STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089066	A. BUILDING: _____ B. WING _____	11/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES SOUTH	14005 214TH ROAD HOLTON, KS 66436

(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
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint (#160023) at the above named home plus facility conducted on 11/28/22.	S 000		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c) (1) The census equaled 11 residents. The sample included 3 residents. Based on record review and interview, the facility failed to ensure designated facility staff conducted a screening at least once every 365 day to determine each resident's functional capacity for Residents (R)1 and R3. Findings included: - R1's "Medical Record" revealed he admitted to the facility on 12/31/20 with diagnoses of cellulitis of left lower limb, peripheral vascular disease and pressure ulcer of left foot.	S5085		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5085	Continued From page 1 The "Functional Capacity Screen" (FCS) dated 05/26/21 recorded the resident required physical assistance with bathing, dressing, toileting, transfers, walk/mobility, eating, was unable to manage medications and treatments, was incontinent and sometimes understood communication. R1's "Medical record" lacked completion of a FCS since 05/26/21. Interview on 11/28/22 at 03:07 PM with Licensed Nurse (LN) G confirmed R1's current FCS dated 05/26/21 was not completed every 365 days. R3's "Medical Record" revealed she admitted to the facility on 06/15/21 with diagnoses of Dementia, arthritis and osteoarthritis. The "Functional Capacity Screen" (FCS) dated 06/15/21 recorded the resident as requiring supervision with bathing, was independent with dressing, toileting, transfers, walk/mobility and eating , was unable to manage medications and treatments and had impaired decision making. R3's "Medical Record" lacked completion of a FCS since admission on 06/15/21. Interview on 11/28/22 at 03:54 PM with LN G confirmed R3's current FCS dated 06/15/21 was not conducted in 365 days. The facility failed to ensure designated facility staff conducted a screening at least once every 365 days to determine each resident's functional capacity for R1 and R3.	S5085		

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S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (a) (2) (3) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled resident (R)1 and R2, Operator/Certified Medication Aide (CMA) A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services identified a description of the services the resident will receive. Findings included: - Record review for R1 revealed he admitted to	S5105		

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S5105	Continued From page 3	S5105		

the facility on 12/31/20 with diagnoses of cellulitis of left lower limb, peripheral vascular disease and pressure ulcer of left foot.

R1's "Functional Capacity Screen" (FCS) dated 05/26/21 recorded the resident required physical assistance with bathing, dressing, toileting, transfers, walk/mobility, eating, was unable to manage medications and treatments, incontinent and sometimes understood communication.

The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP) dated 02/09/22 recorded staff assisted R1 with bathing, dressing, toileting, transfer, walk/mobility and administered medications and treatments. The NSA identified a full lift and wheelchair used for mobility and transfer.

The NSA failed to identify the use of a bed assistive device.

Observation on 11/28/22 at 04:30 PM revealed R1 in a hospital bed in his room. The bed had a bed assistive device to both sides of the bed.

Interview on 11/28/22 at 03:42 PM with Operator/CMA A confirmed R1's NSA/HCSP lacked identification of the bed assistive device.

- Record review for R2 revealed he admitted on 02/16/22 with diagnoses of Dementia, hypothyroidism, diabetes mellitus type II, insomnia, neuropathy and benign prostatic hyperplasia.

R2's "Functional Capacity Screen" dated 02/16/22 recorded the resident required physical

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THE PINES SOUTH	14005 214TH ROAD HOLTON, KS 66436

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S5105	Continued From page 4 assistance with bathing, dressing, toileting, transfer, walk/ mobility, supervision with eating, and was unable to perform management of medications and treatments. R2 was incontinent, had short and long-term memory impairment, memory/recall impairment and impaired decision making. R2 was at risk for falls. The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP) dated 02/16/22 recorded staff assisted R2 with bathing, dressing, toileting, transfer, walk/mobility and administered medications and treatments. The NSA identified a wheelchair was used for mobility. The NSA failed to identify the use of a bed assistive device. Observation on 11/28/22 at 04:44 PM in R2's room revealed a bed assistive device to the left side of his bed. Operator/CMA A failed to ensure the NSA completed for residents who required health care services identified a description of the services the resident will receive.	S5105		
S5171 SS=E	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (i)	S5171		

