STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345491	A. BUILDING _____ B. WING _____	C 02/07/2025

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CROATAN RIDGE NURSING AND REHABILITATION CENTER	210 FOXHALL ROAD NEWPORT, NC 28570

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E 000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 02/04/2025 through 02/07/2025. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #2VWU11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 02/04/2025 through 02/07/2025. Event ID#2VWU11. The following intake was investigated NC00218816. 1 of the 2 complaint allegations resulted in deficiency.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in	F 580		3/10/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/27/2025

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F 580	Continued From page 1 §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, and staff and Nurse Practitioner (NP) interviews, the facility failed to notify the physician when a resident missed a dose of insulin due to the medication being unavailable for administration. This resulted in the nurse not obtaining authorization to administer insulin from the backup supply. This deficient practice affected 1 of 5 residents sampled for Pharmaceutical Services (Resident	F 580	On 2/5/25, the Director of Nursing (DON) notified the physician that resident #28 did not receive the scheduled dose of Toujeo on 2/4/25 due to the medication not available in the facility. The resident was assessed with no negative findings. A new order was obtained for a one-time dose of an alternate insulin and to restart Toujeo on 2/6/25. Toujeo was	

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F 580	Continued From page 2 #28). The findings included: Resident #28 was admitted to the facility on 5/7/24 with diagnoses that included diabetes. A review of the physician's orders dated 5/23/24 revealed Resident #28 was prescribed Toujeo Solostar Subcutaneous Solution Pen-injector 300 units/milliliter (ml) (insulin glargine)-inject 25 units subcutaneously (under the skin) at bedtime for diabetes. The quarterly Minimum Data Set (MDS) assessment dated 2/4/25 revealed Resident #28 was cognitively intact and was coded for receiving insulin. Resident #28's Medication Administration Record (MAR) dated 2/4/25 signed off by Nurse #3, revealed Resident #28 did not receive the scheduled dose of insulin at 8:00 p.m. because the medication was not available. During a telephone interview with Nurse #3 on 2/5/25 at 2:06 p.m. she revealed that Resident #28 did not receive his insulin on 2/4/25 because it was not available. She revealed she should have called the NP, left her a voice message, and sent her a text message for authorization to administer insulin from the backup kit. She further stated she called the NP by phone once on 2/4/25 at 7:41 p.m., but did not receive a response, and did not try to call again, leave a voice message or text the NP. She indicated she should have left a message or texted the NP. In an interview with the NP on 2/5/25 at 1:56 p.m.	F 580	administered per physician order on 2/6/25. On 2/5/25, the DON educated Nurse #3 regarding 1) the rights of Medication Administration with emphasis on ensuring the right medication is administered at the right time and 2) Following Physician Orders with emphasis on obtaining medications via eKit, back up pharmacy or notification of the physician for further recommendations when medications cannot be obtained/administered per physician order. On 2/5/25, the Social Services Director initiated resident questionnaires regarding medication concerns to include any incidents of not receiving medications that had not previously been addressed. The DON wil laddress all concerns identified during the audit to include assessment of the residents, notification of the physician when indicated for further recommendations and/or education of staff. The audit will be completed by 3/10/25. On 2/7/25, the administrative nurses to include the Quality Assurance (QA) Nurse, Staff Development Coordinator (SDC) and Minimmum Data (MDS) Nurse, audited all medication carts to ensure all medications, to include insulins, were available to administer per physician order. The QA Nurse, SDC and MDS Nurse will address all concerns identified during the audit to include obtaining medications from the eKit/back up	

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F 580	Continued From page 3 she revealed she was not contacted on 2/4/25 about Resident #28 missing his insulin on 2/4/25. She revealed she was available by phone and via text message during the day and night. She stated she had just been informed about the missed medication today (2/5/25) by Nurse #2. She stated the facility would need authorization from her or the physician to administer any other insulin that was in the backup kit at the facility. During an interview with the Director of Nursing (DON) on 2/5/25 at 1:46 p.m. she stated Nurse #3 was supposed to have contacted the NP by phone call and a text message to receive authorization to administer insulin in the backup kit. She further stated that all nurses will be retrained on notifying the NP to avoid any lapses in administration of medications. In an interview with the Administrator on 2/7/25 at 2:16 p.m. she stated she was unaware that Nurse #3 did not inform the NP of Resident #28 missing a dose of insulin as a result of the medication being unavailable for administration. She further stated that it was the responsibility of nurses to contact the NP via text or phone call to receive authorization to administer medications in the facility's backup kit.	F 580	pharmacy when indicated, notification of the physician for further recommendations if the medication cannot be obtained and education of staff. The audit will be completed by 3/10/25. On 2/6/25, the QA Nurse, SDS and MDS Nurse initiated Medication Pass Audits with all nurses and Medication Aides. This audit is to ensure the nurse and /or Medication Aides administered medications per the physician orders/Rights of Medication Administation or the physician was notified for further recommendations when medication was not available to administer, with corresponding documentation in the electronic record. The QA Nurse, SDC and MDS Nurse will address all concerns identified during the audit ot include assessment of the resident, notification of the physician for further recommendations when indicated and/or education of staff. The audit will be completed by 3/10/25. After 3/10/25 any nurse or medication aide who has not worked or completed the education will complete prior to the next scheduled work shift. All newly hired nurses and medication aides will be inserviced by the SDC during orientation regarding Rights of Medicaiton Administration and Following Physician Orders. The Quality Assurance (QA) Nurse, SDC and MDS Nurse will complete 10 Medication Pass Audits with all nurses and medication aides across all shifts and days of the week, weekly x 4 weeks; then	

