| 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) COMPLETION DATE |
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| F 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a Health Resurvey.<br><br>The 2567 was sent electronically on 04/26/24. | F 000 | | |
| F 756 SS=D | Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)<br><br>§483.45(c) Drug Regimen Review.<br>§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.<br><br>§483.45(c)(2) This review must include a review of the resident's medical chart.<br><br>§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.<br>(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.<br>(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.<br>(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 be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. | F 756 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/26/2024

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 756 | Continued From page 1<br>§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:<br>The facility had a census of 79 residents. The sample included 19 residents, with five reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to ensure the Consultant Pharmacist (CP) identified and reported to the facility that staff failed to follow the physician's orders in response to blood glucose monitoring for Resident (R)62, who received insulin (controls the amount of sugar in the blood by moving into the cells). This placed the resident at risk for physical decline and an ineffective medication regimen.<br><br>Findings included:<br><br>- The Electronic Medical Record (EMR) for R62 documented diagnoses of diabetes mellitus type two (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin), dementia with behavioral disturbance (progressive mental disorder characterized by failing memory, confusion), delusional disorder (untrue persistent belief or perception held by a person although evidence shows it was untrue), bipolar disorder (major mental illness that caused people to have episodes of severe high and low moods), depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of | F 756 | | |

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| F 756 | Continued From page 2 | F 756 | | |

interest), hypertension (high blood pressure), and posttraumatic stress disorder (PTSD- mental disorder characterized by an acute emotional response to a traumatic event or situation involving severe environmental stress).

The "Quarterly Minimum Data Set" (MDS), dated 02/02/24, documented R62 had moderately impaired cognition, and required substantial/maximum assistance with toileting, bathing, dressing, personal hygiene, and transfers. The assessment revealed R62 received insulin and hypoglycemic (a group of medications used to help reduce the amount of sugar present in the blood) medication.

R62's "Care Plan," dated 02/07/24, initiated on 05/23/23, directed staff to monitor for signs of high and low blood sugars and administer medications as ordered by the physician.

The "Physician's Order," dated 05/21/23, directed staff to administer Humulog (fast-acting insulin), five units as needed for blood sugar over 250 milliliters (ml) per deciliter (dl).

The "Physician's Order," dated 08/11/23, directed staff to obtain R62's blood sugar four times per day for monitoring.

R62's "Treatment Administration Record," dated February 2024, documented the following days R62's blood sugar was above 250 ml/dl and the as-needed Humalog insulin was not administered as ordered.
02/11/24 at 08:27 AM - 293 mm/dl
02/13/24 at 11:57 AM - 258 mm/dl
02/14/24 at 07:36 PM - 275 mm/dl

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| F 756 | Continued From page 3 | F 756 | | |

R62's "Treatment Administration Record," dated March 2024, documented the following days R62's blood sugar was above 250 ml/dl and the as-needed Humalog insulin was not administered.
03/03/24 at 03:54 PM - 281 mm/dl
03/06/24 at 11:18 AM - 264 mm/dl
03/11/24 at 03:03 PM - 307 mm/dl
03/13/24 at 10:00 AM - 252 mm/dl
03/28/24 at 02:03 PM - 270 mm/dl
03/31/24 at 11:10 AM - 254 mm/dl

R62's "Treatment Administration Record," dated April 2024, documented the following days R62's blood sugar was above 250 ml/dl and the as-needed Humalog insulin was not administered.
04/16/24 at 11:07 AM - 265 mm/dl

The CP's "Medication Regimen Review" for the months of February and March 2024 lacked evidence the CP identified and reported R62's Humalog was not administered per orders as related to the blood glucose monitoring.

On 04/18/24 at 08:30 AM, observation revealed R62 in the dining room eating breakfast.

On 04/22/24 at 11:30 AM, Administrative Nurse D stated the CP had not notified her that the insulin was not administered in response to the resident's blood glucose levels as ordered by the physician.

The facility's "Consultant Pharmacist" policy, dated 04/22/23, documented the Pharmacist shall perform monthly reviews of the methods, procedures, storage, administration, disposal, and record-keeping of drugs and biologicals. The

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| F 756 | Continued From page 4<br>findings of irregularities shall be given to the residents attending provider, nursing department, or other departments as appropriate. The resident-specific recommendations are documented in the resident's active medical record.<br><br>The facility's CP failed to identify and report to the facility that staff failed to follow the physician's orders in response to blood glucose monitoring for R62. This placed the resident at risk for physical decline and an ineffective medication regimen. | F 756 | | |
| F 757 SS=D | Drug Regimen is Free from Unnecessary Drugs<br>CFR(s): 483.45(d)(1)-(6)<br><br>§483.45(d) Unnecessary Drugs-General.<br>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-<br><br>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or<br><br>§483.45(d)(2) For excessive duration; or<br><br>§483.45(d)(3) Without adequate monitoring; or<br><br>§483.45(d)(4) Without adequate indications for its use; or<br><br>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or<br><br>§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 5 | F 757 | | |

This REQUIREMENT is not met as evidenced by:
The facility had a census of 79 residents. The sample included 19 residents with five reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to administer medication as ordered by the physician in response to blood glucose monitoring for Resident (R) 62, who received insulin (controls the amount of sugar in the blood by moving into the cells). This placed the resident at risk for physical decline and an ineffective medication regimen.