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S5171	Continued From page 5 The census totaled 11 residents. The sample included 3 residents. Based on observation, interview and record review, Operator/ Certified Medication Aide (CMA) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices and daily weights, which met the needs of 3 of 3 sampled residents (R)1, R2 and R3. Findings included: - The "Resident Roster" obtained on 11/28/22 identified one resident (R1) as having a bed rail. Record review for R1 revealed he admitted to the facility on 12/31/20 with diagnoses of cellulitis of left lower limb, peripheral vascular disease and pressure ulcer of left foot. R1's "Functional Capacity Screen" (FCS) dated 05/26/21 recorded the resident required physical assistance with bathing, dressing, toileting, transfers, walk/mobility, eating, was unable to manage medications and treatments, was incontinent and sometimes understood communication. The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP) dated 02/09/22 recorded staff assisted R1 with bathing, dressing, toileting, transfer, walk/mobility and administered medications and treatments. The NSA identified a full lift and wheelchair used for mobility and transfer. The NSA failed to identify the use of a bed assistive device.	S5171		

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S5171	Continued From page 6 Record review lacked any assessment of the resident to confirm the device was not a restraint, an assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 11/28/22 at 04:30 PM revealed R1 in a hospital bed in his room. The bed had a bed assist rail to both sides of the bed. Interview on 11/28/22 at 03:42 PM with Operator/CMA A confirmed no safety checks or bed assistive device assessments completed on R1. - Record review for R2 revealed he admitted on 02/16/22 with diagnoses of Dementia, hypothyroidism, diabetes mellitus type II, insomnia, neuropathy and benign prostatic hyperplasia. R2's "Functional Capacity Screen" dated 02/16/22 recorded the resident required physical assistance with bathing, dressing, toileting, transfer, walk/ mobility, supervision with eating, and was unable to perform management of medications and treatments. R2 was incontinent, had short- and long-term memory impairment, memory/recall impairment and impaired decision making. R2 was at risk for falls. The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP) dated	S5171		

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S5171	Continued From page 7 02/16/22 recorded staff assisted R2 with bathing, dressing, toileting, transfer, walk/mobility and administered medications and treatments. The NSA identified a wheelchair was used for mobility. The NSA failed to identify the use of a bed assistive device. Record review lacked any assessment of the resident to confirm the device was not a restraint, an assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 11/28/22 at 04:44 PM in R2's room revealed a bed assistive device to the left side of his bed. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. - R3's "Medical Record" revealed she admitted	S5171		

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S5171	Continued From page 8	S5171		

to the facility on 06/15/21 with diagnoses of Dementia, arthritis and osteoarthritis.
The "Functional Capacity Screen" (FCS) dated 06/15/21 recorded the resident as requiring supervision with bathing, independent with dressing, toileting, transfers, walk/mobility and eating, was unable to manage medications and treatments and had impaired decision making.

The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP) dated 02/15/22 recorded staff assisted R3 with bathing and administered medications and treatments. The NSA identified R3 as confused at times.

Signed physician order dated 11/02/22 recorded, "Daily weight- notify the clinic of weight gain of 5 pounds or more in 24 hours."

Current November 2022 MAR (medication administration record) recorded; "Daily weights" started on 11/02/22. The MAR lacked record of daily weights on the following dates: 11/12/22, 11/14/22, 11/15/22, 11/16/22, 11/20/22, 11/21/22, 11/24/22, 11/25/22, 11/26/22.

Interview on 11/28/22 at 03:58 PM with Operator/CMA A confirmed weights were not recorded daily on current November 2022 MAR.

