

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/14/2023
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NAME OF PROVIDER OR SUPPLIER BROOKSTONE TERRACE OF THOMASVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360
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(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 12/13/23 and 12/14/23.	D 000		
D 234	<p>10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunization</p> <p>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations</p> <p>(a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (#4) were tested for Tuberculosis (TB) disease in compliance with the guidelines from the Commission for Public Health.</p> <p>The findings are:</p> <p>Review of Resident #4's current FL-2 dated 10/05/23 revealed diagnoses that included chronic kidney disease, hypothyroidism, heart failure, dyslipidemia and history of breast and uterine cancer.</p> <p>Review of Resident #4's Resident Register revealed she was admitted to the facility on 11/07/23.</p>	D 234	<p>D 234 TB Test, Med. Exam & Immunization</p> <p>All resident records have been reviewed to ensure that they are in compliance with our TB Policy (Attachment A). Resident #4 has been screened as per policy. Management staff who are responsible for admissions have been retrained on the policy. RCD will ensure that contract RN is given names of all new admissions so that screening can be completed as per policy. RCD will maintain records of any resident who cannot have the 2-Step Mantoux screening so that those resident can be screened annually using the NC Department of Health and Human Services Division of Public Health Record of Tuberculosis Screening . (Attachment B)</p> <p>The Administrator will review new resident files for completeness after each admission.</p>	<p><i>Effective</i> <i>12-18-23</i> <i>compliance</i></p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Yvonne S. Peterson</i>		<i>1-11-24</i>

Reviewed and Acknowledged K.M. 01/12/24

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D 234	<p>Continued From page 1</p> <p>Review of Resident #4's record revealed: -There was no record of a TB screening evaluation done. -There was record of a chest x-ray done in June 2023 for a cough.</p> <p>Interview with Resident #4 on 12/14/23 at 3:00pm revealed she did not receive a TB screening evaluation when she was admitted to the facility or since being admitted.</p> <p>Interview with the Resident Care Director (RCD) on 12/14/23 at 1:50pm revealed: -Resident #4 was admitted to the facility in November 2023. -Resident #4 did not have a TB screening evaluation done on admission. -Resident #4 had a chest x-ray done in June 2023. -She had no knowledge of Resident #4 having a previous positive skin test. -She was responsible for ensuring the facility nurse knew when new admissions required TB screening. -She did not let the nurse know to complete TB screening for Resident #4. -She thought a chest x-ray could be done instead of the skin test.</p> <p>Interview with the Administrator on 12/14/23 at 10:34am revealed her expectation was that residents receive TB screening prior to or on admission but she was under the impression that a chest x-ray was acceptable.</p>	D 234		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up</p>	D 273		

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D 273	<p>Continued From page 2</p> <p>to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure physician follow up was completed for 1 of 5 sampled residents (#5) who had heart rate (HR) values outside of the ordered parameter.</p> <p>The findings are:</p> <p>Review of Resident #5's current FL2 dated 06/21/23 revealed diagnoses included dementia, hearing loss, and hypertension.</p> <p>Review of Resident #5's physician's order dated 11/20/23 revealed there was an order to check Resident #5's blood pressure (BP) and HR daily for two weeks and to notify the primary care provider (PCP) if the BP was greater than 170/100 or less than 90/60 or if the HR was less than 60.</p> <p>Review of Resident #5's November 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for check blood pressure daily for two weeks and call medical doctor (MD) for a BP greater than 170/100 or less than 90/60 or if HR less than 60 scheduled daily at 8:00am. -On 11/24/23, Resident #5's HR was 50; there was no documentation the PCP was notified. -On 11/27/23, Resident #5's HR was 46; there was no documentation the PCP was notified. -On 11/28/23, Resident #5's HR was 43; there was no documentation the PCP was notified. -On 11/29/23, Resident #5's HR was 48; there was no documentation the PCP was notified. -On 11/30/23, Resident #5's HR was 45; there 	D 273	<p>D273 Health Care</p> <p>All orders and treatments that require physician notification will be completed as described in the policy entitled Physician Reporting for Orders Containing Parameters. See (Attachment C).</p> <p>All Supervisors & Med Techs have been trained in this policy. (Attachment E)</p>	<p><i>effective 1-8-24 ongoing</i></p>