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F 580	Continued From page 4	F 580	monthly x one month. This audit is to ensure the nurse and/or medication aide administered medication per physician orders, Rights of Medication Administration or that the physician was notified for further recommendations when a medication was not available to administer, with corresponding documentation in the electronic record. The QA Nurse, SDC and MDS Nurse will address all concerns identified during the audit to include assessment of the resident, obtaining medication when indicated, administering medications per physician order or notification of the physician when medication cannot be obtained/administered and/or retraining of staff. The DON will review the Med Pass Audits weekly x 4 weeks, the monthly x 1 month, to ensure all concerns are addreassed. The Interdiscipinlary Team (IDT), to include the QA Nurse, MDS Nurse and SDC will review the Medications Not Administered Report five times a week for 8 weeks then weekly x 4 weeks. This audit is to ensure medications were available to be administered per physician orders or that the physician was notified for further recommendations when medications were not available to administer, with documentation in the electronic record. The QA Nurse, MDS Nurse and SDC will address all concerns identified during the audit to include assessment of the resident; obtaining medications when indicated; notification of the physician for further recommenation if	

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F 580	Continued From page 5	F 580	the medication cannot be obtained and retraining of staff. The DON will review the Medications Not Administered Report five times a week x 8 weeks then weekly x 4 weeks, to ensure all concerns are addressed. The Administrator/DON will forward the results of the Medication Pass Audits and Medications Not Administered Report to the Quality Assurance Performance Improvement (QAPI) Committee monthly x 1 month for review and to determine trends and/or issues that may need further interventions put in place and to determine the need for further and/or change in frequency of monitoring.	
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on record review, resident interview, and staff interviews, the facility failed to protect a resident's right to be free from misappropriation of property when a staff member (Nurse Aide #1) took a cell phone from the Resident. The deficient practice was reviewed for 1 of 3 residents for misappropriation of residents' property (Resident #12).	F 602	Past noncompliance: no plan of correction required.	

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F 602	Continued From page 6	F 602		

The finding included:

Resident #12 was admitted to the facility on 10/13/22.

The quarterly Minimum Data Set (MDS) assessment dated 10/29/2024 had Resident #12 coded as moderate cognitively impaired.

During an interview with Resident #12 on 2/4/25 at 2:11 p.m. he stated his phone went missing last year but was later found. Resident #12 further described the perpetrator as Nurse Aide #1 who had taken his cell phone, and he could not remember if he gave it to her or she took it without his permission.

Attempts made to contact Nurse Aide #1 by phone on 2/6/25 and 2/7/25 were unsuccessful.

Nurse #4 was not available for the interview.

During a telephone interview with Nurse #3 on 2/6/25 at 2:16 p.m. she revealed the Resident #12 had complained his phone was missing. She stated she asked Nurse Aide #1 who denied taking the phone. She revealed Nurse Aide #1 helped in looking for the missing phone in and outside the facility. She revealed the family members of Resident #12 were contacted and they determined through a tracker on the phone that the missing phone was in the parking lot on the left side of the building. She further revealed they had searched for the phone for 4 hours and contacted the police at 9:15 p.m. She revealed that the police arrived as they searched for the phone. She revealed Nurse Aide # 1, went to her car, retrieved the missing phone, and handed it to

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F 602	Continued From page 7	F 602		

her after insisting that Nurse Aide #1 knew where the phone was because the phone location tracker was leading to her car. She further revealed the phone was returned to Resident #12 and Nurse Aide #1 was sent away after the police stated that she will not be charged because Resident #12 did not want to press charges. Nurse #3 revealed that Resident #12's cell phone was unlocked, and Nurse Aide #1 had made several calls from the phone.

During an interview with the Director of Nursing (DON) on 2/5/25 at 12:28 p.m. she stated that on the evening of 6/19/24, a Nurse #3 called her on phone saying Resident #12's was missing his cell phone. She stated that Nurse #3 had told her that Resident #12 had stated that Nurse Aide #1 had asked to use his cell phone. She revealed she directed the nurse and all staff to do a search in the building and no trash should be thrown out until the phone was located. She stated she proceeded to the building at about 9:50 p.m. after the police and Resident #12's granddaughter and son had arrived at the facility. She further revealed that Resident #12's granddaughter was able to locate the phone in the parking lot of the facility using a tracker she had on her phone. She revealed that Nurse Aide #1 went to her car, retrieved her pocketbook bag, and took the phone out and gave it to Nurse #3. She revealed Resident #12 was alert and oriented and declined to press charges. The DON stated it was against company policy to use residents' property. The DON stated that she asked Nurse Aide #1 to leave and not come back to the facility and she was terminated. The DON revealed that Inservice training on misappropriation of property was done for all staff and an audit completed for all alert and oriented residents for any missing property.

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F 602	Continued From page 8	F 602		

In an interview with the Administrator on 2/5/25 at 12:43 p.m. she revealed that Resident #12's phone went missing on 6/19/24 at about 7:15 p.m., and Nurse Aide #1 had it in her car. She stated that the family of Resident #12 were able to track the location of the phone to Nurse Aide #1's car. She revealed that Nurse Aide #1 told her that Resident #12 allowed her to use the phone but Resident #12 had denied giving her the phone. The Administrator stated Nurse Aide #1 was terminated immediately after establishing she borrowed and took Resident #12 phone and used it. She stated it was a violation of the company policy. She revealed that all staff received Inservice training on misappropriation of property.

