

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

PRINTED: 08/03/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/18/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT SQUARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 OAK AVENUE WAYNESBORO, VA 22980</b>		
(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 Medicare/Medicaid standard survey was conducted 7/17/18 through 7/18/18. The facility's Emergency Preparedness Plan was reviewed and found to be in compliance with CFR 483.73, the Federal requirements for Emergency Preparedness in Long Term Care facilities.	E 000			
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted on 07/17/2018 through 07/18/2018. The facility was not in compliance with 42 CFR Part 483, the Federal Long Term Care requirements. Corrections are required for compliance with the following Federal Long Term Care requirements. No complaints were investigated. The Life Safety Code survey/report will follow.	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	F 761		8/1/18	

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

TITLE

(X6) DATE

Electronically Signed

07/26/2018

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/18/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT SQUARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 OAK AVENUE WAYNESBORO, VA 22980</b>		
(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	
F 761	<p>Continued From page 1</p> <p>biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§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 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 observation, staff interview, and facility document review, the facility staff failed to ensure expired medications and supplements were not available for administration. One of four bottles of liquid Lorazepam (an anti-anxiety medication) was expired and available to be administered; eleven of fifteen cartons of Glucose Control Boost were expired and available to be consumed.</p> <p>Findings include:</p> <p>On 7/17/18 at 3:35 p.m. an inspection of the medication room was conducted with RN (registered nurse) # 1. Four bottles of liquid Lorazepam were observed in the locked narcotic box; three were unopened, and one was opened but did not have an open date indicated on the bottle. RN # 1 was asked if it was known when the bottle was opened. She stated she did not know. She looked the bottle over and stated "There's an expiration date on the bottle; but I don't know when it was opened." RN # 1 was then shown the label on the bottle which directed in bold capital letters "DISCARD 90 DAYS AFTER</p>	F 761	<p>Plan of Correction for F0761</p> <ol style="list-style-type: none"> <li>1. Residents of Summit Square were not directly affected.</li> <li>2. Residents of Summit Square did not suffer a negative outcome.</li> <li>3. <ol style="list-style-type: none"> <li>a. A locked counter top refrigerator will be used to store medications only. The medications will be checked for expiration and proper labeling by the 11-7 shift. Medications that are expired or have been discontinued will be returned to pharmacy or wasted per facility policy. Resident will have new orders written as needed.</li> <li>b. A second refrigerator will be used to store nutritional supplements. Dates will be maintained by the 3-11 shift. Cartons will have expiration date of 1 week prior to manufacturer date and resident initials written in an easily visible manner. Expiring supplements will be wasted and restocked.</li> </ol> </li> <li>4. A QA Action Plan will be implemented. The Unit Manager will be responsible for</li> </ol>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/18/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT SQUARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 OAK AVENUE WAYNESBORO, VA 22980</b>		
(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	
F 761	<p>Continued From page 2</p> <p>OPENING." RN # 1 then stated "I think that has actually been discontinued (d/c'd). I can look and see." RN # 1 returned a few minutes later stating "It was d/c'd (discontinued) 7/9/18. According to the narcotic sheet, the last dose was given 2/27/18." RN # 1 and this surveyor then went and reviewed the narcotic sheet. The top of the sheet was dated 9/7/17 as receiving the medication. There was no indication on the sheet another bottle had been obtained. RN # 1 was asked if the same bottle had been in use from 9/7/17 until the last dose given 2/27/18. RN # 1 stated "Looks that way."</p> <p>The top shelf of the medication refrigerator was also inspected at that time, and fifteen cartons of Boost Glucose Control were observed on the shelf. One carton expired 4/5/18, five cartons expired 5/17/18, and five cartons expired 6/17/18. There were initials observed on the cartons. RN # 1 was asked about the supplements. She stated "The initials are resident initials; that's their cartons. The night shift is supposed to check the refrigerator for any expired meds or supplements. I don't know what to tell you." RN # 1 was asked if there was a policy for the medications and supplements. She stated the unit manager or the DON (director of nursing) would have them.</p> <p>On 7/17/18 at 3:50 p.m. LPN (licensed practical nurse) # 1, who was the unit manager was asked for the policies.</p> <p>On 7/17/18 beginning at 4:00 p.m. during a meeting with facility staff the DON presented the policies requested. The administrator and DON were made aware of the above observations. The DON stated "Yes, we need to tighten that down."</p>	F 761	<p>compliance with F0761. All nursing staff will be re-educated regarding F0761. A log sheet has been developed for tracking compliance of F0761.</p> <p>5. The Director of Nursing will forward results of the log sheet compliance to the Administrator and the QA Committee will monitor quarterly for one year.</p>		

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

PRINTED: 08/03/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/18/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT SQUARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 OAK AVENUE WAYNESBORO, VA 22980</b>		
(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	
F 761	Continued From page 3  The policy "Medication Administration in the Skilled Nursing Center" under # 13 directed "All multiple dose containers will be dated and initialed when opened, and discarded in 30 days from opening unless otherwise specified by pharmacy label or manufacturer. The 11-7 nurse will be responsible for compliance." The policy "Supplements in Assisted Living and Skilled Nursing" included "2...supplement will be furnished and stored in the med room...3. Each box will be labeled with expiration date (2 weeks prior to actual expiration date)...4. The night shift per duty will assure weekly dates are accurate and D/C expired contents and notify nurse of any need to replenish supply..."  No further information was provided prior to the exit conference.	F 761			