

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

JUL 31 2012

PRINTED: 07/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2012
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY ST SHALLOTTE, NC 28459	
(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 425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) 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.</p> <p>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.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, and staff interview, the facility failed to discard an outdated insulin for 1 of 3 medication storage refrigerators observed.</p> <p>The findings include: According to the manufacturer's recommendations "Lantus vials of insulin can be refrigerated or kept at room temperature for 28 days after first use." During an observation on 7/18/12 at 9:47 am the</p>	F 425	<p>This plan of correction will serve as the facility's allegation of compliance with requirements of 42CFR, Part 483, Subpart B for long term facilities.</p> <p>Preparation and submission of the plan of correction is in response to HCFA 2567 for the survey and does not constitute an agreement or admission by Autumn Care of Shallotte of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of the requirements under state and federal laws. Autumn Care of Shallotte contends that it was in substantial compliance with the requirements of 42CFR, Part 483, Subpart B throughout the time period stated in the statement of deficiencies. In accordance with state and federal law, however, submits this plan of correction to address the statement of deficiencies and to serve as it's allegation of compliance with the pertinent requirements as of the dates stated in the plan of correction and as fully completed in all areas as of July 20, 2012.</p> <p>=====</p> <p>F425 For resident affected by the deficient practice and all residents at Autumn Care of Shallotte having the potential to be affected:</p> <p>====</p> <p>#1 For one Lantus vial of insulin that was expired, this was immediately discarded and a new vial was ordered.</p> <p>#2 For resident found to own vial of Lantus insulin blood sugars were audited and found to be stable.</p> <p>#3 Immediately, the Director of Nursing put out an ALERT to all nurses regarding Lantus insulin to be discarded after 28 days. [Exhibit #1].</p>	

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

TITLE

(X6) DATE

Seri A. Cole Administrator 7-25-12

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.

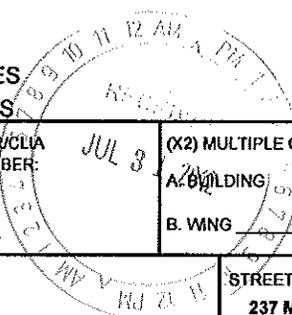
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F 425	<p>Continued From page 1</p> <p>medication refrigerator on the 500 hall had expired Lantus insulin dated as opened on 6/15/12.</p> <p>During an interview on 7/18/12 at 9:47 am the support Medication Nurse on the 500 hall stated Lantus should be discarded after 28 days. The nurse should have noticed the medication was getting ready to expire and have reordered the Lantus. The expired medication should have been discarded.</p> <p>During an interview on 7/18/12 at 10:00 am the Director of Nursing stated her expectation was for Nurses to monitor the expiration dates for all medications they gave. Lantus expires after 28 days and Nurses should be paying attention to reorder the insulin before it expires.</p>	F 425	<p>#4 On 07-20-12, Director of Nursing conducted a one-on-one inservice with each nurse regarding medication expiration dates, open dates and discard dates, along with a new OPEN DATE / DISCARD DATE label. [Exhibit #2]</p> <p>=====</p> <p>F425 Corrective action taken for all residents having the potential to be affected have :</p> <p>=====</p> <p>#1 On 07-19-12, Director of Nursing coordinated with David P. Meyer, R.Ph., Pharmacy Manager regarding current list of medications that have specific expiration dates and a request for new printed label that has OPEN DATE and DISCARD DATE on label. [Exhibit #3]</p> <p>#2 On 07-19-12 and 07-20-12, Director of Nursing and Support Staff completed an audit on every medication in the entire facility to ensure every medication was labeled appropriately with new OPEN DATE / DISCARD DATE labels.</p> <p>=====</p> <p>F425 On-going Quality Assurance measures to ensure plan of correction is sustained and evaluated for effectiveness will include:</p> <p>=====</p> <p>#1 Staff Development Coordinator will orient all new nurses on medication expiration dates and labeling all medications with OPEN DATE/DISCARD DATE labels.</p> <p>#2 Director of Nursing and/or designee will complete Medication Room, Medication Cart, Treatment Cart and IV Tower Audits weekly for proper labeling and timely discarding of expired medications.</p> <p>#3 Licensed consultant pharmacist will conduct monthly audit of Medication Rooms, Medication Carts, Treatment Cart and IV Towers for proper labeling and timely discarding of expired medications.</p> <p>#4 To ensure compliance the Administrator, Director of Nursing and Consultant Pharmacist will review established practice monthly for sustained compliance.</p> <p>#5 Q.A. audits and established practices will be reviewed in C.Q.I./Med Error Management Meetings.</p>	07-20-12	

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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY ST SHALLOTTE, NC 28459
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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation Event ID # 8NSV11.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jeri A. Cole* TITLE: Administrator (X6) DATE: 7-25-12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2012
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY ST SHALLOTTE, NC 28459	
(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
K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V-prot. construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: verify from sprinkler contractor that heads in rehab. room on 100 hall are	K 056	<ul style="list-style-type: none"> Autumn Care contacted Simplex Grinnell to have the sprinklers in the 100 hall Rehab room verified they will work in case of fire. Simplex replaced all four sprinklers and sent one to be tested they also removed three more randomly for testing. Exhibit 1 and 2. Results will be sent when received. To identify other areas having the potential for the same deficient practice Simplex Grinnell will inspect the sprinkler system for the potential of having same issues and will repair as needed. To ensure that the same deficient practice does not re-occur the Plant Operation Director will add sprinkler inspection to the monthly HVAC inspection. To monitor the corrective action the Plant Operation Director will inspect with Simplex Grinnell on our quarterly sprinkler inspection. 	8/22/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jean A. Cole* TITLE: *Administrator* DATE: *8-23-12*

