VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

July 18, 2019

Ms. Jodi Egger, Manager
The Village At White River Junction
101 Currier Street
White River Junction, VT 05001

Dear Ms. Egger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 18, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0660	A. BUILDING: _____ B. WING _____	C 06/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT WHITE RIVER JUNCTION	101 CURRIER STREET WHITE RIVER JUNCTION, VT 05001

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R100	Initial Comments: An unannounced onsite licesning survey and complaint investigations were conducted by the Division of Licensing and Protection on 06/17 through 06/18/19. The following regulatory deficiencies were identified as a result:	R100	Please see attached plans of correction.	
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, the facility failed to provide and/or arrange necessary services to meet the resident's personal and psychosocial needs for 1 of 5 sampled residents, (Resident #4). The findings include the following: Per record review, Resident#4 was admitted on 04/25/19, with diagnoses to include but not limited to: Cerebral Vascular Accident (CVA) with Hemiparesis (partial paralysis) affecting the right side, Epilepsy, Cognitive Impairment, Depression and Traumatic Brain Injury. Confirmation was made by the resident on 06/17/19 at approximately 3 PM, that a white board was installed in his/her room. The Life Enrichment Director had planned to assist with filling in the calendar with his/her specific events	R126		

R126 - R188 POC accepted 7/18/19 MBertrandRN/PRN

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R126	Continued From page 1 and appointments. The resident demonstrates that there are no entries on the white board, and nobody has assisted with the monthly entries since installation. Per review of the facility Calendar of events for the months of May and June 2019, there are daily listings that begin at approximately 10 AM and continue throughout the day. Activities identified range from gardening, cooking, exercise and movies. Resident #4 confirms during the interview, that few of the activities interest him/her and very few meet the needs of a cognitively impaired person with right sided hemiparesis. Confirmation was made by the Life Enrichment Director on 06/18/19 at approximately 9 AM, that about 1-2 weeks ago, a white board was installed in the resident's room. The Director was to assist with entering specific events and appointments on the board for the resident. Confirmation is made at this time that s/he has not consistently assisted the resident with entering the information on the Resident's white board, therefor the board lacks necessary information to meet the resident's needs.	R126		
R128 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by:	R128		

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R128	Continued From page 2	R128		

Based on staff interview and record review the facility failed to ensure that medications were assisted/administered as per physician orders for 2 of 5 residents sampled, (Resident #1 and #4). The findings include the following:

1. On 06/17/19 at 2:50 PM, Resident #1 was in bed and crying out in pain and declining to get up because of the pain. The Licensed Practical Nurse (LPN) administered Tylenol 500 mg (milligrams) at this time and asked the care givers to wait about 1/2 hour before getting the resident up. The LPN stated that the resident is in pain daily and often cries out and this was confirmed by the caregivers. Review the medications include Morphine Sulfate 2.5 ml (milliliter) daily at 8:00 AM, Tylenol 325 mg twice a day and Tylenol 500 mg every six hours prn (as needed). Per review of the medical record on 06/17/19, there was no evidence that the Morphine had been administered for greater than a week. The daughter stated at 1:00 PM on 6/17/19, during an interview, that the resident is sensitive to pain medications (Morphine) and giving it creates more problems (agitation and aggressive behavior). The LPN confirmed at 3:00 PM that the Morphine has not been given and the Hospice nurse had told staff to hold the medication. Review of the medical record confirms that there is no evidence of a physician order to hold the Morphine and no evidence of the facility contacting the physician for alternatives. At 3:30 PM a second LPN stated that the Hospice Nurse handles the orders for the resident and s/he is unsure why there is no order. She is also unsure why they don't administer the PRN Morphine, that is part of the standard Hospice orders. S/he also confirmed there is no order to hold the daily dose of Morphine.

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2. On 06/18/19 at 8:50 AM, the Registered Nurse (RN) was administering medications, crushed Tylenol 500 mg and placed in the liquid Senna that was prescribed for the Resident #1. The resident started to take the medication (undiluted) in very small sips and then declined to finish the mixture. The RN stated that s/he thought that maybe the resident had taken half of the dose of Tylenol, but didn't know for sure because it had been crushed. The RN confirmed at 9:30 AM that this is how s/he prepares the Tylenol for Resident #1 and it is often refused. The RN further stated that there has been no communication with the physician to speak of the refusals.

