

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

PRINTED: 02/12/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/31/2024
NAME OF PROVIDER OR SUPPLIER SHARON LANE HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 10315 JOHNSON DRIVE SHAWNEE, KS 66203		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 686 SS=D	The following citations represent the findings of a Health Resurvey. The 2567 was sent electronically on 02/12/24. Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: The facility identified a census of 54 residents. The sample included 14 residents with three reviewed for pressure ulcers (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction). Based on observation, record review, and interviews, the facility failed to ensure pressure-reducing measures were placed on Resident (R) 34's bilateral lower extremities to prevent pressure ulcers and further failed to monitor refusals to evaluate the ongoing necessity and effectiveness of interventions. This placed R34 at increased risk for pressure ulcer	F 686			

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

TITLE

(X6) DATE

02/12/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 686	Continued From page 1 development. Findings included: - R34's Electronic Medical Record (EMR) documented diagnoses of dementia (a progressive mental disorder characterized by failing memory, and confusion). The "Quarterly Review Minimum Data Set (MDS)" dated 10/16/23, documented R34 had a Brief Interview for Mental Status (BIMS) score of seven which indicated severe cognitive impairment. The MDS further documented R34 was at risk for pressure ulcers and was dependent on staff assistance for toileting, bathing, personal hygiene, and mobility/transfers. The "Pressure Ulcer/Injury Care Area Assessment (CAA)" dated 01/20/23, documented R34 required extensive assistance with bed mobility and positioning. The CAA further documented R34 was at risk for pressure ulcer development. R34's "Care Plan" listed an intervention initiated on 11/24/23 which directed staff to place Zero G boots (pressure reducing boot that floats heels and eliminates pressure and friction to the skin) on his bilateral (both sides) lower extremities when in bed as resident would allow. R34's EMR lacked documentation of any refusal to wear the Zero G boots while in bed for all of January 2024 including 01/29/24 and 01/30/24. On 01/29/24 at 08:09 AM R34 slept in his room in bed. R34's Zero G boots were on the floor at the foot of his bed.	F 686			

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F 686	Continued From page 2 On 01/30/24 at 07:29 AM R34 slept in his bed. R34's Zero G boots were on a shelf across from the foot of his bed. R34's feet/heels rested on his mattress. On 01/31/24 at 09:06 AM Licensed Nurse (LN) G stated R34 refused care a lot and that the nursing aides should have let nurses know when he did. LN G stated the nurses assessed R34's heels for skin breakdown, but nurses should have entered a note if R34 refused to wear the Zero G boots. On 01/31/24 at 12:27 PM LN G stated residents with foam boots were care planned to wear them as the residents allowed. LN G stated staff offered and tried to place the Zero G boots, but R34 did not always allow staff to put the boots on him. LN G stated the facility did not have a policy that stated staff should document applying pressure reduction boots or resident refusals. LN G stated the only way staff were able to track if the boots were a necessary intervention was to know how much time a resident spent in bed. On 01/31/24 at 01:01 PM Administrative Nurse D stated she expected staff to encourage R34 to wear the Zero G boots while he was in bed. Administrative Nurse D stated R34 may let staff put the Zero G boots on him and ask for them to be removed when staff were ready to leave the room. Administrative Nurse D stated R34 was uncooperative with care and was care planned to have the boots on if he allowed staff to put them on. Administrative Nurse D further stated she did not believe staff documented refusals or when the boots were applied, and staff would know if the boots were effective if R34's heels/feet did not have skin breakdown.	F 686			

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F 686	Continued From page 3 The facility's "Skin Assessment" policy with a revised date of 11/23/22, documented that a full body or head-to-toe skin assessment would be conducted by a licensed or registered upon admission/re-admission and weekly thereafter. The facility failed to ensure pressure-reducing measures were placed on R34's bilateral lower extremities to prevent pressure ulcers and further failed to monitor refusals to evaluate the ongoing necessity and effectiveness of interventions. This placed R34 at increased risk for pressure ulcer development.	F 686			
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility had a census of 54 residents. The sample included 14 residents with two reviewed for accidents. Based on observation, record review, and interview, the facility failed to secure 33 pressurized medical oxygen tanks in a safe, locked area, and out of reach of the nine cognitively impaired independently mobile residents. The facility additionally failed to appropriately transfer Resident (R)4 with two staff resulting in a non-injury fall. This deficient practice placed the residents at risk for	F 689			