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 60 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(C1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345294	(C2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(C3) DATE SURVEY COMPLETED 08/09/2012
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY ST SHALLOTTE, NC 28459	
(K) 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)	(C4) COMPLETION DATE
K 050	Continued From page 1 functional(several heads have excess rust and oxidation build up.	K 068		
K 069 SSE	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 99 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: gas stove and deep fat fryer in kitchen were not under ansul system at time of survey. 42 CFR 483.70(a)	K 069	<ul style="list-style-type: none"> The Plant Operation Director will remove the shelf from the stove and reposition the stove and deep fryer in proper alignment. Inservice Dietary staff on proper placement of stove and deep fryer. Exhibit 3. To identify other areas having the potential for the same deficient practice, the Plant Operation Director will inspect all areas of building. To ensure that the deficient practice does not re-occur the Plant Operation Director will install Safety Set Positioning System. This will secure the stove and deep fryer in proper position. To monitor the corrective action the Plant Operation Director will add Proper alignment of stove and deep fryer to the monthly kitchen equipment inspection. 	9/10/12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345234	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLDG 0202 B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2012
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY ST SHALLOTTE, NC 28459
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K 058 SS-E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: several sprinkler heads in Solarium Room have paint on orifices.</p>	K 058	<ul style="list-style-type: none"> Autumn Care contacted Simplex Grinnell to have the sprinklers in the 400 hall solarium replaced that has ceiling texture on them. To identify other areas having the potential for the same deficient practice Simplex Grinnell will inspect the sprinkler system for the potential of having same issues and will repair as needed. To ensure that the same deficient practice does not re-occur the Plant Operation Director will inspect all contractors work when around sprinkler system. To monitor the corrective action the Plant Operation Director will inspect with Simplex Grinnell on our quarterly sprinkler inspection. 	
K 067 SS-E	<p>42 CFR 483.70(a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.6.2.2</p>	K 067		8/22/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jeri A. Cole TITLE: Administrator DATE: 8-23-12

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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY ST. SHALLOTTE, NC 28459	
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K 087	Continued From page 1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: fire damper in janitor closet and storage room on 500 hall have excess lent build up. 42 CFR 483.70(a)	K 087	<ul style="list-style-type: none"> • The Plant Operatlon Director will clean fire damper and internal area to insure compliance with NFPA 101 Life Safety Code. • To identify other areas having the potential for the same deficient practice the plant operation director will inspect all HVAC equipment with a Fire Dampers. • To ensure that the deficient practice does not re-occur the Plant Operation Director will add Fire Damper inspection to the monthly HVAC inspection. • To monitor the corrective action the Plant Operation Director will add fire damper inspection to the quarterly Sprinkler inspection with Simplex Grinnell. 	9/10/12

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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 217 MULBERRY ST SHALLOTTE, NC 28459	
(K1) 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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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Devi A. Cole TITLE: Administrator DATE: 8-23-12

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K 069 SS-E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 98 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: gas stove and deep fat fryer in kitchen were not under ansul system at time of survey. 42 CFR 483.70(a)	K 069	<ul style="list-style-type: none"> The Plant Operation Director will remove the shelf from the stove and reposition the stove and deep fryer in proper alignment. In service Dietary staff on proper placement of stove and deep fryer. Exhibit 3. To identify other areas having the potential for the same deficient practice, the Plant Operation Director will inspect all areas of building. To ensure that the deficient practice does not re-occur the Plant Operation Director will install Safety Set Positioning System. This will secure the stove and deep fryer in proper position. To monitor the corrective action the Plant Operation Director will add Proper alignment of stove and deep fryer to the monthly kitchen equipment inspection. 	9/10/12

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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY ST SHALLOTTE, NC 28459
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K 056 SS=EE	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: several sprinkler heads in Solarium Room have paint on office.</p>	K 056	<ul style="list-style-type: none"> Autumn Care contacted Simplex Grinnell to have the sprinklers in the 400 hall solarium replaced that has ceiling texture on them. To identify other areas having the potential for the same deficient practice Simplex Grinnell will inspect the sprinkler system for the potential of having same issues and will repair as needed. To ensure that the same deficient practice does not re-occur the Plant Operation Director will inspect all contractors work when around sprinkler system. To monitor the corrective action the Plant Operation Director will inspect with Simplex Grinnell on our quarterly sprinkler inspection. 	
K 067 SS=EE	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p>	K 067		8/22/12

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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PRINTED: 08/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345294	(C2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLDG 0202 B. WING _____	(C3) DATE SURVEY COMPLETED 08/09/2012
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY ST. SHALLOTTE, NC 28459	
(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)	(C5) COMPLETION DATE
K 087	Continued From page 1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: fire damper in janitor closet and storage room on 500 hall have excess lint build up. 42 CFR 483.70(a)	K 087	<ul style="list-style-type: none"> The Plant Operation Director will clean fire damper and internal area to insure compliance with NFPA 101 Life Safety Code. To identify other areas having the potential for the same deficient practice the plant operation director will inspect all HVAC equipment with a Fire Dampers. To ensure that the deficient practice does not re-occur the Plant Operation Director will add Fire Damper inspection to the monthly HVAC inspection. To monitor the corrective action the Plant Operation Director will add fire damper inspection to the quarterly Sprinkler inspection with Simplex Grinnell. 	9/10/12