STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		A. BUILDING B. WING	PRINTED: 12/16/2014 FORM APPROVED OMB NO. 0938-0391 12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY CAMPBELL CENTER	4641 WELDIN RD WILMINGTON, DE 19803

(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
W 000	INITIAL COMMENTS An unannounced annual survey was conducted at this facility from December 1, 2014 through December 4, 2014. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census the first day of the survey was 67. The survey sample size was ten (10) clients. Abbreviations used in this report are as follows: NHA - Nursing Home Administrator; DON - Director of Nursing; ADON - Assistant Director of Nursing; RN - Registered Nurse; LPN - Licensed Practical Nurse;	W 000	**Labeling for drugs and biologicals must include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable.** On December 2, 2014, The ADON requested the community pharmacy provide a correct label for the client's Diazepam and to identify that the expiration date of the Diazepam dispensed to the client's mother on August 18, 2014. The community pharmacy faxed a copy of the medication label created at the time the prescription was filled on August 18, 2014 and confirmed August 2015 as the expiration date of the medication. **(Attachment C)** On December 2, 2014, the client's mother provided the (E3) LPN with the vial the medication was originally dispensed in when the prescription was filled on August 18, 2014. On December 2, 2014, the ADON confirmed that the information on the label affixed to the original vial was consistent with the information provided to the facility by the community pharmacy. The ADON placed the medication, along with the original vial and faxed copy of the medication label that indicates the expiration date, in a clear plastic bag and returned the medication to a locked drawer in the medication cart.	
W 389	483.460(m)(1)(ii) DRUG LABELING Labeling for drugs and biologicals must include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable. This STANDARD is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure that labeling of a psychotropic drug (drug capable of affecting the mind, emotions,and behavior) Diazepam for spasticity (muscles are tight or stiff) for one (C4) client out of 10 sampled, contain the most current expiration date as applicable. Findings include: During a medication pass observation on 12/2/14 at approximately 8:00 AM, it was observed that R4's Diazepam container was labeled with an outdated expiration date of 10/25/13.	W 389	On December 23, 2014, all medication storage areas were audited by the QAPI nurse and Staff Educator, for medications brought to the facility from an external source. Eight medications were identified as originating from an external source. The medications were verified for the following information: Resident Name, Medication, Medication Supplier, Dispensed Date; Expiration Date, Medication Description, Directions, Accessory Instructions and Cautionary Instructions. All medications received from an external source were compliant with regulations. Facility policy 3.10 MEDICATIONS BROUGHT TO NURSING CARE CENTER BY RESIDENT OR FAMILY MEMBER was reviewed by DON and consulting pharmacist on December 11, 2014. It was determined that medicine supplied by a community pharmacy was brought to the facility by a family member and was not inspected to ensure proper labeling. The consulting pharmacist was not made aware of this situation. A new policy was created including a procedure for notifying the DON and consulting pharmacist when medications are received from external sources. **(Attachment B)**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Regina J. Cobbing	Executive Director	12/23/14

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 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	08G013		12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY CAMPBELL CENTER	4641 WELDIN RD WILMINGTON, DE 19803

(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
W 389	Continued From page 1 Interview with E3 (LPN) on 12/2/14 at 8:00 AM revealed that, C4's mother purchased the medication from a community pharmacy and brought the original container to the facility and provided them with 100 tablets each time the nursing staff requested a refill. The nursing staff then poured and stored 100 tablets in C4's old drug container labeled with an expiration date of 10/25/13. Additionally, E3 denied having the original container that C4's mother kept was checked for an expiration date. C4's mother stored the original bottle at home. The facility failed to ensure that the labeling of the Diazepam drug included the appropriate expiration date. This finding was discussed with E2 (DON) on 12/2/14 at approximately 1:00 PM.	W 389	Continued from page 1 A lesson plan will be developed by the Staff Educator and all nursing staff will receive training on the policy and procedure by January 30, 2015. All medication labels will be audited by the QAPI nurse, or designee, to verify that they include appropriate accessory and cautionary instructions, as well as the expiration date, if necessary. Existing Medication Room Audit and Medication Cart Audit tools were revised to include inspection of medications received from external sources. (Attachments D & E) Audits will be conducted monthly until 100% compliance is met for three consecutive months. Then, audits will be conducted on a quarterly basis. Any medications found not to be compliant with regulations will be destroyed. The audit results will be reported to the DON and consultant pharmacist each month and presented at the quarterly Quality Assurance committee meetings by the QAPI nurse. The goal for this action plan is 100% compliance with labeling requirements for drugs and biologicals stored at the facility and that the drug regimen review will identify issues pertaining to medications received from a external sources.	01/30/2015

