| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495311 | A. BUILDING _____ B. WING _____ | C 10/19/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OUR LADY OF HOPE HEALTH CENTER | 13700 NORTH GAYTON ROAD RICHMOND, VA 23233 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>An unannounced Medicare/Medicaid standard survey was conducted 10/17/17 through 10/19/17. One complaint was investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety code survey/report will follow.<br><br>The census in this 31 certified bed facility was 27 at the time of the survey. The survey sample consisted of 9 current resident reviews (Resident #1 to #9) and 3 closed record reviews (Resident #10 to #12). | F 000 | | |
| F 431 SS=D | 483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS<br><br>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) 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.<br><br>(a) Procedures. 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.<br><br>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--<br><br>(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and | F 431 | | 11/17/17 |

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

Electronically Signed | 11/03/2017

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| F 431 | Continued From page 1<br><br>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br><br>(g) Labeling of Drugs and Biologicals.<br>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.<br><br>(h) Storage of Drugs and Biologicals.<br>(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.<br><br>(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.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview and facility document review, it was determined that facility staff failed to label an open date on a vial of Aplisol PPD solution after it was opened, in one of one medication rooms.<br><br>Facility staff failed to ensure that a 1 ml (milliliter) vial of Aplisol (Tuberculin PPD (purified protein | F 431 | F 431<br><br>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.<br>The vial of open Aplisol was discarded at the time of discovery. | |

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| F 431 | Continued From page 2<br>derivative)) [1] solution was dated after opening.<br><br>The findings include:<br><br>On 10/17/17 at 9:00 a.m., inspection of the nursing unit medication room was conducted. A 1 ml (milliliter) vial of Aplisol (Tuberculin PPD (purified protein derivative)) was observed to be open and available for use. The box that contained the vial had an expiration date of "12/18/17" and also documented, "Once entered, vial should be discarded after 30 days." An open date could not be found on the vial or on the box.<br><br>On 10/17/17 at 9:05 a.m., an interview was conducted with LPN (licensed practical nurse) #1. When asked when the vial of PPD solution was opened, LPN #1 stated that the vial did not have an open date and should be discarded. LPN #1 stated that all nurses must label an open date after opening any medication or immunization. LPN #1 then took the vial of PPD solution to discard. LPN #1 stated that the expiration date is shorter once a medication/immunization is opened.<br><br>On 10/18/17 at 5:29 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the administrator assistant, and ASM #3, the DON (Director of Nursing) were made aware of the above findings.<br><br>The facility policy titled, "Storage and Expiration of Medications, Biologicals, Syringes and Needles," documents in part, the following: "Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration date for opened medications. Facility staff should record | F 431 | Address how the facility will identify other residents having the potential to be affected by the same deficient practice.<br>All residents could potentially be affected.<br>DON/Designee has completed an audit of opened Aplisol and vaccinations to ensure the medications are labeled with an “open date”.<br><br>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.<br>Licensed nurses will receive education in regards to dating drugs and biologicals when opened.<br><br>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.<br><br>DON/Designee will check stock Aplisol and vaccinations 5 x weekly x 4 weeks then weekly to ensure medications are labeled appropriately when opened. Infractions will result in re-education.<br><br>DON/Designee will report findings to the QA Committee x 1 year. The QA Committee will review results of audits and initiate corrective measures as deemed appropriate. | |

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| F 431 | Continued From page 3<br>the date opened on the medication container when the medication has a shortened expiration date once opened. Facility staff may record the calculated expiration date based on the date opened on the medication container. Facility staff should destroy and reorder medications and biologicals with soiled, illegible, worn, makeshift, incomplete, damaged or missing labels."<br><br>No further information was presented prior to exit.<br><br>[1] Aplisol (Tuberculin PPD) - is indicated as an aid in the detection of infection with Mycobacterium tuberculosis. The standard tuberculin test employs the intradermal (Mantoux) test using a 5 TU dose of tuberculin PPD. This information was obtained from The National Institutes of Health. https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=1e91a67c-1694-4523-9548-58f7a8871134. | F 431 | | |