3. Per medical record review on 06/17/19 at approximately 2:30 PM, Resident #4 moved into the facility on 04/25/19 with diagnoses to include but not limited to: Cerebral Vascular Accident (CVA) with Hemiparesis (partial paralysis) affecting the right side, Epilepsy, Cognitive Impairment, Depression and Traumatic Brain Injury.

Per medical record review, identifies physician orders for various prescription medications to manage seizure disorder, hypertension, depression, and anxiety. The physician orders instruct the medications to be given daily, twice a day and as needed, specific to each medication.

Per nurses progress notes dated 04/27/19 signed by the Registered Nurse (RN) Director of Health Services, documents that the resident has his/her medications in a pill planner in the apartment and will self-administer medications for the next few weeks, if s/he does well the resident will continue to do this. Nursing to assist in setting up medications in the pill planner. Nurse will check

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R128	Continued From page 4 on the resident in the AM and PM to make sure s/he has taken medications from the pill planner. On 05/6/19, the Resident was transported to the hospital, accompanied by the RN Director of Health Services for fever, unwitnessed seizure and need for evaluation. On 05/23/19 nurse notes confirm that the resident denied any help with looking at his/her medications and checking to see if they were correct, ["this was supposed to be done 3 weeks ago and it wasn't"]. Confirmation was made by the Licensed Practical Nurse on 06/17/19 at 2:30 PM and the Registered Nurse on 06/18/19 at 1 PM, that the resident takes his/her own medications. Neither of the interviewed nurses check with the resident to ensure s/he has taken prescribed medications as directed by the physician.	R128		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview the facility failed to assess the resident's abilities regarding medication management for 1	R134		

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R134	Continued From page 5 applicable resident in the sample, (Resident #4). The findings include the following: Per medical record review, Resident #4 moved into the facility on 04/25/19, with diagnoses to include but not limited to: Cerebral Vascular Accident (CVA) with Hemiparesis (partial paralysis) affecting the right side, Epilepsy, Cognitive Impairment, Depression and Traumatic Brain Injury. Per nurses progress notes dated 04/27/19 signed by the Registered Nurse (RN) Director of Health Services, it documents that the resident has his/her medications in a pill planner in the apartment and will self-administer medications for the next few weeks, if s/he does well the resident will continue to do this. Nursing to assist in setting up medications in the pill planner. Nurse will check on the resident in the AM and PM to make sure s/he has taken medications from the pill planner. Per medical record review, it identifies that Resident #4 had a Quality of Life Assessment (QLA) completed on 5/6/19. The QLA evaluates the resident's ability to know what the medication is, what it is for, side effects, dose and frequency of medication administration and how to refill the medication. The resident had been taking prescription medications independently for 11 days, before the assessment was completed, identifying his/her capability. Per facility policy the licensed nurse will assess the resident's ability regarding medication management within 24 hours of admission by completing the QLA.	R134		

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R136	Continued From page 6	R136		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 1 of 5 residents, Resident #1 was reassessed for a change in condition. Findings include: Resident #1 was admitted to the facility 02/11/19 under Hospice Services and his/her care levels were extensive assist of one with transfers, bathing and toileting. His/her mobility was ambulation with a walker and a high back wheel chair was used for distance. There was a decline of condition, that began about one month ago according to documentation and per staff interviews, and now requires two to three people to get out of bed and can no longer walk more than two or three steps with the walker. There is an occasional need to assist with eating and is total assist for bathing and toileting. Review of the assessment does not reflect that a new assessment was completed by the Registered Nurse to reflect the change in condition and the need for increased care. The Licensed Practical Nurse confirmed on 6/17/19 at 3:30 PM that the assessment had not been completed.	R136		

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R145	Continued From page 7	R145		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES	R145		

5.9.c (2)

Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review the facility failed to ensure that the written care plan for 1 of 5 residents, Resident #1 is based on abilities and services necessary to assist maintain independence and well-being. Findings include:

During review of the care plan for Resident #1, it was noted that the resident is listed as needing limited assist of one for transfers and mobility. It further reflects that s/he is extensive assist for toileting and bathing. Per interview with the caregivers and the Licensed Practical Nurses (LPN), the resident is totally dependent on staff for transfers and bed mobility and it takes two to three people to get him/her out of bed. The resident is also unable to attend to any of their toileting or incontinent care needs as well as bathing. The LPN stated that s/he is able to wash their face, but nothing else. The current care plan in place also reflects that the resident has specific times for incontinent care and per the caregivers, those times are not followed. The LPN confirmed on 06/17/19 at 3:00 PM that the care plan does