The facility provided the following corrective action plan with a completion date of 6/23/24.

Address what measures were put in place to ensure the deficient practice will not recur:

-The police department was contacted by Nurse #3 on 6/19/24 at 9:15 p.m.
-Incident reported to Adult Protective Services by the Administrator on 6/20/24.
-The Administrator filed a report with NCDHHS on 6/20/24
-NC Healthcare Registry was made aware of the incident on 6/20/24 by the Administrator.
-The DON terminated Nurse Aide #1 on 6/19/24.

Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
include:

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F 602	Continued From page 9	F 602		

-Employee suspended/terminated
-100% of interviews by the DON of alert and oriented residents regarding any missing items.
-100% in-service of all employees in all departments regarding misappropriation pf resident property completed by the DON.
-Time stamps per resident's cell phone documented the Nurse Aides use of the resident's phone during company time which is a violation of company policy regarding unauthorized borrowing of resident's property.
-Audits of private property for non-alert and oriented residents

Indicate how the facility plans to monitor its performance to make sure that the solutions are sustained.
Include:

-From 6/20/24 through 9/20/24, the DON/Designee to monitor 5 residents with questionnaire every week x 4 weeks then every month x1 then review at Quality Assurance Performance Improvement (QAPI).
-An Ad Hoc Quality Assurance and Performance Improvement (QAPI) meeting was held by the interdisciplinary on 6/20/24, concerning employee borrowing residents cell phone and this plan of correction that was developed and implemented.
-The facility's QAPI committee will review this POC for the next 3 months.
-The Administrator stated she was responsible for this POC.
Corrective action completion date: 6/23/24.

Validation:

Onsite validation of the corrective action plan was completed on 2/7/25. Interviews with staff in all

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F 602	Continued From page 10 departments in the facility confirmed they received in-service training on Misappropriation of resident property and exploitation policy. A review of the audit tool was conducted including a review of the resident questionnaires for all alert and oriented residents completed on 8/19/24. The compliance date of 6/23/24 for the corrective action plan was validated.	F 602		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to	F 756		3/10/25

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F 756	Continued From page 11 be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on record review and Pharmacy Consultant and staff interviews, the Pharmacy Consultant failed to report a irregularity related to a physicians order for an as needed (PRN) psychotropic medication, Ativan, (a medication used to treat anxiety) to ensure it included a rationale for extended use and was time limited in duration for 2 of 5 residents reviewed for unnecessary medications (Resident #22 and Resident #47). The findings included: 1. Resident #22 was admitted to the facility on 06/26/2021 with diagnoses including dementia with anxiety. A review of the physician's order revealed Ativan 0.5 milligrams (mg) every 6 hours as needed for anxiety dated 08/09/2024 to 08/23/2024 and a dated 08/23/2024 to 09/22/2024 for Ativan 0.5 mg every 6 hours as needed for anxiety for 30 days. The medical record did not contain a documented rationale for the extended use of the medication. A review of the summary of Medication Regimen	F 756	On 2/6/25, the Quality Assurance (QA) nurse clarified with the physician the order for as needed (PRN) antianxiety medication stop date. The PRN medication was discontinued per the physician order. On 2/6/25, the Quality Assurance (QA) nurse clarified with the physician the order for PRN antianxiety medication stop date. The PRN medication was discontinued per the physician order. On 2/11/25, the pharmacy supervisor educated the pharmacy consultant regarding PRN Psychoactive Medication Monitoring with emphasis on limiting the duration of PRN psychotropic medication to a duration of 14 days unless the attending physician or prescribing practitioner documents the rational for the extended time in the medical record and indicates the specific duration. The in-service also included that PRN antipsychotics require a physician visit prior to renewal of medication. On 2/12/25, the pharmacy supervisor audited the monthly Medication Regimen	

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F 756	Continued From page 12 Review by the Pharmacy Consultant dated 09/06/2024 revealed medication regimen review completed. No recommendations. The admission Minimum Data Set (MDS) dated 01/23/2025 coded as severely cognitively impaired and on an antianxiety medication seven out of seven days of the look back period. An interview was conducted with the Pharmacy Consultant on 02/06/2025 at 09:48 AM. The Consultant stated she performed monthly medication reviews on Resident #22 and was aware of the Ativan 0.5 mg PRN order for increased anxiety. She also stated she did not send a recommendation questioning the rationale of the PRN Ativan medications extension because she was not aware a physician needed to assess the Resident for the rationale prior to the extended order. An interview was conducted with the Director of Nursing (DON) on 02/06/2025 at 12:47 PM. The DON stated the Pharmacy Consultant was supposed to report any irregularities from the monthly medication reviews. She did not receive a report from her concerning the PRN medication Ativan for Resident #22. The DON also stated she expected her to accurately report all irregularities from her monthly during her reviews. An interview with the Administrator was conducted on 02/06/2025 at 12:53 PM. The Administrator stated she expected the Pharmacy Consultant to accurately report irregularities from the monthly medication reviews. 2. Resident #47 was admitted to the facility on 11/06/2024 with diagnoses including dementia	F 756	Review for February 2025 to ensure the pharmacy consultant had addressed all psychotropic medications that require a stop date or rational for extended use had been addressed. There were no additional concerns identified. On 2/27/25, the facility consultant initiated an audit of all PRN psychotropic medications. This audit is to ensure PRN psychotropic medications for all residents to ensure PRN psychotropic medications were limited to a duration of 14 days unless the attending physician or prescribing practitioner documented the rational for the extended time in the medical record and indicated the specific duration. The Quality Assurance Nurse (QA), Staff Development Coordinator (SDC), and/or Minimum Data Set Nurse (MDS) will address all areas of concern identified during the audit to include notification of the attending physician or prescribing practitioner for appropriate stop date or rationale for extended use. The audit will be completed by 3/10/25. On 2/7/25, the SDC initiated in-service with all nurses/medication aides (MA) and providers regarding PRN Psychoactive Medication Monitoring with emphasis on limiting the duration of PRN psychoactive medication to a duration of 14 days unless the attending physician or prescribing practitioner documents the rational for the extended time period in the medical record and indicates the specific duration. The in-service also included that PRN antipsychotics require a physician visit prior to renewal of medication and limited to 14 days for each renewal. The	