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F 689	Continued From page 4 preventable accidents and injuries. Findings Included: - On 01/29/24 at 07:15 AM a walkthrough of the facility's "Wizard's Way" hallway revealed an unlocked oxygen storage closet. The closet contained 15 fully pressurized supplemental oxygen tanks stored in a floor rack and one cylindrical container on a portable stand. At 07:20 AM Certified Nurses Aid (CNA) O walked down the hall and stated she was not sure if the door was supposed to be locked but secured the door. - At 07:25 AM a walkthrough of the facility's "Ruby Lane" hallway revealed an unsecured oxygen storage room with a broken door. The room contained 18 fully pressurized oxygen tanks. At 07:33 AM the door hinges were fixed by maintenance and secured. - On 01/30/24 at 07:20 AM the "Wizard's Way" oxygen storage room was again unsecured with 15 full oxygen tanks stored in it. - ON 01/31/24 at 0130PM Administrative Nurse D stated the "Wizard's Way" room door remained unlocked in case of emergencies. She confirmed the nurses had keys to lock and unlock the storage rooms. - On 01/31/24 at 02:15 PM Administrative Staff A stated the facility started leaving the "Wizard's Way" oxygen storage room unlocked in case emergency oxygen was needed. She confirmed staff were not stationed to continuously monitor the unlocked oxygen storage closet. - The facility's "Administration of Oxygen" policy	F 689			

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F 689	Continued From page 5 revised 10/2021 noted that all oxygen cylinders will be stored in dry, securely fastened, and well-ventilated areas away from sources of combustion. The facility failed to secure 33 pressurized medical oxygen tanks in a safe, locked area, and out of reach of the nine cognitively impaired independently mobile residents. This deficient practice placed the residents at risk for preventable accidents and injuries. - R4's Electronic Medical Record (EMR) from the "Diagnoses" tab documented diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion), cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), history of embolism (an obstruction in a blood vessel due to a blood clot or other foreign matter that gets stuck while traveling through the bloodstream) and thrombosis (clot that developed within a blood vessel). The "Annual Minimum Data Set" (MDS) dated 04/03/23 documented a Brief Interview of Mental Status (BIMS) score of 12 which indicated moderately impaired cognition. The MDS documented R4 required extensive assistance of two staff members for transfers. The MDS documented R4 had no falls during the observation period. The MDS documented R4 received anticoagulant medication during the observation period. The "Quarterly MDS" dated 12/19/23 documented a BIMS score of 11 which indicated moderately	F 689			

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F 689	Continued From page 6 impaired cognition. The MDS documented R4 was dependent on staff for all effort during a sit-to-stand transfer. The MDS documented R4 received anticoagulant medications during the observation period. R4's "Fall Care Area Assessment" (CAA) dated 04/07/23 documented R4 had difficulty with balance and required assistance with ADLs. R4 required a stand-up lift for transfers. R4's "Care Plan" dated 06/08/17 documented the transfer technique changed for R4 to extensive assistance of one or two staff members. The plan of care dated 10/01/23 documented R4 was dependent on two staff members, or the stand-up lift was to be used. A review of R4's EMR under the "Progress Notes" tab revealed an "Incident Note" dated 01/30/24 at 08:01 AM which documented a Certified Nurse Aide (CNA) lowered R4 to the floor during a transfer from her bed to the wheelchair. A review of the "Fall Investigation" dated 01/30/24 documented that at 07:30 AM CNA M transferred R4 from her bed and during the transfer R4's legs became weak. CNA M had to lower R4 to the floor. Observation on 01/30/24 at 09:40 AM R4 slept in a recliner at the foot of her bed. Her bilateral lower extremities were elevated, and her call light was within reach. On 01/30/24 at 12:07 PM, CNA M stated R4 was transferred with two staff members and the sit-to-stand lift.	F 689			