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R145	Continued From page 8 not accurately reflect the needs of the resident.	R145		
R155 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, staff performance of the administration of medications was not in accordance with the home's policies for 2 of the applicable residents in the sample, Residents #2, and #3, The findings include the following: 1. During observation of medication administration on 6/17/19 at 4:00 PM, the Licensed Practical Nurse (LPN) handed medications to Resident #3 and the resident dropped the medications on the floor. The LPN stated that s/he could get him/her new pills if they wanted and Resident #3 told the LPN it would be fine. The LPN steadied the resident as they picked up the pills from the floor and then handed them to the LPN. The LPN held the pills in an bare hand and extended them to the resident and the resident proceeded to take them one at a time. The LPN confirmed at 4:15 PM that s/he should have gotten different pills to replace the dropped ones and it is the policy of the home to not give pills that have been dropped. 2. On 6/18/19, the Registered Nurse (RN)	R155		

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R155	Continued From page 9 prepared and administered Glipizide 5 mg (milligrams) to Resident #2 at 9:00 AM. The RN stated that the resident probably had already eaten breakfast but wasn't sure and would give the medication anyway, because it was due at 8:00 AM. Glipizide 5 mg is ordered for 8:00 AM but should be taken 30 minutes before breakfast. The RN confirmed at 9:15 AM that the medication should have been given before breakfast.	R155		
R172 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that medications were properly labeled for two residents, Resident #1 and 2. Findings include: During observation of the medication storage refrigerator on the second floor on 06/17/19 at 11:00 AM, it was noted that there were two opened bottles of Latanoprost Ophthalmologic solution (one for Resident #1 and the other for Resident #2) without dates as to when they had been opened. Both bottles had labels that were to be completed with the date opened and a discard date of 42 days after opening. Per confirmation with the Licensed Practical	R172		

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R172	Continued From page 10 Nurse, Resident #1 had the Latanoprost filled and delivered on 04/1/19, but was unsure when it was opened and that it was not labeled. Resident #2 medication was filled and delivered on 05/27/19 and s/he is unsure whether it was opened that day or when, but stated that it should have a label to indicate when it was opened.	R172		
R177 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that a controlled drug is accounted for on a weekly basis. for 1 applicable resident who self-administers prescription medication. The findings include the following: Per record review of Resident #4's physician orders for the month of May 2019, identifies Ativan 2 milligrams (mg.) by mouth every 6 hours as needed for anxiety and one tablet as needed for seizure. Per observation in the presence of the Licensed Practical Nurse (LPN) on 06/17/19 at	R177		

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R177	Continued From page 11 approximately 2:30 PM, Resident #4 keeps all prescription medication in his/her apartment locked in a metal box. The resident's apartment door is also always locked. Confirmation was made at this time by the LPN that there is no weekly accounting of the controlled substance since the resident moved into the facility nor does the staff check with the resident to question any administration of the medication. Ativan is a controlled substance; a sedative used to treat seizure disorders and relieves anxiety.	R177		
R188 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to ensure that 2 of 5 residents, have	R188		

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R188	Continued From page 12	R188		

information in their medical records that includes a copy of the document giving legal authority to another for Resident #1 and subsequent follow-up progress notes regarding any accident or incident for Residents #1 and 5. Findings include:

1.) Resident #1 has a stated Health Care Proxy (HCP) that will make medical decisions. During a family interview regarding the care and services for Resident #1 s/he stated in an interview on 06/17/19 at 1:30 PM, that there is a HCP for the resident and that s/he is the financial proxy, but not the HCP. Interview with the interim director on 06/17/19 at 4:00 PM, s/he stated that there is a HCP and the document is in the electronic medical record. On 06/18/19 at 2:30 PM, the interim director confirmed that there is no evidence of the document and that s/he would contact the HCP to obtain a copy for the facility.

2.) The review of the progress notes for Resident #1 on 06/17/19 presents that the resident had falls from bed on 05/24, 05/31, 06/3 and 06/6/19. The Licensed Practical Nurse (LPN) stated on 06/17/19 at 3:30 PM that the staff did not consider them falls because the resident rolled off the bed and onto a crib mattress that was on the floor. S/he further stated that if the crib mattress wasn't there, then it would have been a fall. There are no progress notes other to indicate the date and time of the falls and the LPN stated that there should be follow up notes.