Regina J. Coffey Executive Director 12-23-14

DELAWARE HEALTH
AND SOCIAL SERVICES
Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

IAME OF FACILITY: The Mary Campbell Center

DATE SURVEY COMPLETED: December 4, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced annual survey was conducted at this facility from December 1, 2014 through December 4, 2014. The deficiencies contained in this report are based on observation, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 67. The survey sample totaled 10. Abbreviations used in this report are as follows: NHA - Nursing Home Administrator; DON - Director of Nursing; ADON - Assistant Director of Nursing; RN - Registered Nurse; LPN - Licensed Practical Nurse;		
3201	**Regulations for Skilled and Intermediate Care Facilities**		
3201.1.0	**Scope**		
3201.1.2	**Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention**		

'rovider's Signature Regina J Cobbley Title Executive Director Date 12-23-14

AME OF FACILITY: The Mary Campbell Center

DATE SURVEY COMPLETED: December 4, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	Commission are hereby adopted and incorporated by reference. This requirement is not met as evidenced by:	**Each nursing facility shall have a consultant pharmacist who shall be responsible for the general supervision of the facility's pharmaceutical services.** Upon receipt of the Statement of Deficiencies Report on December 16, 2014, the facility learned of the failure to notify the consulting pharmacist of issues pertaining to the medication C4 received from an outside pharmacy. On December 17, 2014 at 3 pm, the PharMerica Regional Manager, NHA and DON (via conference call) reviewed and discussed the findings of the report and established a plan of action to address the deficiency. (Attachment A) Facility policy 3.10 MEDICATIONS BROUGHT TO NURSING CARE CENTER BY RESIDENT OR FAMILY MEMBER was reviewed by DON and consulting pharmacist on December 11, 2014. It was determined that medicine supplied by a community pharmacy was brought to the facility by a family member and was not inspected to ensure proper labeling. The consulting pharmacist was not made aware of this situation. A new policy was created, including a procedure for notifying the DON and consulting pharmacist when medications are received from external sources. (Attachment B)	
3201.6.7 3201.6.7.1	**Pharmacy Services** **Each Nursing facility shall have a consultant pharmacist who shall be responsible for the general supervision of the facility's pharmaceutical services.** **Based on observation, policy and record review and interview, it was determined that the facility failed to ensure that one (C4) out of 10 sampled clients, received medications in accordance with the facility's pharmacy's policies and in accordance with 24 Delaware code section 2522and the regulations of the Board of Pharmacy. While the facility provided consultant pharmacist services the facility failed to ensure that C4's psychotropic drug (drug capable of affecting the mind, emotions, and behavior) Diazepam for spasticity (muscles are tight or stiff) was dispensed, packaged and sealed in doses that are identifiable and properly labeled with the most current expiration date that was not outdated. Additionally the consultant pharmacist was unaware of the practice the facility utilized in obtaining a medication from an outside pharmacy. Findings include:** **A medication pass observation was**		

