STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495068	A. BUILDING _____ B. WING _____	R-C 08/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF NORFOLK	1005 HAMPTON BLVD NORFOLK, VA 23507

(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 Emergency Preparedness revisit to the standard survey conducted 7/9/18 through 7/13/18, was conducted 8/29/18 through 8/30/18. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	{E 000}		
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the standard survey conducted 7/9/18 through 7/13/18, was conducted 8/29/18 through 8/30/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. One complaint was investigated during the survey. The census in this 169 bed facility at the time of the survey was 140. The survey sample consisted of 19 current residents (Residents #101 thru #119).	{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}		9/5/18

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

Electronically Signed | 09/05/2018

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{F 761}	Continued From page 1 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 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 ensure an outdated multidose vial of medication Purified Protein Derivative (*PPD) was disposed of in 1 out of 3 facility medication refrigerators. The facility staff failed to discard a multi-dose vial of PPD (a purified protein derivative) after 30 days of opening. PPD is used for a skin test to determine tuberculosis (TB). The findings include: On 08/29/18 at approximately 1:40 p.m., the medication refrigerator was inspected on the Hampton Unit with Registered Nurse (RN) #A. Stored inside the medication refrigerator was an open multidose vial of Purified Protein Derivative, (PPD-*Aplisol) with an open date of 06/15/18. *Aplisol is a sterile aqueous solution of purified protein fraction for intradermal administration as an aid in the diagnosis of *Tuberculosis.	{F 761}	Corrective Actions : -Remove all items that are about to expired or expired. Identification of Others At Risk: -Each medication room and refrigerator will be audited to ensure that medications are stored appropriately. -All residents have the potential to be affected Systemic Changes: -DON or Designee will audit all medication rooms and refrigerators to ensure compliance of medication storage. -Beginning August 29, 2018, the SDC will re-educate licensed nurse on appropriate medication storage. -Weekend Charge Nurse/designee will check the units□ medication room/fridge	

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{F 761}	Continued From page 2 *Tuberculosis (TB) is a potentially serious infectious disease that mainly affects your lungs. The bacteria that cause tuberculosis are spread from one person to another through tiny droplets released into the air via coughs and sneezes (https://www.mayoclinic.org/diseases-conditions/tuberculosis/symptoms). The surveyor asked RN #A, "How long is PPD good for once opened" she replied, "30 days". The surveyor asked, "Should the open vial of PPD dated 6/15/18 still be stored inside the medication refrigerator" she replied, "No." The Administration was informed of the finding during a briefing on 8/30/18 at approximately 12:15 p.m. The facility did not present any further information about the findings. The facility's policy titled Medication Administration Section 7.1 - General Guidelines (Nursing Care Center Pharmacy Policy & Procedure Manual - 2007 PharMeria Corp). -Policy: Medications are administered as prescribed in accordance with manufactures" specifications, good nursing principles and practices and only by persons legally authorized to do so. Manufacture Guidelines: Dosage and Administration -Aplisol vials should be inspected visually for both particulate matter and discoloration prior to administration and discarded if either is seen. Vials is use for more than 30 days should be discarded.	{F 761}	and report findings to DON. -Licensed Nurses will check the Medication Rooms Q-Shift for the next 4 weeks, then monthly for 2 months; and findings will be reported to the QAPI for the next 2 months. Any changes will be discussed during the QAPI meeting and changes will be directed by the CEO. -DON or Designee will check each floor med room daily Monday through Friday for the next 4 weeks. Monitoring: -An ad hoc QAPI was (August 29, 2018) to review revision to F761 Label /Store Drugs and Biologicals POC to ensure sustained compliance. -Pharmacy will review Medication storage Room for expired medications during Monthly audit and findings will be reported to the QAPI committee. -All findings from the audits will be reviewed at QAPI meetings with IDT members, Medical Director, DON, and CEO to review changes and compliance. Facility will be in compliance 8/31/18	