

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

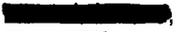
PRINTED: 06/20/2013  
FORM APPROVED  
OMB NO. 0938-0391

1366

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505265</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/07/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EMERALD CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>209 NORTH AHTANUM AVENUE WAPATO, WA 98951</b>
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(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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Emerald Care on 06/03/13, 06/04/13, 06/05/13, 06/06/13 and 06/07/13. A sample of 25 residents was selected from a census of 69. The sample included 22 current residents and the records of 3 former and/or discharged residents.</p> <p>The survey was conducted by:  , RN  , RN  , RD</p> <p>The survey team is from:                  Department of Social &amp; Health Services                  Aging &amp; Long-Term Support Administration                  Residential Care Services, District 1, Unit C                  3611 River Road, Suite 200                  Yakima, WA 98902</p> <p>Telephone: (509) 225-2800                  Fax: (509) 574-5597</p> <p style="text-align: right;"><b>Received Yakima RCS JUL 8 2013</b></p> <p style="text-align: center;"><i>[Signature]</i> Residential Care Services      Date</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Admission</i>	(X6) DATE <i>6/28/13</i>
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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 431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>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.</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:</p>	F 431	See page 3 of 3		

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F 431	<p>Continued From page 2</p> <p>Based on observation and interview it was determined the facility failed to dispose of expired and/or return medications to the pharmacy in a timely manner according to CFR 483.60 (e). This failure had the potential to place residents at risk to receive ineffective medication. Findings include:</p> <p>On 06/07/13 at approximately 10:50 a.m. during an inspection of the medication storage room accompanied by Staff Member A, Licensed Practical Nurse the following was observed:</p> <ol style="list-style-type: none"> <li>1. In the large refrigerator, two boxes of FluLaval (influenza vaccine) were noted to be unopened and both expired 03/20/13 per manufacturer date stamp.</li> <li>2. In a cupboard, one bottle of Zinc Sulfate tablets (nutrition supplement) observed to be unopened and expired 03/2013 per manufacturer date stamp.</li> </ol> <p>On 06/07/13 at 11 a.m. Staff Member A stated no residents received the influenza vaccine after 03/20/13.</p> <p>On 06/07/13 at 11:15 a.m. Staff Member B, Director of Nursing Services stated the nursing staff was responsible for ordering, re-stocking and removing expired medications. Staff Member B also stated that the "pharmacist was to check for expired medications during his monthly review at the facility."</p>	F 431	<p>Submission of a Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited. It is also not to be construed as an admission of interest against the facility Administrator or any employees, agents or other individuals who draft or may be discussed in the Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p>Prior to using any medications the Licensed Nurse checks for expiration dates. If any medication that is found to be expired is destroyed as the facility and pharmacy policy and procedure dictates.</p> <p>The Licensed, Contracted, Pharmacist does monitor the Medication Room and Medication Carts for multiple reasons including expiration dates.</p> <p>Con't on page 3a</p>	6/7/13 ongoing	