

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

PRINTED: 01/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/13/2021
NAME OF PROVIDER OR SUPPLIER ASPEN MEADOWS HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3155 AVE C BILLINGS, MT 59102		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>A Recertification survey was completed on 4/13/21. Facility Reported Incidents were investigated during the survey.</p> <p>The facility census on entrance was 62.</p> <p>DEFICIENCIES CITED:</p> <p>Deficient practices were cited for the Recertification survey.</p> <p>DEFICIENCIES NOT CITED:</p> <p>Refer to FORM CMS-2567; Event ID: #LVP611 for unsubstantiated findings.</p> <p>Deficient practices were NOT cited for the Facility Reported Incident(s) with Intake number(s): MT00049676, MT00049785, MT00049923, MT00050265, MT00050341, MT00050423</p> <p>GLOSSARY</p> <p>HCl hydrochloride mg milligrams PRN as needed</p>	F 000			
F 761 SS=E	<p>Label/Store Drugs and Biologicals</p> <p>CFR(s): 483.45(g)(h)(1)(2)</p> <p>§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.</p>	F 761		5/20/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/05/2021

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 761	<p>Continued From page 1</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§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.</p> <p>§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 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> <p>Based on observation, interview, and record review, the facility failed to dispose of expired medical supplies, and failed to ensure expired medications were removed from stock for 3 (#s 11, 12, and 27) of 29 sampled and supplemental residents. This deficient practice had the potential to affect all residents who utilized the facility's medications and supplies storage. Findings include:</p> <p>During an observation on 4/12/21, beginning at 2:40 p.m., in the 200 hallway medication room, showed:</p> <p>-19 Safety needles, 21 gauge by 1.5-inch, expired 3/20.</p> <p>During an interview on 4/12/21 at 2:55 p.m., staff member E stated she checked for expired medication and supplies monthly.</p>	F 761	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this plan of correction, Aspen Meadow Health and Rehabilitation Center does not admit that the deficiencies listed on this form exist, nor does the center admit to any statements, findings, facts or conclusions that the basis form the alleged deficiencies. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiencies, statements, fact, and conclusions that form the basis for the deficiencies.</p> <p>1) Director of Nursing or designee disposed of expired medical supplies and expired medications for resident #11, 12, and 27 on 5/13/21.</p> <p>2) Director of nursing or designee</p>		

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F 761	<p>Continued From page 2</p> <p>During an observation on 4/12/21, beginning at 3:05 p.m., in the Timbers' unit cart #2, showed:</p> <p>-Resident #12's blister pack of Oxycodone HCl 5 mg tablet, give one tablet by mouth, every four hours, as needed for pain, expired 1/20/21.</p> <p>Review of resident #12's Medication Administration Record (MAR), for February 2021, showed the expired Oxycodone HCl 5 mg tablet was given two times during the month.</p> <p>Review of resident #12's MAR, for March 2021, showed the expired Oxycodone HCl 5 mg tablet was given five times during the month.</p> <p>Review of resident #12's MAR, for April 2021, showed the expired Oxycodone HCl 5 mg tablet was given one time during the first eleven days of the month.</p> <p>During an observation on 4/12/21 at 3:20 p.m., in the Timbers' unit medication room, showed:</p> <p>-One unopened bottle of Thera-tabs multivitamin formula, expired 7/20.</p> <p>During an observation on 4/12/21, beginning at 3:21 p.m., in the Timbers' unit cart #1, showed:</p> <p>-Resident #11's blister pack of Oxycodone HCl 5 mg tablet, give one tablet by mouth, every four hours, as needed for moderate pain, expired 9/15/20. No expired medication was given to resident #11.</p> <p>-Resident #27's blister pack of Quetiapine 25 mg tablet, give one half tablet every day for dementia</p>	F 761	<p>reviewed other resident medical supplies and medications were not expired by 5/19/21.</p> <p>3) Director of Nursing or designee reeducated licensed nursing and central supply staff on monitoring for expiration dates on medication and medical supplies by 5/19/21. New employees will be educated during the new employee orientation process.</p> <p>4) Director of nursing or designee will complete reviews of medications and medical supplies to validate none are expired weekly X4, then monthly thereafter. Reviews will be presented at Quality Assurance on 5/19/21 and monthly thereafter to validate sustained compliance.</p>		

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F 761	<p>Continued From page 3</p> <p>with psychosis; give one half tablet every 24 hours, as needed for agitation/psychosis, expired 2/1/21. No expired medication was given to resident #27.</p> <p>During an interview on 4/12/21 at 3:37 p.m., staff member B stated staff member D checked for expired dates on supplies and medication once a month.</p> <p>During an interview on 4/13/21 at 9:34 a.m., staff member F stated medication given beyond the expiration date could have a decreased potency. Staff member F stated, "You don't dispense expired medications, it's just standard of practice."</p> <p>During an interview on 4/13/21 at 10:15 a.m., staff member C stated when she checked for expired medications, she did not think about checking the PRN medications.</p> <p>During an interview on 4/13/21 at 10:21 a.m., staff member K stated medications should be checked for expiration dates every shift. Staff member K stated PRN medications were to be checked before they were given.</p> <p>Review of the facility's policy, "Medication Storage In The Facility," last revised January 2018, showed:</p> <ul style="list-style-type: none"> - "Procedures - H. Outdated, contaminated, or deteriorated medications ...are immediately removed from inventory, disposed of according to procedures for medication disposal ..." - "Expiration Dating - E. The nurse will check the expiration date of 	F 761			

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F 761	Continued From page 4 each medication before administering it, -F. No expired medication will be administered to a resident, and -G. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed per facility policy."	F 761			