecured have the potential to be diverted.</li> </ol>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Karen Wilhelm RN, LNHA Administrator TITLE: Administrator (X6) DATE: 10/28/16

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 425}	<p>Continued From page 1 on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview facility staff failed to properly store scheduled II medications in a separate locked permanently affixed compartment on 1 of 2 units (Unit 1). The findings included:</p> <p>On 10/06/2016 at 3:00 p.m., during an observation of the medication room on Unit 1, it was observed a small red tackle box measuring 11.5 inches x 5.5 inches sitting on the counter. During the same day at 3:15 p.m., surveyor asked LPN # 1, what was the items inside the box; she replied, "I don't know."</p> <p>On 10/06/16 at 3:20 p.m. surveyor was still in the medication room with LPN # 1, asked LPN # 4, what was inside the red tackle box, she also stated "I don't know but someone from pharmacy will pick it up." In the medication room on Unit 1 is a separate permanently affixed compartment that could be locked and was not in use.</p> <p>On 06/06/16 at 3:40 p.m., LPN # 1, opened the medication room door on Unit 1, two surveyors entered the medication room on Unit 1 with LPN # 1 at the door. The red tackle box was on the counter. The box has a red plastic security tag but was able to visualize Roxanol as part of the content inside.</p>	{F 425}	<p>3. Medications for inventory replacement in the locked E-med stat cart will be locked in a separate cabinet until the Certified Pharmacy technician is available to replenish the cart. The Nursing staff will sign for receipt of the little red box. Replacement inventory will be verified between the Certified Pharmacy technician and, a licensed nurse at the time of replacement. Signed inventory slips will be maintained by the DON.</p> <p>4. Audits will be completed each week by the Clinical Manager to assure the little red box is secured until replacement in the E-med stat cart. A summary of the audits will be presented by the DON to the QAPI committee for review and additional oversight.</p> <p>5. November 8, 2016.</p>	

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{F 425} Continued From page 2 {F 425}

On 10/6/16 at 4:10 p.m., the Administrator was notified of the little red tackle box on the counter in the medication room on Unit 1 with a red plastic security tag sitting with Roxanol located inside (Scheduled II) medication.

On 10/07/16 at 10:55 a.m., the Administrator was asked for a list from pharmacy identifying the contents in the small red tackle box located on unit 1.

On 10/07/16, at 11:40 a.m., the Administrator presented a printed list from the pharmacy of medications in the little red tackle box. The following scheduled II medications were located in the small red tackle box: \*Norco 5-325 mg (15 tablets) and three bottles of \*Roxanol (Morphine Sulfate) (100mg/5ml, quality 30 ml in each bottle) among other medications that were not scheduled II medications or controlled medications.

\*Hydrocodone and acetaminophen combination is used to relieve moderate to moderately severe pain.  
<<https://dailymed.nlm.nih.gov/dailymed/archives/daDrugInfo.cfm?archiveid=8021>>

\*Morphine sulfate is an opioid analgesic indicated for the relief of moderate to severe acute and chronic pain where an opioid analgesic is appropriate.  
<<http://www.mayoclinic.org/drugs-supplements/morphine-oral-route/description/drg-20074216>>

Scheduled II medications: Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

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{F 425} Continued From page 3 {F 425}

<<http://www.bing.com/search?q=what+is+a+scheduled+ii+drug&src=IE-TopResult&FORM=IE11TR&conversationid>>=

On 10/07/16 at 11:50 a.m., during a phone interview with the Pharmacy Manager, the surveyor asked when and how was the small red tackle box delivered to the facility, he stated "the EMed Stat box is delivered once a week on the night run then picked up by Certified Pharmacy Tech (CPHT) the very next day."

On 10/07/16 at 1:15 p.m., the CPHT was asked by the surveyor the process for picking up the E Med Stat Box located on Unit 1 in medication room. She stated, "The morning after delivery, a staff nurse on Unit 1 will open up the medication room and I will retrieve the EMed Stat box and will dispense medications." Surveyors asked CPHT where is the EMed Stat box located when she enters the medication room on Unit 1, she replied "sitting on the counter."