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D 273	<p>Continued From page 3</p> <p>was no documentation the PCP was notified. -From 11/23/23 through 11/30/23, Resident #5's HR ranged from 43 to 76.</p> <p>Review of Resident #5's December 2023 eMAR revealed: -There was an entry for check blood pressure daily for two weeks and call medical doctor (MD) for a BP greater than 170/100 or less than 90/60 or if HR less than 60 scheduled daily at 8:00am. -On 12/02/23, Resident #5's HR was 42; there was no documentation the PCP was notified. -On 12/03/23, Resident #5's HR was 49; there was no documentation the PCP was notified. -On 12/05/23, Resident #5's HR was 54; there was no documentation the PCP was notified. -On 12/06/23, Resident #5's HR was 50; there was no documentation the PCP was notified. -From 12/01/23 through 12/06/23, Resident #5's HR ranged from 42 to 86.</p> <p>Review of Resident #5's progress notes revealed there was no documentation that the PCP had been notified of HR values less than 60 for November 2023 and December 2023.</p> <p>Based on observations, interviews, and record review, it was determined Resident #5 was not interviewable.</p> <p>Telephone interview with Resident #5's PCP on 12/14/23 at 11:32am revealed: -She was Resident #5's PCP as of 11/20/23. -She had not received any notifications about Resident #5's HR being outside of the ordered parameter. -She had written the order to check Resident #5's BP and HR daily because Resident #5 was previously having high blood pressures. -She had not seen Resident #5 since 11/20/23,</p>	D 273		

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D 273	<p>Continued From page 4</p> <p>but was scheduled to see Resident #5 next week. -She may have lowered Resident #5's dose of metoprolol (a medication used to treat high blood pressure) if she had been notified of Resident #5's low HR values.</p> <p>Interview with the medication aide (MA) on 12/14/23 at 1:48pm revealed: -She knew there was an order to notify Resident #5's PCP if Resident #5's HR was outside the ordered parameter. -She notified Resident #5's PCP that Resident #5's HR was low. -She notified the Resident Care Director (RCD) that Resident #5's HR was outside the ordered parameter for 9 of 14 days in November and December 2023. -Resident #5 had a new PCP as of 11/20/23 and MAs were unable to directly contact the PCP. -MAs were able to notify Resident #5's previous PCP of vital signs outside of ordered parameters via fax, but were now unable to do so. -MAs sometimes wrote values outside of ordered parameters on a physician's notification sheet and the PCP would review the sheets when they came to the facility.</p> <p>Interview with the RCD on 12/14/23 at 1:55pm revealed: -The residents and facility had a new PCP as of a few weeks ago and MAs could not directly contact the new PCP to notify of vital signs outside of ordered parameters. -MAs were able to contact and notify the new PCP indirectly through the PCP's employer. -MAs could let her know if a resident had vital signs outside of ordered parameters and she would be able to directly notify the PCP. -She did not know that Resident #5's HR was outside of the PCP's ordered parameters for 9 of</p>	D 273		

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D 273	Continued From page 5 14 days until 12/14/23. -She routinely printed out the residents' vital sign sheets when the PCP visited the facility and reviewed the vital signs with the PCP. -She expected MAs to run a vital signs report, review the residents' vital signs and to let her know if a resident's HR was outside the parameter. -The MAs knew to inform her if residents' vital signs were abnormal. -The MAs normally informed her if a resident's heart rate or blood pressure were outside of ordered parameters. -There was no documentation that Resident #5's PCP was notified of Resident #5's HR below the ordered parameter until 12/14/23. Interview with the Administrator on 12/14/23 at 2:30pm revealed: -She started working at the facility last week. -She did not know that Resident #5's HR was outside the ordered parameters for 9 of 14 days from 11/23/23 to 12/06/23 until 12/14/23. -She would have expected there to be a system in place for MAs to notify the PCP of vital signs outside of ordered parameters. -There was currently no system in place for MAs to directly contact the PCP or a way for MAs to document and leave documentation for the RCD to review if vital signs were abnormal when the RCD was not at the facility. -MAs were responsible to initiate notifying the provider of vital signs outside of ordered parameters and to report abnormal vital signs to the RCD.	D 273		
D 358	10A NCAC 13F .1004(a) Medication Administration	D 358		

