STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495383	A. BUILDING _____ B. WING _____	R 08/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS N SANDERS NURSING HOME, INC	7385 WALKER AVE GLOUCESTER, VA 23061

(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
{E 000}	Initial Comments .	{E 000}		
{F 000}	INITIAL COMMENTS An unannounced Medicare revisit to the standard survey conducted 07/9/19 through 07/11/19, was conducted 08/27/19 through 08/28/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints were investigated during the survey. The census in this 55 certified bed facility was 47 at the time of the survey. The survey sample consisted of 14 resident reviews.	{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	{F 761}		9/18/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/12/2019

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{F 761}	Continued From page 1 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. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility documentation review, and clinical record review the facility staff failed to label insulin to indicate when opened for one Resident (Resident #114) in a survey sample of 14 Residents. The findings included: Resident #114 was admitted to the facility on 7/23/19. Resident #114's diagnoses included but were not limited to: MRSA (methicillin resistant staph infection), DM (diabetes), hyponatremia, and hypertension. Resident #114's MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 7/30/19 was coded as an admission assessment. Resident #114 was coded as having had a BIMS (brief interview for mental status) score of 15, which indicated cognitively intact. Resident #114 was coded as required extensive assistance of staff for bed mobility, transfers, ambulation, toileting and bathing. On 8/28/19 at 11:06 am during observation of medication storage with LPN B, the Lantus Solostar pen for Resident #114, which was stored in the medication cart, had been opened, used, and did not have the date it was opened and use began.	{F 761}	1. The insulin pen was removed and replaced with a new pen on 8/28/19. No insulin doses were omitted. 2. On 8/28/19 all medication carts were audited by DON/designee for unlabeled insulin pens. Any being noted unlabeled and without dates were removed and replaced. 3. Audit process for unlabeled medications in medication storage areas will be implemented by 9/13/2019. Clinical Educator/designee will educate the licensed nursing staff on the new audit process and on the proper labeling of insulin pens by 9/13/19. 4. The DON/designee will audit the medication storage audit process and all multi-dose medications for labeling to indicate when opened twice weekly for 4 weeks then weekly for 8 weeks. The results of the audits will be reported to the QA Committee by the DON/Designee for evaluation of compliance and ongoing monitoring for continuous improvement analysis. 5. September 18, 2019	

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{F 761}	Continued From page 2	{F 761}		

Review of physician orders for Resident #114 revealed an active order for "Lantus Solostar U-100 insulin 100 unit/mL (3 mL) subcutaneous pen (20 units) insulin pen (ML) subcutaneous".

Review of the August MAR (medication administration record) for Resident #114 revealed that the Resident received Lantus Solostar daily in the morning between 8 am-10 am. Resident #114 had received doses of the Lantus Solostar daily for the entire month.

On 8/28/19 at 11:06 am, when asked if the insulin pen had been used/opened, LPN B stated, "yes, I agree, it has been used and they don't have a date on it." When LPN B was asked why is it important to date insulin when opened/accessed, LPN B stated "so you know when to get rid of it, its only good for a month."

On 8/28/19 at 11:14 am, an interview was conducted with RN A, the nurse mentor. When asked about the dating of insulin, RN A stated "we should date it as soon as it is opened".

On 8/28/19 at 3:15 PM during the end of day meeting, Employee B, the DON (Director of Nursing) was asked her expectation regarding insulin. The DON stated, "you are supposed to date it when opened, they are only good for 27-30 days".

On 8/28/19, a facility policy was requested regarding medication storage and insulin to include the expiration dates/dating of vials". A policy titled "Policy 4/1 General Guidelines for Medication Storage" and "Policy 6.1.1 Discontinuation of Medications- PAXIT" were received. A policy regarding the storage of and

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{F 761}	Continued From page 3 dating of insulin was not provided. Review of the two policies provided does not address the use of or storage of insulin. Review of the manufacturer recommendations for Lantus Solostar under section "16.2 storage" revealed that 3 mL single-patient-use SoloStar prefilled pen is to be stored a room temperature and only for 28 days once opened". Information accessed online at: http://products.sanofi.us/Lantus/Lantus.html#section-16 No further information was provided.	{F 761}		