STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A418	A. BUILDING _____ B. WING _____	04/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES T CHAMPION	1455 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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 The State Agency (SA) conducted an annual recertification survey along with a complaint CI MS #15609 from 04/14/19 to 04/17/19. During the survey, the SA determined that the facility was not in compliance with the requirements for Participation in Medicare and Medicaid, and cited the deficiency F761. The SA did not substantiate CI MS #15609 for abuse and no citations were cited related to the complaint.	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 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.	F 761		5/17/19

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F 761	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to properly store drugs and biologicals as evidenced by expired medication in the medication room on the Magnolia Hall, for one (1) of two (2) medication rooms observed. Findings include: Review of the facility's policy titled, "Floor Stock Medication", revised August 2015, revealed: Procedure: A. (2) It is the responsibility of the unit nurse to rotate floor stock and return any outdated floor stock medication. (3) It is the responsibility of the unit nurse to maintain proper storage of floor stock medications. G. Medication Room Inspection for Inpatient Services: The Pharmacy will perform random unit medication room inspections to ensure the following, but is not limited to: C. Expired medications have been returned to Pharmacy. On 4/17/19 at 8:40 AM, an observation of the Medication Room on the Magnolia Hall revealed three (3) bottles of Liquid Tylenol Pain and Fever medication with an expiration date of 8/18. An interview at that time with Licensed Practical Nurse (LPN) #1 revealed she stated she did not know the facility's policy for checking for expired medications. LPN #1 confirmed she had no liquid Tylenol available for resident use, that was in date. LPN #1 stated if she needed liquid Tylenol she would have to order it. On 4/17/19 at 8:53 AM, an interview with LPN #2 revealed the Medication Nurse was responsible	F 761	Disclaimer: Completion and response to Licensure Violation Report for James T. Champion Nursing Facility (JTCNF) in no way represents agreement of the statement of deficiencies herein stated. A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. The expired Liquid Tylenol Pain and Fever Medication was discarded by the Nursing Supervisor on April 17, 2019. There were no residents found to have been affected by the deficient practice. The James T. Champion Quality Assurance Nurse checked 100% of floor stock medication in all medication rooms on April 17, 2019. There were no medications found to be expired. B. How the facility will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken. There were no residents on Magnolia Hall	

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F 761	Continued From page 2 for checking for expired medications. On 4/17/19 at 8:54 AM, an interview with the Nursing Supervisor revealed the Medication Nurse was responsible for checking for expired medications and notifying the Registered Nurse (RN) Supervisor if any are expired, for removal and disposal.	F 761	with an order for Liquid Tylenol Pain and Fever Medication. C. What measures will be put into place, or systemic changes made to ensure that the deficient practice will not recur. On April 17, 2019,the Nursing Supervisor began in-servicing all Registered Nurses and Licensed Practical Nurses on checking floor stock medication expiration dates when medications are received from the pharmacy and weekly. Any expired medications will be removed from the medication room and destroyed per facility policy. In-services were completed on April 24, 2019. D. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the Quality Assurance system. Beginning April 17,2019, James T. Champion Quality Assurance Nurse will begin checking 50% of floor stock medications for expiration dates monthly for three months and then 25% monthly thereafter. Any expired medications will be	

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F 761	Continued From page 3	F 761	removed from the medication room and destroyed per facility policy. The Quality Assurance Nurse will report any deficiencies to the Quality Assurance Committee and the Quality Assurance Committee will make recommendations. Beginning May 2, 2019, the James T. Champion Pharmacy Consultant will check 100% of the floor stock medication expiration dates monthly for three months and then 50% monthly thereafter. Any deficiencies will be reported to the Director of Nursing and/or Nursing Supervisor and the expired medication will be removed from the medication room and destroyed per facility policy. The Director of Nursing and or Nursing supervisor will report any deficiencies to the Quality Assurance Committee and the Quality Assurance Committee will make recommendations.	

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	25A418	A. BUILDING **01 - JAMES T. CHAMPION NURSING FACILITY** B. WING _____	**04/15/2019**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 4/15/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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