

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

RECEIVED

PRINTED: 04/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ MAY 10 2016 B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2016
NAME OF PROVIDER OR SUPPLIER ALAMO NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 580 W MAIN STREET ALAMO, TN 38001	
(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=E	<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 policy review, contract review, observation and interview, the facility failed to ensure the consulting pharmacy provided oversight as evidenced by Schedule II medications not secured by 2 locks in 3 of 5 (South hall, West hall and North hall medication carts) medication storage areas.</p> <p>The findings included:</p> <p>1. The facility's "Controlled Substances" policy documented, "...Scheduled II [2] Narcotics supply is to be kept under TWO locks at all times..."</p>	F 425	<p>F 425 SS=E</p> <p>483.60(a),(b) PHARMACEUTICAL SVC- ACCURATE PROCEDURES, RPH</p> <p>Requirement:</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in 485.75 (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>Finding:</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, contract review, observation and interview, the facility failed to ensure the consulting pharmacy provided oversight as evidenced by Schedule II medications not secured by 2 locks in 3 of 5 (South hall, West hall, and North hall medication carts) medication storage areas.</p>	

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

2 Donald J. Jones

TITLE

Adm

(X6) DATE

5/10/16

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	Continued From page 1 2. The "CONSULTING PHARMACY SERVICES AGREEMENT" documented, "...DUTIES OF THE CONSULTANT PHARMACIST The following consultation services are required on a regular basis and will be provided on at least a monthly basis as defined below... 4. Meets all other responsibilities required of a consultant pharmacist as set forth in federal, state, and local laws, regulations, or rules..." 3. Observations in the south hall medication room on 4/27/16 at 1:43 PM, revealed the south hall medication cart with the following Schedule II controlled medications that were not secured by 2 locks in the bottom drawer: a. Five sleeves of Hydrocodone-Acetaminophen 5-325 milligrams (mg). b. Five sleeves of Hydrocodone-Acetaminophen 7.5-325 mg. 4. Observations in the west hall medication room on 4/27/16 at 9:30 AM, revealed the west hall medication cart contained the following Schedule II controlled medications that were not secured by 2 locks in the bottom drawer: a. Four sleeves of Hydrocodone-Acetaminophen 5-325 mg. b. One sleeve of Hydrocodone-Acetaminophen 10-325 mg. c. One sleeve of Hydrocodone-Acetaminophen 7.5-325 mg. d. One sleeve of Oxycodone-Acetaminophen 7.5-325 mg. 5. Observations on the north hall on 4/27/16 at 9:30 AM, revealed the north hall medication cart bottom drawer contained the following Schedule	F 425	Corrective Action: 1. On April 28, 2016, Schedule II medications were removed from the South hall, West hall and North hall medication carts and placed in a separately locked compartment in the bottom of the medication cart secured by 2 locks. 2. On May 4, 2016, all Nursing staff were inserviced on the proper handling, storage, disposal and documentation of Schedule II and other controlled substances. 3. The facility's consulting pharmacy, Director of Nursing and/or designee will perform a medication storage audit weekly for 4 weeks, monthly times 4 months and at random times throughout each quarter for 1 year and will report effectiveness of compliance to the Performance Improvement Committee. FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit. Completion Date: May 4, 2016	

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F 425	Continued From page 2 II controlled medications that were not secured by 2 locks: a. Six sleeves of Hydrocodone-Acetaminophen 5-325 mg. b. Two sleeves of Hydrocodone-Acetaminophen 7.5-325 mg. c. One sleeve of Hydrocodone 10 mg . 6. Interview with Licensed Practical Nurse (LPN) #1 on 4/28/16 at 9:57 AM, at the South nurses' station, LPN #1 was asked if the pharmacist ever checked the medication carts. LPN #1 stated, "No." Interview with LPN #2 on 4/28/16 at 10:14 AM, at the west nurses' station, LPN #2 was asked if the pharmacist ever checked the medication carts. LPN #2 stated, "I don't remember them being here since I've been here." Interview with the Director of Nursing (DON) on 4/28/16 at 12:07 PM, in the DON's office, the DON confirmed that the schedule II medications should have been double locked. The DON was asked if the pharmacist did in-services and checked medication carts. The DON stated, "No."	F 425		
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.	F 431	F431 SS=E 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS Requirement: 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.	

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F 431	<p>Continued From page 3</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> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation and interview, the facility failed to ensure that medications were stored properly according to the facility's policy when scheduled 2 medications were not secured by 2 locks in 3 of 5 (South hall, West hall and North hall medication carts) medication storage areas.</p> <p>The findings included:</p> <p>1. The facility's "Storage of Medications" documented, "...The facility shall store all drugs</p>	F 431	<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> <p>Finding:</p> <p>1. Observations on the South hall on 4/25/16 at 8:14 AM, West hall on 4/25/16 at 8:23 AM, revealed the south hall, west hall medication carts were locked and unattended. The surveyor was able to reach into the gaps between all 3 large drawers and pull out bubble packs of medications, even though the cart was locked.</p> <p>2. The bottom drawer on the south hall, west hall and north hall medication carts also revealed Schedule II controlled medications that were not secured by 2 locks (according to facility policy).</p> <p>3. Observations In the west medication room on 4/27/16 at 9:30 AM, revealed the west hall medication cart was locked and contained controlled medications that could be accessed by unauthorized people due to a gap between the bottom drawer.</p>	

