MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	10/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a licensure survey from 10/2/18 through 10/4/18. During the survey the SA determined the facility was not in compliance with the Minimum Standards for the Age and Infirm. The SA cited M 695. At the time of the survey, the census was 53 and the facility held a license for 60 beds.	M 000		
M 695	45.24 PHARMACY SERVICES PHARMACY SERVICES This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to properly store drugs and biologicals, as evidenced by expired medications stored in the medication room for one (1) of one (1) medication rooms observed. Findings include: Review of the facility's policy titled, "Storage and Expiration of Medications, Biologicals, Syringes and Needles", with a revision date of 10/31/16, revealed: 17. Facility personnel should inspect nursing station storage area for proper storage compliance on a regularly scheduled basis. 18. Facility should request that Pharmacy perform a routine nursing unit inspection for each station in Facility to assist Facility in complying with its obligations pursuant to Applicable Law relating to the proper storage, labeling, security and accountability of medications and biologicals.	M 695	1. All OTC stock medications in the medication carts were checked on 10-03-2018 and no expired medications were noted. The medication supply room was also checked 10-03-2018 and any expired medications that were noted were removed and destroyed according to center protocol. This was audited and completed by R.N. on 10-03-2018 2. All residents in the center are at risk for the deficient practice. 3. Matchback of medication carts are to take place weekly and documented by nurses. This includes checking for expiration dates of OTC medications in the medication carts. Medical Records/Central Supply nurse will check all OTC medications in the cabinet in the medication room on a weekly basis x 4 weeks and then monthly. Documentation of this being completed will be turned into the director of nurses weekly x 4 weeks then monthly. 4. This will be discussed and documented	11/9/18

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	10/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 695	Continued From page 1 An observation of the Medication Room, on 10/03/18 at 9:47 AM, with Licensed Practical Nurse #1 (LPN) revealed the following medications had expired: Oscal with Calcium Plus D3 (51 tablets) expired June 2018, two (2) bottles Vitamin E 100 Softgels expired November 2017, two (2) bottles Vitamin E 100 Softgels expired 9/18, Vitamin D3 400IU expired 12/16 (19 tablets), Vitamin E 400 IU 77 softgels expired 9/2018. There was no Vitamin E or Vitamin D3 available for immediate use. An interview with LPN #1, on 10/03/18 at 10:05 AM, revealed she was going to discard all expired medications. LPN #1 stated the Medical Records Nurse was responsible for checking the medication room for expired medications, and ordering medications. An interview with the Director of Nursing (DON), on 10/03/18 at 10:20 AM, revealed she stated the Medical Records Nurse was responsible for checking for expired meds on a monthly basis. The DON stated the Medical Records Nurse was out at the present time on surgical leave. The DON stated she was not aware there were any expired meds, but she would make sure they were discarded. The DON stated she had checked all the med carts to make sure they were ok. The DON stated the Pharmacy Consultant checks the med carts monthly, and occasionally checks the medication storage room.	M 695	in monthly QAPI x 2 months for assessment and evaluation. Audit will be documented on flowsheet to show proper monitoring of OTC medications being monitored for expiration dates.	