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F 756	Continued From page 13 with mood disturbances. The admission Minimum Data Set (MDS) dated 12/24/2024 had Resident #47 coded as severely cognitively impaired. A review of the hospice physicians order (PO) dated 12/27/2024 revealed Ativan 1 milligrams (mg) as needed every 4 hours for anxiety/agitation for 90 days end of life care. The medical record did not contain a 14-day stop date for the medication. A review of the summary of Medication Regimen Review by the Pharmacy Consultant dated 01/02/2025 lacked a recommendation for the Ativan. An interview was conducted with the Pharmacy Consultant on 02/06/2025 at 09:48 AM. She stated she performed monthly medication reviews on Resident #47 but did not send a recommendation for the Ativan PRN medication because it was for a hospice resident and did not know they could not have an extended order. An interview was conducted with the Director of Nursing (DON) on 02/06/2025 at 12:47 PM. The DON stated the Pharmacy Consultant was supposed to report any irregularities from the monthly medication reviews. She did not receive a report from the Consultant concerning the PRN medication Ativan for Resident #47. The DON also stated she expected the Pharmacy Consultant to accurately report all irregularities from her monthly during her reviews. An interview with the Administrator was conducted on 02/06/2025 at 12:53 PM. The	F 756	In-service will be completed by 3/10/25. After 3/10/25, any nurse, MA or provider who has not worked or received the education will complete it upon the next schedule work shift. All newly hired nurses, MAs and/or providers will be in-serviced by the SDC during orientation regarding PRN Psychoactive Medication Monitoring. The Pharmacy Supervisor will audit the pharmacy monthly Medication Regimen Review for PRN psychoactive medications monthly x 3 months and provide a written review to the Director of Nursing and/or Administrator. This audit is to ensure all PRN psychoactive medications have appropriate stop states of 14 days unless the attending physician or prescribing practitioner documented the rational for the extended time in the medical records and that all antipsychotics are limited to 14-day renewal following an in person visit by the physician. The Pharmacy Supervisor will address all concerns identified during the audit to include notification of the facility and/or physician for recommended stop date and re-training of the consultant and/or nurse. The Quality Assurance Nurse (QA), Staff Development Coordinator (SDC), and/or Minimum Data Set Nurse (MDS) will review all new orders for PRN psychotropic medications 5 times a week x 4 weeks then weekly x 4 weeks to ensure PRN psychotropic medications were limited to a duration of 14 days unless the attending physician or prescribing practitioner documented the rational for the extended time in the	

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F 756	Continued From page 14 Administrator stated she expected the Pharmacy Consultant to accurately report irregularities from the monthly medication reviews.	F 756	medical record and indicated the specific duration. The Quality Assurance Nurse (QA), Staff Development Coordinator (SDC), and/or Minimum Data Set Nurse (MDS) will address all areas of concern identified during the audit to include notification of the attending physician or prescribing practitioner for appropriate stop date or rationale for extended use. The DON will review the audits to 5 times a week x 4 weeks then weekly x 4 weeks to ensure all concerns are addressed. The DON and/or Administrator will present the findings of the Medication Regimen Review and the Orders Audit for psychotropic medications to the Quality Assurance Performance Improvement (QAPI) committee monthly for 2 months for review and to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.	
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that---	F 758		3/10/25

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F 758	Continued From page 15 §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review, and staff, Nurse Practitioner (NP), and Medical Director (MD) interviews the facility failed to ensure the physicians order for an as needed (PRN)	F 758	On 2/6/25, the Quality Assurance (QA) nurse clarified with the physician the order for as needed (PRN) antianxiety medication stop date. The PRN	

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F 758	Continued From page 16	F 758		

psychotropic medication, Ativan, (a medication used to treat anxiety) included a rationale for extended use and was time limited in duration for 2 of 5 residents reviewed for unnecessary medications (Resident #22 and Resident #47).

The findings included:

1. Resident #22 was admitted to the facility on 06/26/2021 with diagnoses including dementia with anxiety.

The admission Minimum Data Set (MDS) dated 01/23/2025 coded as severely cognitively impaired and on an antianxiety medication seven out of seven days of the look back period.

A review of the physician's order revealed Ativan 0.5 milligrams (mg) every 6 hours as needed for anxiety dated 08/09/2024 to 08/23/2024 and a physician's order dated 08/23/2024 to 09/22/2024 for Ativan 0.5 milligrams (mg) every 6 hours as needed for anxiety for 30 days. The medical record did not contain a documented rationale for the extended use of the medication.