Operator/CMA A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice which met the needs of R1 and R2 regarding use of a bed assistive device and R3 regarding daily weights.

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S5195	Continued From page 9	S5195		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (f) The census equaled 11 residents. The sample included 3 residents. Based on record review, interview and observation for all residents receiving meal services, Operator/ Certified Medication Aide (CMA) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 11/28/22 at 01:44 PM revealed a refrigerator/freezer containing food/drinks in the kitchen, a refrigerator/freezer in the pantry and chest freezer in the pantry. Observation of the temperature monitoring logs for the refrigerators and freezers in the facility revealed the following dates were missing: 09/01/22, 09/02/22, 09/03/22, 09/04/22, 09/05/22, 09/06/22, 09/07/22, 09/08/22, 09/09/22, 09/10/22, 09/11/22, 09/12/22,	S5195		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5195	Continued From page 10 09/13/22, 09/14/22, 09/15/22, 09/16/22, 09/17/22, 09/18/22, 09/19/22, 09/20/22, 09/21/22, 09/22/22, 09/24/22, 09/29/22, 09/30/22, 10/03/22, 10/08/22, 10/09/22, 10/14/22, 10/17/22, 10/22/22, 10/23/22, 10/28/22, 10/30/22, 10/31/22, 11/01/22, 11/05/22, 11/06/22, 11/07/22, 11/08/22, 11/09/22, 11/10/22, 11/11/22, 11/12/22, 11/13/22, 11/14/22, 11/15/22, 11/18/22, 11/19/22, 11/20/22, 11/21/22, 11/22/22, 11/23/22, 11/24/22, 11/25/22. 11/26/22, 11/27/22. Observation of the refrigerator/freezer in the kitchen revealed one unsealed loaf of bread in the refrigerator and one kitchen utensil in the ice bucket in the freezer. Interview on 11/28/22 at 01:44 PM with Operator/CMA A confirmed the September 2022, October 2022 and November 2022 temperature monitoring logs were missing the above dates and further confirmed all 11 residents eat at the facility. The facility failed to provide a policy on food storage. For all residents of the facility, Operator/CMA A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S5195		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency	S5215		

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S5215	Continued From page 11	S5215		

management plan;
(2) education of each resident upon admission to the home regarding emergency procedures;
(3) quarterly review of the home ' s emergency management plan with employees and residents; and
(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-104 (d) (3)

The census equaled 11 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview, Operator/Certified Medication Aide (CMA) A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff.

Findings included:

- Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents.

Review on 11/28/22 of the facility's quarterly reviews of the emergency management plan

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S5215	Continued From page 12 revealed the following reviews with residents and staff: 01/03/22 and 03/15/22. The facility failed to provide documentation regarding emergency management plan reviews with staff and residents for the second and third quarter of 2022. Interview on 11/28/22 at 05:24 PM with Operator/CMA A confirmed unable to locate reviews with residents and staff for the second and third quarter of 2022. Operator/CMA A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents and staff.	S5215		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5230	Continued From page 13 This REQUIREMENT is not met as evidenced by: KAR 26-42-207 (c) The census totaled 11 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 4 Staff (Certified Medication Aide (CMA) B, CMA C, CMA D, Certified Nurse Aide (CNA) F), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - CMA B's "Employee Record" revealed a hire date of 09/19/22. CMA B's record lacked evidence of TB testing and a TB questionnaire upon hire. CMA C's "Employee Record" revealed a hire date of 09/14/22. CMA C's record lacked evidence of TB testing and a TB questionnaire completed upon hire. CMA D's "Employee Record" revealed a hire date of 08/02/22. CMA D's record lacked evidence of TB testing and a TB questionnaire completed upon hire. CNA F's "Employee Record" revealed a hire date of 03/26/22. CNA F's record lacked evidence of TB testing and a TB questionnaire completed upon hire. CNA F's first step TB test and TB questionnaire were completed 06/15/22, approximately 3 months after being hired by the facility. Record lacked evidence of second step of TB testing.	S5230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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
S5230	Continued From page 14 Interview on 11/28/22 at 04:04 PM with Operator/CMA A confirmed TB testing and TB questionnaires on the 4 of 5 sampled staff were not completed upon hire. The facility failed to follow the State Agency's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S5230		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The census equaled 11 residents. The sample	S5300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089066	A. BUILDING: _____ B. WING _____	11/28/2022