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F 431	<p>Continued From page 4 and biologicals in a safe, secure, and orderly manner..."</p> <p>The facility's "Controlled Substances" policy documented, "...Scheduled II [2] Narcotics supply is to be kept under TWO locks at all times..."</p> <p>2. Observations on the south hall on 4/25/16 at 8:14 AM, revealed the south hall medication cart was locked and unattended. The surveyor was able to reach into the gaps between all 3 large drawers and pull out bubble packs of medications, even though the cart was locked.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 4/25/16 at 8:14 AM, on the south hall, LPN #1 was asked if it was safe to be able to pull medications out of the medication cart, even though it was locked. LPN #1 stated, "No, never noticed you could do that."</p> <p>Observations in the south hall medication room on 4/27/16 at 1:43 PM, revealed the south hall medication cart contained the following sleeves of controlled medications that were not and could be accessed by unauthorized people due to a gap in bottom drawer of the medication cart:</p> <ul style="list-style-type: none"> a. Five sleeves of Lorazepam 0.5 milligrams (mg). b. One sleeve of Lorazepam 1 mg. c. Five sleeves of Tramadol 50 mg. d. Four sleeves of Alprazolam 0.25 mg. e. One sleeve of Temazepam 30 mg. f. One sleeve of Clonazepam 1 mg. g. One sleeve of Temazepam 15 mg. h. One sleeve of Lorazepam 1 mg (half tablets). i. One sleeve of Modafinil 100 mg. j. Two sleeves of Lyrica 75 mg. k. One sleeve of Alprazolam 1 mg. 	F 431	<p>1. On April 28, 2016, Schedule II medications were removed from the South hall, West hall and North hall medication carts and placed in a separately locked compartment in the bottom of the medication cart secured by 2 locks.</p> <p>2. On May 4, 2016, all Nursing staff were inserviced on the proper handling, storage, disposal and documentation of Schedule II and other controlled substances.</p> <p>3. On May 9, 2016, three new medication carts were purchased for the facility to address the large gaps found in the older medication carts.</p> <p>3. The facility's consulting pharmacy, Director of Nursing and/or designee will perform a medication storage audit weekly for 4 weeks, monthly times 4 months and at random times throughout each quarter for 1 year and will report effectiveness of compliance to the Performance Improvement Committee.</p> <p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit.</p> <p>Completion Date: May 9, 2016</p>		

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F 431	<p>Continued From page 5</p> <p>The bottom drawer also revealed the following Schedule II controlled medications that were not secured by 2 locks (according to facility policy):</p> <ul style="list-style-type: none"> a. Five sleeves of Hydrocodone-Acetaminophen 5-325 mg. b. Five sleeves of Hydrocodone-Acetaminophen 7.5-325 mg. <p>3. Observations on the west hall on 4/25/16 at 8:23 AM, revealed the west hall medication cart was locked, yet the surveyor was able to reach into the gaps between all 3 large drawers and pull out bubble packs of medications.</p> <p>Interview LPN #2 on 4/25/16 at 8:23 AM, on the west hall, LPN #2 was asked if it was safe to be able to pull medications out of the medication cart, even though it was locked. LPN #2 stated, "No."</p> <p>Observations in the west medication room on 4/27/16 at 9:30 AM, revealed the west hall medication cart was locked and contained the following sleeves of controlled medications that could be accessed by unauthorized people due to a gap between the bottom drawer:</p> <ul style="list-style-type: none"> a. Fifteen sleeves of Lorazepam 0.5 mg. b. Two sleeves of Diazepam 2 mg. c. Two sleeves of Tramadol 50 mg. d. Four sleeves of Alprazolam 0.5 mg. e. Four sleeves of Alprazolam 0.25 mg. f. One sleeve of Alprazolam 1 mg. g. Two sleeves of Lorazepam 1 mg. h. Two sleeves of Phenobarbital 32.4 mg. i. One sleeve of Clorazepate 7.5 mg. j. One sleeve of Clonazepam 0.5 mg. <p>The bottom drawer also revealed the following</p>	F 431		

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F 431	<p>Continued From page 6</p> <p>Schedule II controlled medications that were not secured by 2 locks (per facility's policy):</p> <ol style="list-style-type: none"> Four sleeves of Hydrocodone-Acetaminophen 5-325 mg. One sleeve of Hydrocodone-Acetaminophen 10-325 mg. One sleeve of Hydrocodone-Acetaminophen 7.5-325 mg. One sleeve of Oxycodone-Acetaminophen 7.5-325 mg. <p>4. Observations on the north hall on 4/27/16 at 9:30 AM, revealed the north hall medication cart bottom drawer contained the following Schedule II controlled medications that were not secured by 2 locks (per facility policy):</p> <ol style="list-style-type: none"> Six sleeves of Hydrocodone 5-325 mg. Two sleeves of Hydrocodone 7.5-325 mg. One sleeve of Hydrocodone 10 mg. <p>5. Interview with the Director of Nursing (DON) on 4/28/16 at 12:07 PM, in the DON's office, the DON was asked if it was acceptable to be able to pull medications out of a locked medicine cart. The DON stated, "No." The DON confirmed that the schedule II medications should have been double locked.</p>	F 431			

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