The August 2024 Medication Administration Record (MAR) review revealed an order for Ativan 0.5 mg every 6 hours as needed for anxiety for 30 days 08/23/2024 and discontinue 09/22/2024. The medication was administered on 08/25/2024, 08/26/2024, 08/28/2024, 08/29/2024 and 08/30/2024.

The September 2024 MAR review revealed an order for Ativan 0.5 mg every 6 hours as needed for anxiety for 30 days. 08/23/2024 and discontinue 09/22/2024. The medication was administered on 09/01/2024, 09/02/2024,

medication was discontinued per the physician order.
On 2/6/25, the Quality Assurance (QA) nurse clarified with the physician the order for PRN antianxiety medication stop date. The PRN medication was discontinued per the physician order.
On 2/27/25, the facility consultant initiated an audit of all PRN psychotropic medications. This audit is to ensure PRN psychotropic medications for all residents to ensure PRN psychotropic medications were limited to a duration of 14 days unless the attending physician or prescribing practitioner documented the rational for the extended time in the medical record and indicated the specific duration. The Quality Assurance Nurse (QA), Staff Development Coordinator (SDC), and/or Minimum Data Set Nurse (MDS) will address all areas of concern identified during the audit to include notification of the attending physician or prescribing practitioner for appropriate stop date or rationale for extended use. The audit will be completed by 3/10/25.
On 2/7/25, the SDC initiated in-service with all nurses/medication aides (MA) and providers regarding PRN Psychoactive Medication Monitoring with emphasis on limiting the duration of PRN psychoactive medication to a duration of 14 days unless the attending physician or prescribing practitioner documents the rational for the extended time period in the medical record and indicates the specific duration. The in-service also included that PRN antipsychotics require a physician visit prior to renewal of medication and limited

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F 758	Continued From page 17 09/03/2024, 09/10/2024, 09/14/2024, 09/16/2024 and 09/19/2024. The care plan dated 01/27/2025 included interventions to evaluate and effectiveness of psychotropics. An interview was conducted with the Director of Nursing (DON) on 02/06/2025 at 10:49 AM. The DON stated there was no rationale for the new order of Ativan 0.5 mg PRN on 08/23/2024 and thought it could be extended automatically after the initial 14-day order. A telephone interview with Nurse Practitioner (NP) was conducted on 02/07/2025 at 11:42 AM. The NP stated she did write the PRN Ativan order for the extension of 30 days and was not aware that there needed to be a rationale after the initial 14-day order and in the future, it will include the rationale prior to an extended order. An interview with the Administrator was conducted on 02/06/2025 at 12:53 PM. The Administrator stated she was made aware that Resident #22 had a PRN medication without a rationale for use after the initial 14-day order and wanted her staff to follow the regulations and make sure the PRN medication had a rationale prior to extension of the medication. 2. Resident #47 was admitted to the facility on 11/06/2024 with diagnoses including dementia with mood disturbances. The admission Minimum Data Set (MDS) dated 12/24/2024 had Resident #47 coded as severely cognitively impaired	F 758	to 14 days for each renewal. The In-service will be completed by 3/10/25. After 3/10/25, any nurse, MA or provider who has not worked or received the education will complete it upon the next schedule work shift. All newly hired nurses, MAs and/or providers will be in-serviced by the SDC during orientation regarding PRN Psychoactive Medication Monitoring. The Quality Assurance Nurse (QA), Staff Development Coordinator (SDC), and/or Minimum Data Set Nurse (MDS) will review all new orders for PRN psychotropic medications 5 times a week x 4 weeks then weekly x 4 weeks to ensure PRN psychotropic medications were limited to a duration of 14 days unless the attending physician or prescribing practitioner documented the rational for the extended time in the medical record and indicated the specific duration. The Quality Assurance Nurse (QA), Staff Development Coordinator (SDC), and/or Minimum Data Set Nurse (MDS) will address all areas of concern identified during the audit to include notification of the attending physician or prescribing practitioner for appropriate stop date or rationale for extended use. The DON will review the audits to 5 times a week x 4 weeks then weekly x 4 weeks to ensure all concerns are addressed. DON will present the findings of the Psychoactive Audit Tool to the Quality Assurance Performance Improvement (QAPI) committee monthly for 2 months for review and to determine trends and/or issues that may need further interventions	

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F 758	Continued From page 18 The care plan 12/31/2024 had focus of use of psychotropic drugs with the potential for side effects. A review of the hospice physicians order dated 12/27/2024 revealed Ativan 1 milligrams (mg) as needed for anxiety/agitation for 90 days end of life care. The medical record did not contain a 14-day stop date for the medication. The December 2024 Medication Administration Record (MAR) review revealed an order for Ativan 1 mg as needed. Give 1 tablet by mouth every 4 hours as needed for anxiety/agitation for 90 days end of life care. The medication was administered on 12/28/2024, 12/29/2024 and 12/31/2024. The January 2025 MAR review revealed an order for Ativan 1 mg as needed. Give 1 tablet by mouth every 4 hours as needed for anxiety/agitation for 90 days end of life care. The medication was administered 23 out of 31 days in January. An interview was conducted with the Director of Nursing (DON) on 02/06/2025 at 10:49 AM. The DON stated there was an order for Ativan 1 mg PRN for Resident #47 on 12/27/2024 and it was for 90 days and should have been an initial order for 14 days. An interview with the Medical Director (MD) was conducted on 02/06/2025 at 12:04 PM. The MD stated she wrote the order for the PRN Ativan and thought she could extend an order for psychotropic for more than 14 days. She now understands that it must have an initial 14 days and assessment of the resident with rationale and	F 758	put into place and to determine the need for further frequency of monitoring.	

