

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

PRINTED: 11/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495385	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/18/2016
NAME OF PROVIDER OR SUPPLIER VMRC, COMPLETE LIVING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1475 VIRGINIA AVENUE HARRISONBURG, VA 22802		
(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 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the standard survey conducted 08/23/2016 through 08/25/2016 was conducted 10/18/2016. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. Corrected deficiencies are identified on the CMS 2567-B.	{F 000}			
{F 431} SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS 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.	{F 431}		11/4/16	

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

TITLE

(X6) DATE

Electronically Signed

10/26/2016

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 431}	<p>Continued From page 1</p> <p>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: Based on observation, staff interview, and facility document review the facility staff failed to ensure expired medications and biologicals were not available for administration on three of six units: Massanutten, Shenandoah, and Showalter. On Massanutten, one vial of PPD (tuberculin skin test solution) was expired. On Shenandoah, one bottle of Lorazepam (an anti-anxiety medication) had illegible dates. On Showalter, one vial of PPD was open and not dated.</p> <p>Findings include:</p> <p>On 10/18/16 at 9:30 a.m. during initial tour of the facility, an inspection of the medication room on the Massanutten unit was conducted with LPN (licensed practical nurse) # 1. A single vial of PPD solution was in the refrigerator with an open date of 9/12/16. LPN # 1 was asked about the date, and she stated "We need to take that out." A policy was requested at that time on storage and dating of PPD solution. LPN # 1 stated "I think I can get that for you."</p>	{F 431}	<ol style="list-style-type: none"> 1. The PPD vials and Lorazepam bottle identified on the 10/18/2016 survey visit were discarded on 10/18/2016. 2. An audit was performed on 10/18/2016 of all medications stored in refrigerators checking open dates and expiration dates. Corrective action was taken when medication labeling varied from facility policy. 3. -The audit tool used for monitoring medications stored in refrigerators was revised on 10/25/2016. The revised tool includes monitoring proper dating of medications, management of expired meds, and storage of refrigerated medications. -Education to nurses will be provided regarding revised audit tool used for monitoring medications stored in refrigerators; instructions to discard medications with an expiration date before the next scheduled weekly audit; verify open dates are recorded on medication container and box (if applicable) and are 		

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{F 431}	<p>Continued From page 2</p> <p>On 10/18/16 at 9:40 the medication room refrigerator on Shenandoah unit was inspected with LPN # 2. A single bottle of Lorazepam 2 mg liquid solution was included in the narcotic locked box. The bottle had white tape around the lid of the bottle with staff handwriting on it; the writing was not legible due to the writing being slightly smeared. LPN # 2 and this surveyor finally determined the tape documented an open date, but the date was not legible. There was also written on the tape "EX:" and a date that was also not legible. LPN # 2 stated "As near as I can tell, I think the 'EX' means expired; looks like 9/18 but I can't really tell, and I can't tell the open date." There was a blue label affixed to the outside of the box of the Lorazepam that directed the medication be discarded after 90 days of opening. LPN # 2 stated "Well, it looks like maybe it should have been discarded on 9/18." A policy for dating and storing medications was requested at that time, and LPN # 2 stated she thought the information was in a notebook and she would get it and bring it to the conference room.</p> <p>On 10/18/16 at 10:30 a.m. this surveyor returned to the conference room. A black notebook was laying on the table which included the facility policy from the pharmacy for drug storage and labeling. The policy included: "Lorazepam Intensol Solution :Date when opened and discard after 90 days (both words underlined) after opening....." The policy for the PPD solution directed " Tubersol (tuberculin test):Date when opened and discard unused portion after 30 days (underlined)"</p> <p>ON 10/18/16 at 3:45 p.m. the medication room refrigerator on Showalter unit was inspected with</p>	{F 431}	<p>legible.</p> <p>4. The DON/designee will continue a weekly audit, using the revised tool, of refrigerated medications to ensure proper storage, labeling and dating. Trends identified in audits will be reported to the QAPI Committee for identification of root cause and development of action plans as needed.</p> <p>5. 11/4/2016</p>		

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{F 431}	<p>Continued From page 3</p> <p>RN (registered nurse) # 1. The refrigerator included a single vial of PPD solution. The vial had "opened" written on it by hand, but no date. RN # 1 stated "Oh. Is the date written on the box?" RN # 1 then looked at the box and stated "No, it's not on there either." RN # 1 then put the vial of PPD solution back in the box, and returned it to the refrigerator.</p> <p>On 10/18/16 beginning at 4:45 p.m. during a meeting with the administrator and ADON (assistant director of nursing) they were made aware of the above observations. The ADON expressed that the vial of expired PPD would have been discarded tonight (10/18/16) during the weekly audit per the POC (plan of correction) from the previous citation for medication labeling and storage. The ADON stated "The audit was done 10/11/16 and was due again tonight; it has been done on night shift. We would have caught that it was expired and would have discarded at that time. The bottle of Lorazepam was dated as opened on 9/18; we're still doing our audits..... we educated the staff." The survey team informed the ADON of the POC date of compliance 10/4/16, and that per regulation expired medications/biologicals were not to be available for administration. The PPD date of 9/12/16 for opening was six days past the expiration date. The ADON again stated "But the audit would have been done tonight; we would have caught that." The survey team also discussed the illegible dating on the Lorazepam, and that staff were unclear of the dating; the Lorazepam, per staff interview, appeared to have expired 9/18; a month ago.</p> <p>The facility's plan of correction was reviewed 10/18/16 at 5:15 p.m. During review, it was noted</p>	{F 431}			

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{F 431}	Continued From page 4 the audit sheets used for the facility's compliance included directions for "Aplisol (another brand of PPD solution): Discard after 28 days of opening." The ADON returned to the conference room to see if the survey team needed any further assistance, and was asked about the 28 day timeframe for discarding the PPD solution per the audit tool. The ADON stated "We found more up to date information dated May 2015; that's why the 28 days. What you have is dated 2012." This surveyor then asked for a copy of what was used for the audit process, since the policy appeared to have been updated. The ADON stated she would get that. A few minutes later, the ADON returned and told this surveyor "You do have the most recent policy we use, which is the 30 days [to discard PPD solution]; I don't know where we got the other information." No further information was provided prior to the exit conference.	{F 431}		