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S5300	Continued From page 15	S5300		

included 3 residents. Based on record review, interview and observation for 1 Resident (R)2, Operator/Certified Medication Aide (CMA) A failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order.

Findings included:
- Record review for R2 revealed he admitted on 02/16/22 with diagnoses of Dementia, hypothyroidism, diabetes mellitus type II, insomnia, neuropathy and benign prostatic hyperplasia.

R2's "Functional Capacity Screen" dated 02/16/22 recorded the resident was unable to perform management of medications and treatments.

The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP) dated 02/16/22 recorded staff administered medications and treatments.

Current November 2022 MAR (medication administration record) recorded, "Salonpas Patch (pain relieving patch) on in AM and off in PM. Place on lower back." Medication administered and signed off daily from 11/01/22 to 11/28/22 by certified staff.

Current November 2022 MAR recorded, "Healthy Eyes Supervision 2, 1 capsule by mouth two times a day." Medication administered and signed off twice a day from 11/01/22 to 11/28/22 by certified staff.

Record lacked a signed physician order for

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S5300	Continued From page 16 Salonpas Patch and Healthy Eyes Supervision 2. Interview on 11/28/22 at 03:18 PM with Licensed Nurse (LN) G confirmed unable to locate a signed physician order for Salonpas Patch and Healthy Eyes Supervision 2. Operator/CMA A failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order.	S5300		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (g) (3) The census totaled 11 residents. The sample included 3 residents. Based on observation and interview for 3 sampled residents (R)1, R2, R3 and 6 non-sampled residents (R)4, R5, R6, R7, R8, R9, Operator/Certified Medication Aide	S5313		

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S5313	Continued From page 17 (CMA) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 11/28/22 at 01:58 PM with Operator/CMA A revealed a locked medication room in the facility. The following over the counter medications were noted without first and last names: For R1, the cabinet contained one bottle of Acetaminophen (pain reliever), one bottle of Stool Softeners, one bottle of Vitamin B12, and one bottle of Aspirin (nonsteroidal anti-inflammatory drug), For R2, the cabinet contained one bottle of Antacid and one bottle of Aspirin, For R3, the cabinet contained one bottle of Multivitamins, one bottle of Vitamin C, one bottle of Acidophilus (probiotic), one bottle of Melatonin (supplement) and one bottle of Aspirin, For R4, the cabinet contained one bottle of Acetaminophen and one bottle of Loperamide (anti-diarrheal), For R5, the cabinet contained one bottle of Aspirin, one bottle of Milk of Magnesia (laxative) and one bottle of Stool Softener, For R6, the cabinet contained one bottle of Tylenol Arthritis (pain reliever),	S5313		

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S5313	Continued From page 18 For R7, the cabinet contained one bottle of Zaditor Antihistamine Eye Drops, For R8, the cabinet contained one bottle of Melatonin, For R9, the cabinet contained one bottle of Melatonin and one bottle of ClearLAX (laxative) Interview on 11/28/22 at 02:12 PM with Operator/CMA A confirmed the above listed medications lacked first and last names. Interview on 11/28/22 at 02:17 PM with Licensed Nurse G confirmed over the counter medications were to be labeled with the resident's full name. Facility's "Sample Medications and Over the Counter Medications" policy (no date) recorded, "Over the counter and sample medications must be delivered to the facility in the original unbroken manufacturer's package. A licensed nurse or pharmacist must place the resident's full name on the package and the medication container." Operator/ CMA A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S5313		