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F 758	Continued From page 19 duration to extend order. The MD also stated she will make sure it will be implemented going forward. An interview with the Administrator was conducted on 02/06/2025 at 12:53 PM. The Administrator stated he was made aware that Resident #47 had a PRN medication without the initial 14-day stop date and wanted her staff to follow the regulations and make sure the PRN medication had an initial 14-day stop date and rationale and duration prior to extension of the medication.	F 758		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews, the facility failed to ensure it was free of a medication error rate less than 5% as evidenced by 2 medication errors out of 29 opportunities, resulting in a medication error rate of 6.9% for 2 of the 5 sampled residents observed during medication administration (Resident #44 and Resident #45). The findings included: 1. Resident #44 was admitted to the facility on 03/22/2024 with diagnoses including Parkinsons disease.	F 759	On 2/7/25, the Staff Development Coordinator (SDC) obtained a dosing card for resident #44 Voltaren Gel and the resident was provided with the appropriate dose per physician orders. The assigned evening nurse applied the gel using the dosing card and instructions per physician order. The On 2/7/24, the Staff Development Coordinator (SDC) educated nurse #2 regarding validating order with physician that does not clearly indicate the medication, dose/quantity, route or location to be applied, frequency, or duration prior to administering medication.	3/10/25

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F 759	Continued From page 20 A review of Resident #44s physician's orders dated 02/07/2025 revealed Voltaren external Gel 1% Diclofenac Sodium Topical (helps with pain). Apply to the left ankle two times a day for pain/inflammation for 10 days. Apply 2 grams or 2.25 inches to site twice daily. An observation of Resident #44s medication administration on 300 halls was conducted on 02/07/2025 at 9:31 AM. Nurse #2 gathered medications for Resident #44 including Voltaren external gel 1%. She took medications in the Residents room and sat the medications on the bedside table on an opened tissue. She measured approximately a nickel amount of gel on her finger and applied it to the Residents left ankle. The nurse did not use the dosing card to measure the exact amount ordered. An interview with Resident #44 was conducted on 02/07/2025 at 10:41 AM. The Resident stated the gel was working and there were no issues. An interview with Nurse #2 was conducted on 02/07/2025 at 10:47 AM. The nurse stated the medication does come with a card to measure out the dosage, but it was missing. She would usually report it to the Quality Improvement (QI) Nurse but used her nursing judgement and applied a nickel size amount to Residents #44's ankle. A telephone interview with the Pharmacist was conducted on 02/07/2025 at 11:35 AM. The Pharmacist stated the Voltaren topical medication comes with a dosing card with every order that is dispensed and the dosing card needed to be used every time the medication was administered. The Pharmacist also stated there	F 759	The in-service also included when a medication cream/gel has a dosing card, the nurse should follow the instructions to ensure appropriate dose is administered. The nurse verbalized understanding of the education. On 2/6/25, the assigned nurse assisted resident #45 to rinse mouth per direction of the Director of Nursing. On 2/7/25 the Staff Development Coordinator (SDC) educated nurse #1 regarding Procedure for administering steroid inhalers with emphasis on ensuring residents who receive steroid inhalers are prompted to rinse mouth following administration of inhaler. The nurse verbalized understanding of the education. On 2/7/25, the DON, SDC, and Quality Assurance Nurse (QA) initiated an audit of all current residents with orders for creams to ensure the order clearly indicates the medication, dose/quantity, route or location to be applied, frequency, and duration to be administered. The DON, SDC, and Quality Assurance Nurse (QA) will address all concerns identified during the audit to include notification of the physician for clarification of the order and updating the order when indicated. The audit will be completed by 3/10/25. On 2/10/25, the DON , SDC, and Quality Assurance Nurse (QA) Medication Pass Audit with all nurses and medication aides to ensure (1) all medications were given per physician order and according to established guidelines/procedures to include to prompting residents to rinse mouth following administration of steroid	

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F 759	Continued From page 21 were no adverse effects from the nickel size amount of the medication that was administered. An interview with the Director of Nursing (DON) was conducted on 02/07/2025 at 12:47 PM. The DON stated Nurse #2 should have used the dosing card and measured out the correct amount prior to administration. The DON also stated she expected the nursing staff to follow the orders and if there were any concerns, then they should have reported it to her. An interview with the QI Nurse was conducted on 02/07/2025 at 3:37 PM. The QI Nurse stated the nurses were educated and have checkoff skills yearly and know they were supposed to use the dosing card to measure the medication. An interview with the Administrator was conducted on 02/07/2025 at 3:55 PM. The Administrator stated she expected the nursing staff to follow the orders and measure the topical medications using the dosing card that is included with the medication. 2. Resident #45 was admitted to the facility on 01/13/2023 with diagnoses including chronic obstructive pulmonary disease (COPD). A review of Resident #45's physician's orders revealed 02/12/2024 Advair 2 inhalation orally two times a day for COPD. Rinse the mouth with water after dose. An observation of Resident #45's medication administration was conducted on 02/06/2025 at 9:36 AM. Nurse #1 gathered medications and supplies including the Advair and went into Resident #45's room. The Nurse administered	F 759	inhaler and (2) the nurse/medication aide validates any order that does not clearly indicate the medication, dose/quantity, route or location to be applied, frequency, or duration prior to administering medication (3) the nurse or medication aide utilized dosing cards when applying creams/gels if indicated for correct dosing per physician orders. The DON, SDC, and Quality Assurance Nurse (QA) will immediately address all areas of concern during the audit to include assessment of resident when indicated, notification of physician for any identified concerns, obtaining new orders when appropriate and education of staff. The audit will be completed by 3/10/25. On 2/7/25, the SDC an in-service with all nurses and medication aides regarding Medication Administration to include the six rights of a medication pass and administering medications according to established guidelines/procedures to include prompting residents to rinse mouth following administration of steroid inhaler, validating order with physician that does not clearly indicate the medication, dose/quantity, route or location to be applied, frequency, or duration prior to administering medication. The in-service also included when a medication cream/gel has a dosing card, the nurse should follow the instructions to ensure appropriate dose is administered. In-service will be completed by 3/10/25. After 3/10/25, any nurse or medication aide who has not worked or received the education will receive it prior to the next scheduled work shift. All newly hired	