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F 689	Continued From page 7 On 01/31/24 at 11:56 AM, CNA P stated the staff would find the information for each resident's individualized care from the Kardex (a nursing tool that gives a brief overview of the care needs of each resident) which comes from the resident's care plan. CNA P stated R4 was to be transferred with the assistance of two staff members or by the sit-to-stand lift. CNA P stated the decision for which method of transfer for R4 would be determined by therapy. On 01/31/24 at 12:27 PM, Licensed Nurse (LN) G stated the staff would find the information for each resident's care from the Kardex. LN G stated she was not sure how many staff were had assisted with R4's transfer on 01/20/24 when she was lowered to the floor. LN G stated after she reviewed the incident report from R4's fall on 01/30/24, she stated CNA M had transferred R4 alone. LN G stated R4 had recently returned from the hospital and had needed more assistance. On 01/31/24 at 01:02 PM Administrative Nurse D stated everyone had access to the Kardex with the resident's information could be found. Administrative Nurse D stated CNA N had lowered R4 to the floor during a transfer. Administrative Nurse D stated R4's functional abilities would fluctuate during the day and staff assistance would change. Administrative Nurse D stated R4 would decide the mode of level of assistance needed for transfers. Administrative Nurse D stated the staff would always provide a safe transfer. The facility's "Accident/Fall Prevention" policy last revised on 10/16/23 documented the facility would provide an environment as free from accident hazards as possible and provide	F 689			

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F 689	Continued From page 8 adequate supervision and assistance to prevent accidents. The care plan team would investigate and determine the root cause of the fall and implement appropriate fall interventions to prevent further falls. Discussion would focus on interventions that have been implemented and other intentions that may be required to prevent/reduce falls and meet the resident's needs. Any new interventions would be updated on the resident care plan. The facility failed to ensure staff followed R4's plan of care which included she was dependent on two staff members' assistance with a sit-to-stand lift for transfers. This deficient practice placed R4 at risk of further falls and related injuries.	F 689			
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: The facility identified a census of 54 residents. The sample included 14 residents with one resident reviewed for hemodialysis (a procedure using a machine to remove excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally). Based on observation, record review, and interviews, the facility failed to consistently monitor and document Resident (R) 48's central venous catheter (central line- a	F 698			

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F 698	Continued From page 9 catheter placed in a large vein) for signs of infection, bleeding, and other complications. This deficient practice placed R48 at risk of potential adverse outcomes and physical complications related to dialysis. Findings included: - R48's Electronic Medical Record (EMR) from the "Diagnoses" tab documented diagnoses of hypertension (elevated blood pressure), chronic kidney disease (inability of the kidneys to excrete wastes, concentrate urine and conserve electrolytes), dementia (progressive mental disorder characterized by failing memory, confusion), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), hyperlipidemia (condition of elevated blood lipid levels), and anemia (inadequate number of healthy red blood cells to carry adequate oxygen to body tissues). R48's "Annual Minimum Data Set" (MDS) dated 04/17/24 documented a Brief Interview for Mental Status (BIMS) score of 13 which indicated intact cognition. R48 needed assistance with activities of daily living (ADLS). R48 received dialysis during the observation period. R48's "Nutritional Care Area Assessment" (CAA) documented R48 received a regular diet with diabetic condiments and thin liquids. R48 received dietary supplements and could make her food preferences known. R48's "Care Plan" dated 07/26/22 directed staff to monitor the dialysis catheter site every shift, before and upon return from dialysis for dislodgement. The plan directed staff to monitor			F 698			

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F 698	Continued From page 10 the site every shift for signs and symptoms of infection and report symptoms to the physician. R48's EMR under the "Orders" tab revealed a physician order revised 01/10/24 for R48 to attend dialysis three times a week on Monday, Wednesday, and Friday with a chair time of 03:00 PM. A review of R48's "Dialysis Communication" sheets revealed staff documented the dialysis access site was monitored before and after R48 had dialysis on Mondays, Wednesdays, and Fridays. A review of R48's clinical record lacked documentation staff monitored the catheter site for bleeding, infection, or complications on non-dialysis days. Observation on 01/29/24 at 07:25 AM R48 sat on the side of her bed. Licensed Nurse (LN) K assessed the catheter site. Interview on 01/30/24 at 02:42 PM LN K stated R48's catheter site was only monitored before and after dialysis, and when R48 bathed. LN K stated the catheter site was not typically monitored and documented at any other time. On 01/31/24 at 01:00 PM Administrative Nurse D stated R48's catheter site was monitored and documented before and after dialysis. Administrative Nurse D stated the site was monitored daily as staff saw and spoke to R48 each day. Administrative Nurse D stated she did not think nursing would document an assessment, except on the dialysis sheet sent with R48 to dialysis and returned with R48 after	F 698			

