

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

PRINTED: 01/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2011
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NAME OF PROVIDER OR SUPPLIER BLACK MOUNTAIN NEURO-MEDICAL TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 932 OLD US 70 HIGHWAY BLACK MOUNTAIN, NC 28711
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(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	F 000		
F 431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>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.</p> <p>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.</p> <p>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.</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>	F 431	<p>Medication rooms and storage areas on all 5 residential units were checked by Nurses for outdated medications as soon as Survey process noted expired medication on Unit. Any expired medications found were removed and disposed of per Medical Policy 15 "Disposal of Drugs" with documentation recorded by Unit Nurse and Supervisor.</p> <p>Medical Policy 15 "Disposal of Drugs" was revised to include specific procedures to include:</p> <ul style="list-style-type: none"> Pharmacy will dispense all medications with lot number and expiration date visible on medication. Pharmacy will supply stock medications for a 30 day period at most. Stock piling of bulk OTC products will not occur. Nursing staff will check all medication rooms and storage areas for expired medications on a <u>weekly</u> basis and document on "Emergency and Other Equipment/Medication Check Sheet". Nursing unit inspections will also be conducted monthly by Pharmacy staff. Medications which have expired will be returned to Pharmacy per procedure set out in Medical Policy 15 "Disposal of Drugs". <p>All Nurses will review Medical Policy 15 "Disposal of Drugs" with new revisions.</p> <p>An objective will be added to the BMNTC Quality Assurance Objective System with the goal that 0% of medications that have expired will be found in medication rooms &/or storage areas each time areas are checked. Review of objective will occur at least quarterly by QA Committee.</p>	<p>12/20/2011</p> <p>1/5/2012</p> <p>1/19/2012</p> <p>1/19/2012</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Richard Rhea</i>	TITLE <i>Assistant Director</i>	(X6) DATE 1/19/2012
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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 required to continue program participation.

RECEIVED
JAN 19 2012
If continuation sheet Page 1 of 4
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F 431	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on documentation review, observations, and staff interviews, the facility failed to discard expired medications in two (2) or five (5) medication rooms.</p> <p>The findings are:</p> <p>1. On 12/21/11 at 3:06 PM an observation of the medication room on the G3 Unit revealed the following medications ready for use:</p> <p>One partially used vial of tuberculin purified protein derivative (PPD) opened on 08/04/11, observed in the medication refrigerator. Accompanying manufacturer's recommendations on the box stated that tuberculin PPD must be discarded thirty days after opening.</p> <p>Two opened and partially used bottles of guaifenesin 400 mg tablets with manufacturer's expiration date of 01/11. One bottle was observed in the East Wing medication cart, the other bottle was observed in the West Wing medication cart.</p> <p>One unopened bottle of pseudoephedrine 30 mg tablets with a manufacturer's expiration date of 11/11, observed in the medication cabinet.</p> <p>On 12/21/11 at 3:28 PM Licensed Nurse (LN) #1 was interviewed. She stated that according to manufacturer's recommendations, all the meds were expired and should have been discarded. LN #1 stated it was the responsibility of each</p>	F 431		

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F 431	<p>Continued From page 2</p> <p>medication nurse to check the medication refrigerators, carts, and cabinets each shift for expired meds. She discarded the expired meds.</p> <p>On 12/21/11 at 4:30 PM the Director of Nursing was interviewed. She stated she expected all nurses to check medications daily and to discard any expired medications.</p> <p>2. On 12/21/11 at 3:45 PM an observation of the medication room on the R3 Unit revealed the following medications ready for use:</p> <p>One opened and partially used bottle of pseudoephedrine 30 mg tablets with a manufacturer's expiration date of 09/11, observed in the West Wing medication cart.</p> <p>One opened and partially used bottle of liquid guaifenesin 100 mg per 5 cc with a manufacturer's expiration date of 11/11, observed in the medication cabinet.</p> <p>Two bottles of unopened guaifenesin 600 mg tablets with manufacturer's expiration dates of 07/11 and 09/11, observed in the medication cabinet.</p> <p>One unopened bottle of liquid ibuprofen 100 mg per 5 cc with a manufacturer's expiration date of 10/11, observed in the medication cabinet.</p> <p>One unopened bottle of guaifenesin 100 mg per 5 cc with a manufacturer's expiration date of 11/11, observed in the medication cabinet.</p> <p>On 12/21/11 at 4:18 PM Licensed Nurse (LN) #2 was interviewed. She stated that according to</p>	F 431		

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F 431	<p>Continued From page 3</p> <p>manufacturer's recommendations, all the meds were expired and should have been discarded. LN #2 stated it was a nursing responsibility to check the medication refrigerators, carts, and cabinets each shift for expired meds. She discarded the expired meds.</p> <p>On 12/21/11 at 4:30 PM the Director of Nursing was interviewed. She stated she expected all nurses to check medications daily and to discard any expired medications.</p>	F 431		