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F 759	Continued From page 22 the medications to the Resident and then assisted with the 2 inhalations of Advair. The Resident received the medications without any signs or symptoms of distress and the nurse left the room without assisting the resident with rinsing her mouth with water. An interview with Nurse#1 was conducted on 02/06/2025 at 9:39 AM. The Nurse stated she did not assist the Resident with rinsing her mouth with water because there was no need to rinse mouth out with Advair. An interview with the Director of Nursing (DON) was conducted on 02/07/2025 at 12:47 PM. The DON stated Nurse #1 should have assisted Resident #45 with rinsing her mouth with water after the use of Advair and could not explain why she did not. The DON also stated she expected the nursing staff to follow the physicians' orders and if there were any concerns, then they should report it to her. An interview with the QI nurse was conducted on 02/07/2025 at 3:37 PM. The Nurse stated the nurses were educated and have checkoff skills yearly and the nurses were trained to assist with rinsing the Residents mouths out after using Advair. An interview with the Administrator was conducted on 02/07/2025 at 3:55 PM. The Administrator stated she expected the nursing staff to follow the physicians' orders.	F 759	nurses will be in-serviced by the SDC during orientation regarding Medication Administration. The SDC and Quality Assurance Nurse (QA) will complete medication pass observations with 25% of all nurses/medication aides to include nurse #1 and nurse #2 utilizing the Medication Pass Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all medications were given per the six rights of a medication pass, administered according to established guidelines/procedures to include prompting residents to rinse mouth following administration of steroid inhaler, the nurse/medication aides validates any order that does not clearly indicate the medication, dose/quantity, route or location to be applied, frequency, or duration prior to administering medication and when a medication cream/gel has a dosing card, the nurse followed the instructions to ensure appropriate dose is administered. The SDC and Quality Assurance Nurse will immediately addressed all areas of concern during the audit to include assessment of resident when indicated, notification of physician for any identified concerns, obtaining new orders when appropriate and re-training of staff. The Director of Nursing (DON) will review the Medication Pass Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all areas of concern have been addressed. The DON will forward the results of Medication Pass Audit Tool to the Quality Assurance Performance Improvement	

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F 759	Continued From page 23	F 759	(QAPI) Committee monthly x 2 months for review and to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.	
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review, resident, facility and pharmacy staff interviews, the facility failed to administer medication as ordered by the physician to meet resident's need of 1 of 5 sampled residents reviewed for pharmacy services (Resident #28). The findings included: Resident #28 was admitted to the facility on 5/7/24 with a diagnosis including diabetes mellitus. The quarterly Minimum Data Set (MDS) assessment dated 2/4/25 revealed Resident #28 was cognitively intact and coded for Insulin use. A review of the physician's orders dated 5/23/24 revealed Resident #28 was prescribed Toujeo Solostar Subcutaneous Solution Pen-injector 300 units/milliliter (Insulin Glargine) Inject 25 units subcutaneously at bedtime for diabetes. Review of Resident #28s Medication	F 760	On 2/5/25, the Director of Nursing (DON) notified the physician that resident #28 did not receive scheduled Toujeo on 2/4/25 due to the medication not available in the facility. The resident was assessed with no negative findings. A new order was obtained for a one-time dose of an alternative insulin and to restart Toujeo on 2/6/25. Toujeo was administered per physician order on 2/6/25. On 2/5/25, the DON educated nurse #3 regarding the rights of Medication Administration with emphasis on ensuring the right medication is administered at the right time and Following Physician Orders with emphasis on obtaining medications via eKit, back up pharmacy or notification of the physician when meds cannot be obtained/administered per physician order for further recommendations. On 2/5/25, the Social Worker initiated resident questionnaires regarding medication concerns to include not receiving medications that had not	3/10/25