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F 698	Continued From page 11 dialysis. The facility's "Resident with Dialysis" policy Revised 11/10/219 documented it is the policy of the facility to ensure residents receive continuity of care when receiving dialysis services. The facility failed to consistently monitor and document R48's dialysis access site for signs of infection, bleeding, and other complications on non-dialysis days. This deficient practice placed R48 at risk of potential adverse outcomes and physical complications related to dialysis.	F 698			
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.	F 757			

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F 757	Continued From page 12 This REQUIREMENT is not met as evidenced by: The facility identified a census of 54 residents. The sample included 14 residents with five residents reviewed for unnecessary medication. Based on observation, record review, and interviews, the facility failed to follow Resident (R)2's physician's orders to notify the medical provider of weight gain related to his diuretic medication (promotes the formation and excretion of urine). These deficient practices placed the resident at risk for unnecessary medications and side effects. Findings Included: - The "Medical Diagnosis" section within R2's Electronic Medical Records (EMR) included diagnoses of edema (swelling resulting from an excessive accumulation of fluid in the body tissues), congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid), type two diabetes mellitus (DM-when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), and atrial fibrillation (rapid, irregular heartbeat). R2's "Quarterly Minimum Data Set (MDS)" completed 11/20/23 noted a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition. The MDS indicated he weighed 182 pounds (lbs.) with no significant weight loss. The MDS noted he took diuretic medication. R2's "Urinary Incontinence Care Area Assessment (CAA)" completed 06/23/23 indicated he was at risk for skin breakdown and falls. The CAA noted he required extensive	F 757			

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F 757	Continued From page 13 assistance with his activities of daily living (ADLs). R2's "Care Plan" initiated on 07/20/23 indicated he required substantial assistance with bathing, dressing, personal hygiene, and toileting. The plan indicated he took Lasix (a diuretic) and required monitoring for side effects related to low blood pressure, dizziness, headache, and weight loss. The plan instructed staff to weigh him daily related to his diuretic use and report weight gain of two pounds within one day or five pounds within one week to his medical provider (12/08/23). R2's EMR under "Physician's Orders" revealed an order dated 08/03/23 for staff to administer 20 milligrams (mg) of Lasix once daily by mouth for edema. On 11/20/23 weight parameters were added to the order that instructed staff to monitor R2's weight daily and report weight gain of two pounds in one day or five pounds in one week to the medical provider related to edema. A review of R2's EMR under "Weights" from 11/20/23 through 01/31/24 revealed he had weight gain outside the provided parameters on five occasions. The review revealed weight gains on 12/4/23 (2.6 lbs.), 12/9/23 (2.2 lbs.), 12/26/23 (3.4 lbs.), 01/05/24 (4.3 lbs.), and 1/15/24 (two pounds). The EMR noted the physician was only notified of the 12/26/23 weight gain. On 01/30/24 at 07:15 AM R2 was weighed via wheelchair scale by staff. R2 weighed 174.8 lbs. R2 received his Lasix medication at 07:45 AM. On 01/31/2024 at 12:30 PM, Licensed Nurse (LN) G stated that any time a medication or treatment order indicated physician notification a progress	F 757			

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F 757	Continued From page 14 note would have been completed noting the loss and communication with instructions of the provider. She stated the nurse would note the weight change and enter a progress note into the EMR. On 01/31/2024 at 01:20 PM Administrative Nurse stated staff were expected to notify the physician based on the resident's ordered parameters and document the weight change in the EMR and staff could enter a comment indicating the communication in a progress note. The facility's "Physician's Orders for Medication and Treatment" policy 10/2023 indicated the facility would ensure each resident's orders would be implemented per the medical provider's instructions. The policy indicates the facility will ensure the medical provider is notified of changes within the resident's medical status or care needs related to medications held or outside of given parameters. The facility failed to follow R2's physician's orders to notify the medical provider of weight gain related to his diuretic medications. This deficient practice placed R2 at risk for unnecessary medications and side effects.	F 757			
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: The facility identified a census of 54 residents. The sample included 14 residents with three	F 760			