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D 358	<p>Continued From page 6</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to administer medications as ordered for 1 of 5 sampled residents (#1) who had a medication ordered to treat diabetes.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 09/20/23 revealed: -Diagnoses included diabetes mellitus type 2, hypertension, hyperlipidemia, diabetic neuropathy and below the knee amputation. -There was an order for Ozempic 0.25milligrams (mg), give 0.5 mg weekly on Sunday.</p> <p>Review of Resident #1's October 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Ozempic 0.25-0.5mg/dose pen inject 0.5mg once weekly on Sunday with an administration time of 8:00am. -There was documentation Ozempic 0.5mg was administered on 10/8/23, 10/15/23, and 10/29/23. -On 10/22/23, the Ozempic 0.5 mg was circled as not given. The documentation included the reason as not administered was "not in house". -Finger stick blood sugar (FSBS) checks were documented daily with results from 75-162.</p>	D 358	<p>D 358 Medication Administration</p> <p>The medication identified for Resident #1 is now set up in the med administration system to throw up an "urgent message" on the day it is scheduled when the resident is pulled up for medication administration. The message acts as a reminder to the Med Tech to administer the medication on the day it is scheduled.</p> <p>The policy entitled Identification & Administration of Medications and/or Treatments Administered Intermittantly has been developed to use for any further intermittent med orders. (Attachment D) All Supervisors & Med Techs have been trained in this policy. (Attachment E)</p>	<p><i>effective 12-14-23 + ongoing</i></p>
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D 358	<p>Continued From page 7</p> <p>Review of Resident #1's November 2023 eMAR revealed: -There was an entry for Ozempic 0.25-0.5mg/dose pen inject 0.5mg once weekly on Sunday with an administration time of 8:00am. -There was documentation Ozempic 0.5mg was administered on 11/05/23, 11/12/23, and 11/26/23. -There was documentation Ozempic 0.5mg was not administered. The reason documented was "resident unable to take". -FSBS checks were documented daily with results from 57-140.</p> <p>Review of Resident #1's December 2023 eMAR for December 1, 2023 to December 14, 2023 revealed: -There was an entry for Ozempic 0.25-0.5mg/dose pen inject 0.5mg once weekly on Sunday with an administration time of 8:00am. -There was documentation Ozempic 0.5mg was administered on 12/03/23 and 12/10/23. -FSBS checks were documented daily with results from 82-132.</p> <p>Observation of Resident #1's medications on hand on 12/13/23 at 3:00pm revealed there was an empty Ozempic dose pen in the medication cart.</p> <p>Observation of Resident #1's medications on hand on 12/14/23 at 11:30am revealed there was a sealed box of Ozempic with a dispense date of 10/16/23 for four doses.</p> <p>Telephone interview with the Pharmacist at the facility's contracted pharmacy on 12/14/23 at 9:50am revealed: -There was an active order for Ozempic 0.5mg to</p>	D 358		

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D 358	<p>Continued From page 8</p> <p>be administered weekly on Sunday.</p> <p>-The pharmacy dispensed one Ozempic pen that contained four doses on 08/21/23, 09/18/23 and 10/16/23.</p> <p>-The facility had not requested Ozempic to be refilled after the most recent dispensed supply on 10/16/23.</p> <p>Interview with Resident #1 on 12/14/23 at 10:15am revealed:</p> <p>-She took Ozempic weekly on Sunday for her diabetes.</p> <p>-She thought she may have missed a couple of doses.</p> <p>Interview with a medication aide (MA) on 12/13/23 at 3:00pm revealed:</p> <p>-Resident #1 received Ozempic 0.5mg weekly on Sunday.</p> <p>-She worked every other Sunday and administered the Ozempic when she worked.</p> <p>-She re-ordered the Ozempic a week in advance and also followed up with a phone call to the pharmacy.</p> <p>-She stated the Ozempic pen on the medication cart was empty but there was more Ozempic in the refrigerator.</p> <p>-She did not know why the Ozempic was documented as not available on 10/22/23 as it was in the facility in the refrigerator.</p> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 12/14/23 at 11:33am revealed:</p> <p>-She was new to the facility and saw Resident #1 one time on 11/27/23.</p> <p>-Resident #1 was prescribed Ozempic 0.5mg on Sunday for diabetes.</p> <p>-Resident #1 was also prescribed Lantus that was administered at night.</p>	D 358		