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F 760	Continued From page 24 Administration Record (MAR) dated 2/4/25, revealed Resident #28 did not receive insulin because the medication was not available. In an interview with Resident #28 on 2/5/25 at 11:55 a.m. he revealed he was concerned that he did not get his insulin on 2/4/25 at 8:00 p.m. Resident #28 stated he was told by the nurse that the medication was not available. In an interview with Nurse #2 on 2/5/25 at 11:57 a.m. she stated she had just re-ordered Resident #28s insulin and was not sure why the backup insulin was not administered on 2/4/25. During a telephone interview with Nurse #3 on 2/5/25 at 2:06 p.m. she revealed that Resident #28's insulin pen was empty when she was administering medications on 2/4/25. She revealed she re-ordered the medication 2 nights prior but it had not been delivered by the pharmacy. She further stated she did not know she could use the backup kit medication because the medication was a different brand from prescribed, Toujeo Solostar Pen-injector. In an interview with the Pharmacy Consultant on 2/6/25 at 9:23 a.m. she revealed the facility made a resupply request to the pharmacy on 2/4/25 at 7:41 p.m. and that the order was filled on 2/5/25 and sent to the facility on the same day in the evening. During an interview with the Director of Nursing (DON) on 2/5/25 at 1:46 p.m. she revealed Resident #28's insulin had been re-ordered 2 days prior to 2/4/25 and that the pharmacy was on back order. She stated she was not aware that Resident #28 missed his insulin. She further	F 760	previously been addressed. The DON will address all concerns identified during the audit to include assessment of the residents, notification of the physician when indicated for further recommendations and/or education of staff. The audit will be completed by 3/10/25. On 2/26/25, the DON initiated an audit of all current resident eMARs from 2/1-2/26/25 to ensure medications to include insulin were available to be administered per physician order or that the physician was notified when medication was not available to administer for further recommendations. The DON will address all concerns identified during the audit to include assessment of the resident, notification of the physician for further recommendations, obtaining medications when indicated and education of staff. The audit will be completed by 3/10/25. On 27/25, the administrative nurses to include Quality Assurance (QA) nurse, staff development coordinator (SDC) and minimum data set (MDS) audited all medications carts. This audit is to ensure medications to include insulins were available to administer per physician order. The Quality Assurance (QA) nurse, staff development coordinator (SDC) and minimum data set (MDS) will address all concerns identified during the audit to include obtaining medications from the eKit/back up pharmacy when indicated, notification of the physician if medication cannot be obtained for further recommendations and education of staff.	

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F 760	Continued From page 25 stated the facility had back up insulin available that the nurse could access to ensure there was no lapse. She further stated that all nurses will be retrained on re-ordering medications timely. In an interview with the Administrator on 2/7/25 at 2:16 p.m. she stated she was unaware that Resident #28 did not receive his insulin on 2/4/25. She further stated that it was the responsibility of nurses to alert the DON if a resident has a lapse in medication administration.	F 760	The audit will be completed by 3/10/25. On 2/6/25, the Quality Assurance (QA) nurse, staff development coordinator (SDC) and minimum data set (MDS) initiated Medication Pass Audits with all nurses and medication aids. This audit is to ensure the nurse and/or medication aide (MA) administered medications per the physician□s order/Rights of Medication Administration or the physician was notified when medication was not available to administer for further recommendation with documentation in the electronic record. The Quality Assurance (QA) nurse, staff development coordinator (SDC) and minimum data set (MDS) will address all concerns identified during the audit to include assessment of the resident, notification of the physician for further recommendations when indicated and/or education of staff. The audit will be completed by 3/10/25. After 3/10/25, any nurse or medication aide who has not worked or completed the medication pass audit will complete it upon the next scheduled work shift. On 2/5/25, the SDC initiated an in-service with all nurses and medication aides regarding the (1) Rights of Medication Administration with emphasis administering the right medication at the right time (2) Following Physician Orders with emphasis on how to obtain medications from pharmacy, eKit or backup pharmacy and notification of the physician if medications cannot be obtained to administer for further recommendations. The in-services will be completed by 3/10/25. After 3/10/25, any	

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F 760	Continued From page 26	F 760	nurse or medication aide who has not worked or completed the education will complete prior to the next scheduled work shift. All newly hired nurses and medication aides will be in-serviced by the SDC during orientation regarding Rights of Medication Administration and Following Physician Orders. The Quality Assurance (QA) nurse, staff development coordinator (SDC) and minimum data set (MDS) will complete 10 Medication Pass Audits across all shifts and days of the week with nurses and medication aides weekly x 4 weeks then monthly x 1 month. This audit is to ensure the nurse and/or the medication aide administered medications per the physician□s order/Rights of Medication Administration, or the physician was notified when medication was not available to administer for further recommendation with documentation in the electronic record. The Quality Assurance (QA) nurse, staff development coordinator (SDC) and minimum data set (MDS) will address all concerns identified during the audit to include assessment of the resident, obtaining medications when indicated, administering medications per physician order or notification of the physician when medication cannot be obtained/administered for further recommendations and/or re-training of staff. The DON will review the Med Pass Audits weekly x 4 weeks, then monthly x 1 month to ensure all concerns are addressed. The Interdisciplinary Team (IDT) to include the Quality Assurance nurse, MDS	

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F 760	Continued From page 27	F 760	nurse and Staff Development Coordinator will review the Medications Not Administered Report 5 times a week x 8 then weekly x 4 weeks. This audit is to ensure medications were available to be administered per physician orders or the physician notified when medications not available to administer for further recommendations with documentation in the electronic record. The Quality Assurance nurse, MDS nurse and Staff Development Coordinator will address all concerns identified during the audit to include assessment of the resident, obtaining medications when indicated, notification of the physician if medication cannot be obtained for further recommendation and re-training of staff. The DON will review the Medications Not Administered Report 5 times a week x 8 weeks then weekly x 4 weeks to ensure all concerns are addressed. The Administrator/DON will forward the results of the Medication Pass Audits and Medications Not Administered Report to the Quality Assurance Performance Improvement (QAPI) Committee monthly x 1 months for review and to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.	