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F 760	Continued From page 15 residents reviewed for hospitalization. Based on observation, record review, and interviews, the facility failed to prevent a significant medication error when Resident (R) 4 continued to receive an anticoagulant (class of medications used to prevent the formation of blood clots) and mood stabilizer after the medications were discontinued. This deficient practice placed R4 at risk for increased complications and adverse side effects related to medication interaction. Findings included: - R4's Electronic Medical Record (EMR) from the "Diagnoses" tab documented diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion), cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), history of embolism (an obstruction in a blood vessel due to a blood clot or other foreign matter that gets stuck while traveling through the bloodstream) and thrombosis (clot that developed within a blood vessel). The "Annual Minimum Data Set" (MDS) dated 04/03/23 documented a Brief Interview of Mental Status (BIMS) score of 12 which indicated moderately impaired cognition. The MDS documented R4 required extensive assistance of two staff members for transfers. The MDS documented R4 had no falls during the observation period. The MDS documented R4 received anticoagulant medication during the observation period. The "Quarterly MDS" dated 12/19/23 documented	F 760			

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F 760	Continued From page 16 a BIMS score of 11 which indicated moderately impaired cognition. The MDS documented R4 was dependent on staff for all effort during a sit-to-stand transfer. The MDS documented R4 received anticoagulant medications during the observation period. R4's "Activities of Daily Living (ADLs) Functional/Rehabilitation Potential Care Area Assessment" (CAA) dated 04/07/23 documented R4 had difficulty with balance and required assistance with ADLs. R4 required a stand-up lift for transfers. R4's "Care Plan" dated 03/06/20 documented staff would administer medications as ordered by the physician. R4's EMR, under the "Orders" tab, revealed the following physician orders: Eliquis tablet (anticoagulant)) five milligrams (mg), give one tablet by mouth two times a day related to cardiac arrhythmia (pounding racing heart rate) dated 04/22/20. Depakote (mood stabilizer) oral tablet delayed release 250mg, give 250 mg by mouth two times a day related to mood disorder with major depression (a mood disorder that causes a persistent feeling of sadness and loss of interest dated 08/08/23. R4's EMR, under the "Misc." tab, revealed "Hospital Discharge Orders" provided to the facility on R4's readmission dated 01/19/24 documented the following medications were discontinued: apixaban (Eliquis) 5 mg tablet divalproex (Depakote) 250 mg tablet, delayed	F 760			

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F 760	Continued From page 17 release A review of R4's EMR under the "Progress Note" tab revealed an "Admission Note" dated 01/19/24 at 11:31 PM which documented R4 arrived back at the facility at 03:45 PM from the hospital. The physician was notified of R4's return to the facility, and the current orders were verified with the physician and the discharge orders were faxed to the pharmacy. Review of R4's January 2024 "Medication Administration Record" (MAR) revealed the Depakote order, started 08/08/23 and on hold from 01/15/24 through 01/19/24 was administered from 01/19/24 through current. R4's MAR revealed the Eliquis order, started on 04/04/2 and on hold from 01/15/24 through 01/19/24 was administered from 01/19/24 through current. The clinical record lacked documentation, including the clinical rationale, from the physician to reorder Eliquis or Depakote for R4. Observation on 01/30/24 at 09:40 AM R4 slept in a recliner at the foot of her bed. Her bilateral lower extremities were elevated, and her call light was within reach. On 01/29/24 at 04:05 PM Administrative Nurse D and Administrative Nurse E stated the physician wanted R4 to continue to take the Eliquis and Depakote. Administrative Nurse D stated that the documentation in R4's medical record which stated that the physician reviewed the orders upon readmission did not clearly reflect or indicate that the physician ordered the Eliquis and	F 760			

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F 760	Continued From page 18 Depakote to continue despite the fact the hospital physician ordered to discontinue. On 01/29/24 at 04:35 PM Consultant Pharmacist HH stated he reviewed current physician orders for R4 and confirmed the Eliquis and Depakote had been discontinued on 01/19/24. Consultant Pharmacist HH stated he was unable to find a current physician order for R4 to restart Eliquis or Depakote. The facility's "Physician Orders for Medication and Treatment" policy last revised on 10/16/23 documented all medications would be administered as ordered by a health care professional authorized by the state to order medications. All physician orders would be signed and dated, including the facility standing orders. All orders for medications and treatments would be written, dated, and signed by the health professional with the authority to write medication and treatment orders. The facility failed to ensure R4 was free from medication errors when staff administered Eliquis and Depakote despite orders to discontinue the medications. This placed R4 at risk for potential adverse side effects related to medication interactions.			F 760			