Findings included:

- The Electronic Medical Record (EMR) for R62 documented diagnoses of diabetes mellitus type two (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin), dementia with behavioral disturbance (progressive mental disorder characterized by failing memory, confusion), delusional disorder (untrue persistent belief or perception held by a person although evidence shows it was untrue), bipolar disorder (major mental illness that caused people to have episodes of severe high and low moods), depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), hypertension (high blood pressure), and posttraumatic stress disorder (PTSD- mental disorder characterized by an acute emotional response to a traumatic event or situation involving severe environmental stress).

The "Quarterly Minimum Data Set" (MDS), dated 02/02/24, documented R62 had moderately impaired cognition, and required

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| F 757 | Continued From page 6 | F 757 | | |

substantial/maximum assistance with toileting, bathing, dressing, personal hygiene, and transfers. The assessment revealed R62 received insulin and hypoglycemic (a group of medications used to help reduce the amount of sugar present in the blood) medication.

R62's "Care Plan," dated 02/07/24, initiated on 05/23/23, directed staff to monitor for signs of high and low blood sugars and administer medications as ordered by the physician.

The "Physician's Order," dated 05/21/23, directed staff to administer Humulog (fast-acting insulin), five units as needed for blood sugar over 250 milliliters (ml) per deciliter (dl).

The "Physician's Order," dated 08/11/23, directed staff to obtain R62's blood sugar four times per day for monitoring.

R62's "Treatment Administration Record," dated February 2024, documented the following days R62's blood sugar was above 250 ml/dl and the as-needed Humalog insulin was not administered as ordered.
02/11/24 at 08:27 AM - 293 mm/dl
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R62's "Treatment Administration Record," dated March 2024, documented the following days R62's blood sugar was above 250 ml/dl and the as-needed Humalog insulin was not administered.
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| F 757 | Continued From page 7 | F 757 | | |

03/28/24 at 02:03 PM - 270 mm/dl
03/31/24 at 11:10 AM - 254 mm/dl

R62's "Treatment Administration Record," dated April 2024, documented the following days R62's blood sugar was above 250 ml/dl and the as-needed Humalog insulin was not administered.
04/16/24 at 11:07 AM - 265 mm/dl

On 04/18/24 at 08:30 AM, observation revealed R62 in the dining room eating breakfast.

On 04/22/24 at 09:17 AM, Licensed Nurse (LN) H stated R62 received five units of Humalog insulin if the resident's blood sugar was over 250 mm/dl. LN H said the physician was notified if R62's blood sugar got worse.

On 04/22/24 at 11:30 AM, Administrative Nurse D verified R62 did not receive the as-needed insulin as ordered for the above dates and stated she would contact the physician to see if the order could be changed to administer if R62's blood sugar was over 300 mm/dl.

The facility's "Blood Glucose Monitoring Procedure," dated 12/15/22, documented that staff should verify the order for the procedure and document the blood glucose reading. Staff document any unusual findings and administer prescribed medications, including injections for the treatment of high or low blood glucose.

The facility failed to administer medication as ordered by the physician in response to blood glucose monitoring for R62 who received insulin. This placed the resident at risk for physical decline and an ineffective medication regimen.

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| F 761 SS=E | Label/Store Drugs and Biologicals<br>CFR(s): 483.45(g)(h)(1)(2)<br><br>§483.45(g) Labeling of Drugs and Biologicals<br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>§483.45(h) Storage of Drugs and Biologicals<br><br>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.<br>This REQUIREMENT is not met as evidenced by:<br>The facility had a census of 79 residents. The sample included 19 residents. The facility had four medication carts and four treatment carts. Based on observation, interview, and record review, the facility failed to date Resident (R)10, R13, R180, and R62's insulin (a hormone which allows cells throughout the body to uptake glucose) flex pen when opened and outdated and failed to discard expired stock medications. This deficient practice placed the affected residents at | F 761 | | |

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| F 761 | Continued From page 9 | F 761 | | |

risk for ineffective medications.

Findings included:

- On 04/17/24 at 09:00 AM, observation of the facility's 500 nurse treatment cart revealed the following:
R180's Lantus (long-acting insulin) flex pen lacked an open date and discard date.
R10's Lantus flex pen lacked an open and discard date.
R13'a Fiasp (fast acting) flex pen lacked an open and discard date.

On 04/17/24 at 08:20 AM, observation of the facility's 500 nurse medication cart revealed the following:
One bottle of acetaminophen (pain medication) 325 milligrams (mg) 100 tablets, expired February 2024.

On 04/17/24 at 09:12 AM, observation of the facility's 300 nurse treatment cart revealed the following:
R62's Lantus flex pen lacked an open and discard date.

On 04/17/24 at 09:14 AM, Licensed Nurse (LN) G verified that Lantus lacked an open date and a discard date.

On 04/21/24 at 11:00 AM, Administrative Nurse D verified the nurses were to date the insulin with an opened and discard date. Administrative Nurse D said staff were to discard expired stock medications.

Medlineplus.gov directs open, unrefrigerated vials or pens of Lantus and Fiasp can be used within

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| F 761 | Continued From page 10<br>28 days but after that time they must be discarded.<br><br>The "Medication Administration" policy dated 04/22/24, documented that insulin pens would be clearly labeled with the resident's name or other identifying information. The policy documented before administering insulin with an insulin pen, the nurse would verify that the correct pen is used for that resident. The drugs dispensed in the manufacturer's original container would be labeled with the manufacturer's expiration date and the nurse would check the expiration date of each medication before administering it. The policy documented all expired medications would be removed from the active supply, regardless of the amount remaining.<br><br>The facility failed to date R10, R13, R180, and R62s' flex pen insulin with the date opened and discard date and failed to discard expired stock medications placing the residents at risk for ineffective medication. | F 761 | | |