The facility administrator was informed of the finding during a briefing on 10/07/16 at approximately 3:30 p.m. The facility did not present any further information about the findings.

The facility policy stated: Storage of Medications, Scheduled II - V controlled medications are stored separately from other medications in a locked drawer or compartment designated for that purpose. Process Owner: Pharmacy

{F 431} 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS {F 431}

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{F 431} Continued From page 4

{F 431} F431

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

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.

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.

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 quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:  
Based on observation, staff interview and facility documentation review the facility staff failed to

The facility staff must ensure that multidose vials of insulin be dated when opened, and, discarded when expired.

1. All expired multi-dose vials of insulin were discarded on 10/6/16.
2. All residents receiving insulin have the potential to be affected.
3. All opened vials of insulin will be maintained in the medication cart, and, labeled with an open date. They will be discarded on or before day 28 by the licensed nurse assigned to each medication cart. Licensed staff has been inserviced regarding medication storage and expiration dates on 10/27/16 to 11/7/16.
4. The medication carts will be audited five times per week, by the Clinical Manager or designee for expired and, dated multi-dose vials of insulin. A summary of the audits will be presented by the DON to the QAPI committee for review and additional oversight.
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{F 431} Continued From page 5  
ensure outdated multidose vials of insulin was disposed of and insulin dated when opened on 1 of 2 units (Unit 1).  
{F 431}

The findings included:

On 10/06/16 at approximately 3:00 p.m., the medication room was inspected on Unit 1 with LPN # 1. Stored inside the medication refrigerator in a white basket was open Lantus insulin and Humalog insulin along with unopened insulins. There were 6 multidose vials of Lantus dated opened on 08/28/16, 08/28/16, 09/04/16, 09/04/16, 09/04/16 and 09/04/16 and two Humalog multidose vials both dated opened on 09/04/16. In the same container there were two multidose vials of Humalog multidose that were open with no date. During the same day at 3:10 p.m., surveyor showed LPN # 1 all the vials that were outdated and without a date, her response, "I'm not on that side."

On 10/06/16 at 3:15 p.m., surveyor asked to speak with RN, Clinical Manager for Unit 1.

On 10/06/16 at 3:22 p.m., RN, Clinical Manager for unit 1 arrived; surveyor showed her all the insulin that was located in the refrigerator that was undated and expired, there was no response from clinical manager.

On 06/06/16 at 3:40 p.m., surveyor interviewed RN, Clinical Manager, asked how long is Lantus good for once opened, she replied, "28 days" surveyor asked how long Humalog good is for once opened, she replied "30 days." Surveyor asked RN, Clinical Manager, what was the process for outdated insulin; she replied "it's discarded and new insulin is reordered." Surveyor asked RN, Clinical Manager, who is responsible for the

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{F 431} Continued From page 6 {F 431}

Plan of Correction from the last survey from 08/09/19 - 08/11/16 for the daily refrigerator checks for expired and outdated insulin, she replied "I complete a weekly audit form but the nurses should be checking daily." The last completed audit tool by the RN, Clinical Manager was dated 10/5/16 verifying that there were no expired or undated insulin located in medication refrigerator on Unit 1.

The above finding was shared with the Administrator and DON on 10/06/16 at 4:00 p.m.

The facility administrator was informed of the finding during a briefing on 10/07/16 at approximately 3:30 p.m. The facility did not present any further information about the findings.

The facility policy stated: Storage of Medications, Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, unlabeled, or without secure closure are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if a current order exists, Revision of policy 07/08/2014. Process Owner: Pharmacy

The facility policy stated: Vials and Ampules of Injectable Medications, Policy Statement: Multidose injection vials should have the Date of first use written on the vial or on the resident/patient's vial container. Insulin: ALL INSULINS stored at room temperature or in the refrigerator expire 28 days after opening. Revision Date: 07/08/2014. Process Owner: Pharmacy

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