Provider's Signature Regina Cobbley Title Executive Director Date 12-23-14

AME OF FACILITY: The Mary Campbell Center

DATE SURVEY COMPLETED: December 4, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	from an outside pharmacy. This finding was discussed with E1 (NHA) and E2 (DON) on 12/2/14 at approximately 3:00 PM. Both confirmed this finding.		
3201,6.8.3	Medication labeling	**Medications shall be labeled in accordance with 24 Delaware Code, Section 2522 and the regulations of the Board of Pharmacy.**	
3201.6.8.3.1	Medications shall be labeled in accordance with 24 Delaware Code, §2522 and the regulations of the Board of Pharmacy Based on observation, record review, policy review and interview, it was determined that the facility failed to ensure that one (C4) out of 10 sampled clients, received medications in accordance with the facility's pharmacy's policies and in accordance with 24 Delaware code section 2522and the regulations of the Board of Pharmacy. The facility failed to ensure that C4's psychotropic drug (drug capable of affecting the mind, emotions, and behavior) Diazepam for spasticity (muscles are tight or stiff) was dispensed in a manner that met the criteria of facility policy 3.10 Medications Brought to Nursing Care Center by Resident or Family Member. Findings include: PharMerica Corp Policy [dated 2007] 3.10 entitled "Medications Brought to Nursing Care Center by Resident or Family Member" stated under Policy, "Medications brought onto the nursing	On December 2, 2014, The ADON requested the community pharmacy provide a correct label for the client's Diazepam and to identify that the expiration date of the Diazepam dispensed to the client's mother on August 18, 2014. The community pharmacy faxed a copy of the medication label created at the time the prescription was filled on August 18, 2014 and confirmed August 2015 as the expiration date of the medication. (Attachment C) On December 2, 2014, the client's mother provided the (E3) LPN with the vial the medication was originally dispensed in when the prescription was filled on August 18, 2014. On December 2, 2014, the ADON confirmed that the information on the label affixed to the original vial was consistent with the information provided to the facility by the community pharmacy. The ADON placed the medication, along with the original vial and faxed copy of the medication label that indicates the	

'rovider's Signature Regina J Coffey Title Executive Director Date 12-23-14

NAME OF FACILITY: The Mary Campbell Center

DATE SURVEY COMPLETED: December 4, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	conducted on 12/2/14 at approximately 8:00 AM with E3 (LPN). C4's Diazepam drug container was found labeled with an outdated expiration date of 10/25/13. E3 stated that the drug was not expired and continued to administer the drug to C4 via her gastrostomy tube[inserted into the stomach for feeding]. According to E3, C4's mother purchased the medication from a community pharmacy and brought the original container to the facility and provided them with 100 tablets each time the nursing staff requested a refill. The nursing staff poured, stored 100 tablets in C4's old drug container labeled with an expiration of 10/25/13. Additionally, E3 denied having staff check the original container that C4's mother kept for a current expiration date and other label requirements. C4's mother stored the original bottle at home. **Review of C4's record revealed that a drug regimen review by the consultant pharmacist was done on 10/14 and 11/14 on C4's medication. A telephone interview with P1 (facility's Pharmacy Consultant) on 12/4/14 at approximately 2:15 PM revealed that he was not aware of this irregular procedure and it was not a recommended practice in dispensing/securing the drug. He stated that the nursing staff should have kept the original container when dispensed from the community pharmacy and/or requested a split labeled container with the 100 tablets.** **The facility failed to ensure that the drug regimen review identified issues pertaining to the medication C4 received**	A lesson plan will be developed by the Staff Educator and all nursing staff will receive training on the policy and procedure by January 30, 2015. All medication labels will be audited by the QAPI nurse, or designee, to verify that they include appropriate accessory and cautionary instructions, as well as the expiration date, if necessary. Existing Medication Room Audit and Medication Cart Audit tools were revised to include inspection of medications received from external sources. (Attachments D & E) Audits will be conducted monthly until 100% compliance is met for three consecutive months. Then, audits will be conducted on a quarterly basis. Any medications found not to be compliant with regulations will be destroyed. The audit results will be reported to the DON and consultant pharmacist each month and presented at the quarterly Quality Assurance committee meetings by the QAPI nurse. The goal for this action plan is 100% compliance with labeling requirements for drugs and biologicals stored at the facility and that the drug regimen review will identify issues pertaining to medications received from external sources.	01/30/2015

