

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER Wexford House, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2421 John B Dennis Highway Kingsport, TN 37660	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50216</p> <p>Based on facility policy review, observation, and interview, the facility failed to ensure expired supplies were not available for resident use in 1 medication cart (300 long hall cart) of 3 medication carts observed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Storage of Medical Supplies and Medication, dated ,d+[DATE], showed . No discontinued, outdated, or deteriorated medical supplies/medications are available for use in the facility. All such .and medical supplies disposed of in accordance to federal, state regulations, and facility policies as well as manufacturer's guidelines.</p> <p>During an observation and interview of the 300 long hall medication cart on [DATE] at 7:55 AM, with Licensed Practical Nurse (LPN) #1, showed 1 package of two cotton swabs expired [DATE], 1 speimen collection swab kit expired [DATE], 3 vacuum blood draw vials expired [DATE], and 1 blood draw vial expired [DATE] were observed in a cardboard box in the drawer of the medication cart. LPN #1 stated .I don't know why those (referring to the vials and cotton swabs) are in there. We have a blood draw kit in the med [medication] room that has everything we need in it . LPN #1 also stated the protocol was to remove expired supplies and medications from the cart and notify the supervisor about the expired supplies.</p> <p>During an interview on [DATE] 08:47 AM, the Director of Nursing (DON) confirmed the blood draw vials and the cotton swabs for lab tests were expired and should not be on the medication cart.</p>		

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.

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

TITLE

(X6) DATE