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D 358	<p>Continued From page 9</p> <ul style="list-style-type: none"> -Resident #1's blood sugars were well controlled. -She expected medications to be administered as ordered. <p>Second interview with the MA on 12/14/23 at 10:00am revealed:</p> <ul style="list-style-type: none"> -The Ozempic available in the refrigerator that was dispensed on 10/16/23 was still sealed. -She did not know why the Ozempic pen was not on the medication cart for use. -She thought some MAs might not know the Ozempic was in the refrigerator. -She could not explain how the Ozempic was documented as given on 10/29/23, 11/05/23, 11/12/23, 11/26/23, 12/03/23 and 12/10/23 when the medication was unopened in the refrigerator. <p>Interview with the Resident Care Director (RCD) on 12/14/23 at 1:50pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 was ordered Ozempic 0.5mg weekly. -MAs would have to re-order the Ozempic using the eMAR system. -MAs were aware the Ozempic was in the refrigerator. -She did not know why the Ozempic pen that was dispensed on 10/16/23 was still unopened in the refrigerator. -She believed the MAs did administer the Ozempic as ordered but could not explain how it was being administered when there was no Ozempic on the medication cart and the Ozempic available in the refrigerator was unopened. <p>Interview with the Administrator on 12/14/23 at 2:10pm revealed:</p> <ul style="list-style-type: none"> -She was new to the facility and was not aware Resident #1 received Ozempic. -She would expect MAs to reorder medication when there were 7 days of medication left. 	D 358		

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D 358	Continued From page 10 -Currently there were no medication cart audits being done. -She would expect medications to be administered as ordered.	D 358		

Attachment A

POLICY: Residents are at risk for contracting tuberculosis (TB) because of their frailty, the presence of chronic diseases, and because of group living arrangements. We are responsible for preventing the spread of tuberculosis (10A NCAC 13G .0405).

PROCEDURE:

I. Resident/Employee Screening:

- A. Screen all residents/employees for TB using the 2-step Mantoux method.
 - 1. Screening is done upon admission/employment for individuals who cannot provide a documented negative TST (Tuberculin Skin Test) within the preceding 12 months.
 - 2. Individuals who can provide a documented negative TST within the preceding 12 months will receive a single TST and use this result as the second part of the two-step test.
 - 3. Individuals who have a documented positive TST will have a Record of Tuberculosis Screening (DHHS 3405) completed using the most recent chest x-ray.
- B. The exceptions to the 2-step method are:
 - 1. Residents/Employees who have had a positive TB test in the past.
 - 2. Residents/Employees who have had TB or a known exposure.
 - 3. Residents/Employees who have had a BCG vaccine.
 - 4. Residents/Employees currently receiving treatment for Tuberculosis.
- C. Residents/Employees who test positive for tuberculosis will be referred to the local health department for additional evaluation and treatment when indicated.
- D. Any resident/employee who is suspected of having TB (positive test, display of symptoms) will not be allowed to work or come in any contact with the employees or residents until the physician provides documentation the employee is safe.

II. Identification of Tuberculosis:

- A. Screen those who have come into contact with an active case of TB in consultation with the physician and the local health department. North Carolina law requires immediate notification of the Health Department of any person with active TB.
- B. Screen any person having symptoms of TB:
 - 1. Persistent productive cough.
 - 2. Night sweats.
 - 3. Weight loss.
 - 4. Extreme fatigue.

- C. A chest X-ray alone is not sufficient for screening for tuberculosis. A Mantoux test (2-step) must be done. For those who cannot have a Mantoux test due to a previous positive test, or vaccination with BCG, a chest X-ray, plus an examination for all other signs and symptoms must be performed and documented with a completed TB Screening Questionnaire. (Use DHHS form 3405).
- D. Report all active TB cases to the local health department.
- E. DHHS Form 3405 must be completed annually by RN/MD for all previously positive staff/residents.

Attachment B

N.C. Department of Health and Human Services
 Division of Public Health
 Epidemiology Section • TB Control

Record of Tuberculosis Screening

Last Name	First Name	MI
Patient Number		
Date of Birth (MM/DD/YYYY)	Month	Day
	Year	
Race		
Ethnicity: Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
County of Residence		

Section A.