Provider's Signature Regina J Coffey Title Executive Director Date 12-23-14

IAME OF FACILITY: The Mary Campbell Center

DATE SURVEY COMPLETED: December 4, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	care center by a resident or family member are used only upon written order by the resident's prescriber, after the contents are verified by the nurse, and if packaging meets the state, federal and pharmacy's guidelines. Other unauthorized medications are not accepted by the nursing center. ..." Under Procedures this same policy stated "...The medication container is clearly labeled and packaged in accordance with pharmacy procedures for medication labeling and packaging in a manner consistent with pharmacy guidelines for medications within all state and federal regulations...." **A medication pass observation was conducted on 12/2/14 at approximately 8:00 AM with E3 (LPN). C4's Diazepam drug container was found labeled with an outdated expiration date of 10/25/13. E3 stated that the drug was not expired and continued to administer the drug to C4 via her gastrostomy tube[inserted into the stomach for feeding]. According to E3, C4's mother purchased the medication from a community pharmacy and brought the original container to the facility and provided them with 100 tablets each time the nursing staff requested a refill. The nursing staff poured, stored 100 tablets in C4's old drug container labeled with an expiration of 10/25/13. Additionally, E3 denied having staff check the original container that C4's mother kept for a current expiration date. C4's mother stored the original bottle at home.** **Review of C4's record revealed that a drug regimen review by the consultant pharmacist was done on 10/14 and 11/14 on C4's medication. A telephone**	expiration date, in a clear plastic bag and returned the medication to a locked drawer in the medication cart. On December 23, 2014, all medication storage areas were audited by the QAPI nurse and Staff Educator, for medications brought to the facility from an external source. Eight medications were identified as originating from an external source. The medications were verified for the following information: Resident Name, Medication, Medication Supplier, Dispensed Date; Expiration Date, Medication Description, Directions, Accessory Instructions and Cautionary Instructions. All medications received from an external source were compliant with regulations. Facility policy 3.10 MEDICATIONS BROUGHT TO NURSING CARE CENTER BY RESIDENT OR FAMILY MEMBER was reviewed by DON and consulting pharmacist on December 11, 2014. It was determined that medicine supplied by a community pharmacy was brought to the facility by a family member and was not inspected to ensure proper labeling. The consulting pharmacist was not made aware of this situation. A new policy was created including a procedure for notifying the DON and consulting pharmacist when medications are received from external sources. (Attachment B)	

'rovider's Signature Regina J Cobbley Title Executive Director Date 12-23-14

AME OF FACILITY: The Mary Campbell Center

DATE SURVEY COMPLETED: December 4, 2014

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	interview with P1 (facility's Pharmacy Consultant) on 12/4/14 at approximately 2:15 PM revealed that he was not aware of this irregular procedure and it was not a recommended practice in dispensing/securing the drug. He stated that the nursing staff should have kept the original container when dispensed from the community pharmacy and/or requested a split labeled container with the 100 tablets. **The facility failed to ensure that C4 received her Diazepam medication dispensed, prepared, labeled and packaged in accordance with the facility policy and state regulations.** **This finding was discussed with E1 (NHA) and E2 (DON) on 12/2/14 at approximately 3:00 PM. Both confirmed this finding.**	A lesson plan will be developed by the Staff Educator and all nursing staff will receive training on the policy and procedure by January 30, 2015. All medication labels will be audited by the QAPI nurse, or designee, to verify that they include appropriate accessory and cautionary instructions, as well as the expiration date, if necessary. Audits will be conducted monthly until 100% compliance is met for three consecutive months. Then, audits will be conducted on a quarterly basis. Any medications found not to be compliant with regulations will be destroyed. The audit results will be reported to the DON and consultant pharmacist monthly and presented at the quarterly Quality Assurance committee meetings by the QAPI nurse. The goal for this action plan is 100% compliance with labeling requirements for drugs and biologicals stored at the facility and that the drug regimen review will identify issues pertaining to medications received from external sources.	01/30/2015

Provider's Signature Bonna J Cobbley Title Executive Director Date 12-23-14