STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER

445387

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED

C

05/08/2012

NAME OF PROVIDER OR SUPPLIER

PARKWAY HEALTH & REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

200 SOUTH PARKWAY WEST
MEMPHIS, TN 38109

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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

(ID PREFIX TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(ID PREFIX TAG

(X5) COMPLETION DATE

F 431

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.

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 I 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.

This REQUIREMENT is not met as evidenced by:

[Signature]

LINDA BERKLEY
LABORATORY DIRECTOR & PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X9) DATE

06/12/2012

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.

This pc was faxed 06/11/2012

Event ID: TCKT11

Facility ID: TN7818

If continuation sheet Page 1 of 2
F 431  Continued From page 1

Intakes: TN00029094

Based on policy review, observation and interview, it was determined the facility failed to ensure medications were not stored past their expiration date in 1 of 6 (West hall medication room) medication storage areas.

The findings included:

Review of the facility's "Storage of Medications" policy documented, "...The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed..."

Observations in the West hall medication room on 5/8/12 at 2:00 PM, revealed 12 Dulcolax laxative suppositories stored in the medication refrigerator past the expiration date of December 2010.

During an interview in the West hall medication room on 5/8/12 at 2:00 PM, Nurse #1 stated, "...The Pharmacist was here yesterday..."

During an interview in the conference room on 5/8/12 at 2:30 PM, the Director of Nursing confirmed the expired medications should have been destroyed by the Pharmacist.

F Tag 431  (D)
Drugs Records, Label/Store Drugs & Biological

1. Each medication room and cart was inspected for outdated drugs.
2. An in-service was conducted by the SDC with the licensed nurses regarding medication administration with a focus on storage of outdated drugs.
3. Discontinued and outdated medications will be placed in a lock box located in each medication room by the licensed nurse. The discontinued and outdated medication will be removed from the lock box weekly by the DON or designee.
4. The DON or designee will randomly monitor each medication cart and medication room for outdated medication.
5. The Pharmacy consultant will inspect each medication room, medication cart and lock box for outdated drugs monthly.
6. Results of the monitoring by the DON and Pharmacy consultant will be discussed in the monthly CQI meeting and subsequent plans of correction will be implemented as necessary.