Answer the following questions.

Do you have:	Descriptions	Yes or No
1. Unexplained productive cough	<i>Cough greater than 3 weeks in duration</i>	
2. Unexplained fever	<i>Persistent temp elevations greater than one month</i>	
3. Night sweats	<i>Persistent sweating that leaves sheets and bedclothes wet</i>	
4. Shortness of breath/Chest pain	<i>Presently having shortness of breath or chest pain</i>	
5. Unexplained weight loss/appetite loss	<i>Loss of appetite with unexplained weight loss</i>	
6. Unexplained fatigue	<i>Very tired for no reason</i>	

The above health statement is accurate to the best of my knowledge. I will see my doctor and/or the health department if my health status changes.

_____/_____/_____
Signature / *Date* / *Witness*

Section B.

This is to certify that the above-named person (a) had a tuberculin skin test or an interferon gamma release assay (IGRA) on ____/____/____ which was read as _____ mm., which was interpreted as positive and (b) had a chest X-ray done on ____/____/____ which showed no sign of active inflammatory disease. (c) This person has no symptoms suggestive of active tuberculosis disease. A chest X-ray for tuberculosis is not indicated.

Licensed Medical Professional / *Date*

Purpose: To be used for persons who:

- (1) have had a significant reaction to the tuberculin skin test;
- (2) have had a negative chest X-ray; and
- (3) need a record of their tuberculosis status.

Preparation: To be completed by a licensed medical professional.

Section A: Record the person's answers to questions 1-6.

- (1) If all answers are *no*, have person sign where specified and continue to Section B.
- (2) If any two answers are *yes*, **do not** complete the record. Refer person for evaluation as appropriate.

Section B: Complete information as specified.

NOTE: Document this visit in person's clinical record and specify outcome, i.e., indicate that the record or a referral was given to the person.

Disposition:

- (1) If all answers in Section *A* are *no*, no copy required. Document as noted above.
- (2) If any two answers in Section *A* are *yes*, retain original and any further referral form in record. Destroy in accordance with Standard 5, *Records Disposition Schedule*, published by the N.C. Division of Archives and History.

Additional forms may be downloaded from the N.C. TB Control website:
https://epi.dph.ncdhhs.gov/cd/tb/docs/dhhs_3405_2017.pdf

Policy on Physician Reporting for Orders Containing Parameters.

Policy

It is the policy of Brookstone Terrace for the Supervisor In Charge or the Med Tech on duty to report resident concerns directly to the PCP utilizing the Triage Department at the PCP Organization. When medication orders include reporting of results of medications and or treatments where the order includes parameters, the SIC will follow the procedure below.

Procedure

1. When a resident receives a physician's order to have a medication administration or treatment result reported, the resident's record/chart will be placed into the Hot Box.
2. The SIC and/or Med Tech will perform the ordered administration or treatment as ordered and document the results in the MAR and in the resident record/chart.
3. When the medication or treatment produces results that are outside of the parameters stated in the order, the SIC/Med Tech will contact the PCP through the Triage Department at the PCP organization.
4. If the Resident Care Director is in the building, the SIC/Med Tech will report the results to the Resident Care Director.
5. If the results are dangerously outside of the parameters, the SIC/Med Tech will call 911.
6. The Resident Care Director will review all charts in the Hot Box each day they are at the building to ensure compliance with reporting.

Identification & Administration of Medications and/or Treatments Administered Intermittently.

Policy

Medication and/or treatments that are ordered for administration on specific days rather than continuous days will have an electronic "urgent message" attached to the medication in the electronic medication system. This message will show up when the resident's profile is opened for medication administration on the day that the intermittent medication or treatment is ordered.

Procedure

When an order is given for medications and/or treatments that are given on specific days rather than daily, the RCD will program the MAR system to throw up an urgent message along with the profile on the day that the medication/treatment is ordered.

Routine MAR Reviews will be done by the RCD or designee to ensure that Intermittent medications and/or treatments are being administered and completed.

Attachment E

I have received training on the following policies:

1. Policy on Resident/Employee Screening for Tuberculosis.
2. The Use of the Record of Tuberculosis Screening
3. Policy on Physician Reporting for Orders Containing Parameters
4. Identification & Administration of Medications and/or Treatments Administered Intermittently.

Name

Printed Name

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
