Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092185	A. BUILDING: _____ B. WING _____	04/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABOVE AND BEYOND EXPECTATIONS 2	6704 SHANGHI DRIVE WILLOW SPRINGS, NC 27592

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on April 19, 2016.	C 000		
C 357	10A NCAC 13G .1006 (f) Medication Storage 10A NCAC 13G .1006 Medication Storage (f) Medications requiring refrigeration shall be stored at 36 degrees F to 46 degrees F (2 degrees C to 8 degrees C). This Rule is not met as evidenced by: Based on observation and interview, the facility failed to have a working thermometer in the refrigerator for Lantus and Humalog Insulin which should be stored between 36 degrees Fahrenheit (F) to 46 degree F. The findings are: Observation on 4/19/16 at 12:00 p.m. of the facility's refrigerator revealed: -One thermometer was found inside the refrigerator. -The thermometer had a reading of 50 degrees F. -The food in the refrigerator was cold. -The food in the freezer was frozen. Interview with the Supervisor-in-Charge (SIC) on 4/19/16 at 12:00 p.m. revealed: -She had not checked the thermometer to see, if it was working. -She had not been told to check the thermometer in the refrigerator to see, if it was reading between 36 degrees F to 46 degrees F.	C 357	In order to be in compliance with Rule 10A NCAC 13G. 1006 (f), the facility will purchase a new refrigerator. The SIC will document the refrigerator temperature daily. The Administrator will monitor reading weekly for 1 month then monthly ~~thereafter~~ thereafter.	06/15/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carolyn Weston TITLE: Administrator (X6) DATE: 6/16/16

STATE FORM 8Y4D11 If continuation sheet 1 of 2

June 16, 2016
"Reviewed and accepted"
DDR

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C 357	Continued From page 1 Interview with the Administrator on 4/19/16 at 12:00 p.m. revealed: -She had not checked the thermometer to see, if it was working. -There was no monitoring system in place to check the thermometer in the refrigerator to see, if it was reading between 36 degrees F to 46 degrees F.	C 357		