**F 000 INITIAL COMMENTS**

A recertification survey and complaint investigation #33071 was completed on February 18 - 20, 2014, at Bethesda Health Care Center. No deficiencies were cited related to complaint investigation #33071 under 42 CFR PART 483.13, Requirements for Long Term Care Facilities.

**F 431 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS**

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 record records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

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.

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.

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

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### LABORATORY DIRECTORS OR PROVIDER/SupPLIER REPRESENTATIVE'S SIGNATURE

**ADIM**  
**DATE** 3/6/14

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 patient(s). (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.
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 431</td>
<td>Continued From page 1 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.</td>
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This REQUIREMENT is not met as evidenced by:

Based on observation and interview, the facility failed to ensure all the medications available for resident use were not expired on the medication carts for 2 of 5 medication carts reviewed.

The findings included:

Observation with Licensed Practical Nurse #1 (LPN) of the 500 hall medication cart on February 20, 2014, at 10:05 a.m., revealed Thicken Up individual packages 12 of twenty-four with an expiration date of August 21, 2013; Gas-X strips 10 of 18 strips with an expiration date of September 2013; bottle of B-12 1000 mcg (micrograms) 50 remaining of 100 tablets expired in January 2014.

Interview with LPN #1 at the time of the observation confirmed medications were expired and available for resident use.

Observation of the north 200 medication cart with LPN #2 on February 20, 2014, 10:30 a.m., revealed one unopened bottle of PreNatal vitamins with an expiration date of June 2013.

Interview with LPN #2 at the time of the observation confirmed the medication was expired and available for resident use.
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Interview with the Director of Nursing (DON) on
February 20, 2014, at 11:00 a.m., in the
conference room confirmed all expired
medications are to be discarded. Continued
interview with the DON revealed the facility did
not have a policy for expired medications.