3.) Resident #5 sustained a fall on 05/14/19 and was found in the bathroom. The fall was unwitnessed but the resident stated that they had hit their head. The resident was checked by the LPN and was given two Tylenol for complaints of stiff neck and general discomfort as the time of

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT WHITE RIVER JUNCTION	101 CURRIER STREET WHITE RIVER JUNCTION, VT 05001

(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
R188	Continued From page 13 the fall. There is no evidence of follow up notes regarding the fall. The LPN stated at 1:00 PM on 06/17/19 that there should have been follow up notes.	R188		

Plan of Correction Outline

Preparation and execution of this plan of correction in no way constitutes an admission or argument by The Village at White River Junction of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. The Village at White River Junction reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts, and conclusions that form the basis of the deficiency. This plan of correction serves as the allegation of compliance by July 16, 2019.

Response to Survey ending 6-18-19

Tag: R126 V. Resident Care and Home Service – 5.5a General care

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident # 4 the white board in her room was updated with resident's specific events and appointments.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   Executive director or designee shall review current residents' to ensure necessary services are provided or arranged to meet the residents' personal, psychosocial, nursing and medical care needs.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   Upon admission necessary services shall be provided or arranged to meet the residents personal, psychosocial, nursing and medical care needs. Executive director or designee shall meet with residents at admission, quarterly and as needed to ensure necessary services are provided.

4. **The facility will monitor the corrective action by implementing the following measures.**
   Executive director or designee shall review residents' care plans on admission, quarterly and change of condition to ensure resident needs are being met.

5. **Plan of Correction completion date by July 31st, 2019.**

Tag: R128 V. Resident Care and Home services 5.5c General Care

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident #1 Written DC is being obtained from Hospice to support verbal directive.
   Amendment:
   Resident #1 Since Morphine has been held and since discontinued; pain has been effectively managed with the use of scheduled and PRN Tylenol. There is ongoing discussion with the facility staff, hospice staff and his family as to how to manage his pain if Tylenol is no longer sufficient, as Resident #1 is noted to have allergies to many narcotic analgesics.

   Resident # 4 medication check was completed on 6-18-19 and scheduled to occur weekly.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   Director of nursing or designee shall audit Mars/orders of hospice residents for the signed order.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   Director of nursing or designee shall obtain written signed orders from a physician/Healthcare provider for medication administration, D/C of medications and medications put on hold. Director of nursing or designee shall complete self-medication assessment at move in, quarterly and with any change of condition to determine if they can self-administer safely and/or determine additional assistance, such as reminders.

4. **The facility will monitor the corrective action by implementing the following measures.** Director of nursing or designee shall audit MAR and orders weekly x 4 weeks and then monthly x 3 and then will evaluate.

5. **Plan of Correction completion date 7-31-19.**

Tag: R-134 V. Resident Care and Home Services 5.7 Assessment

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident # 4 shall receive quarterly and change of condition self-medication reviews timely, as per policy.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   Director of nursing or designee shall review residents that self-medicate to ensure all have had the appropriate self-medication assessment.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   Director of nursing or designee shall complete a self-medication assessment on assisted living residents within 24hours of move in.

4. **The facility will monitor the corrective action by implementing the following measures.**
   Director of nursing or designee shall complete a 24hour audit of new residents to ensure compliance.

5. **Plan of Correction completion date 7-31-19.**

Tag: R136 V. Resident Care and Home Services 5.7 Assessment

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident #1 has been reassessed for a change in condition on 7-16-19, to reflect his current needs.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   Director of nursing or designee shall review residents that may have had a change of condition and update assessment and care plan.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   Residents shall be reassessed quarterly and at any point there is a change of condition.

4. **The facility will monitor the corrective action by implementing the following measures.**
   Director of nursing or designee shall review upcoming assessment schedule and residents that have had a change in condition weekly to ensure assessments are completed as scheduled.

5. **Plan of Correction completion date 7-31-19.**

Tag: **R145 V. Resident Care and Home Series 5.9c (2)**

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident # 1 was reassessed on 7-16-19 and his care plan was updated to reflect his current needs.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   Director of nursing or designee shall review residents care plans to ensure they reflect the current needs of the resident.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   Director of nursing or designee shall oversee development of a written care plan based on abilities and needs as identified in the resident assessment and shall describe the care and services necessary to assist the resident to maintain independence and well-being.

4. **The facility will monitor the corrective action by implementing the following measures.**
   Director of nursing or designee shall review new care plans weekly x 4 weeks and then monthly x 3 and will evaluate.

5. **Plan of Correction completion date 7-31-19.**

Tag: **R155 V. Resident Care and home Services. 5.9c (12)**

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Nurses were in-serviced on medication policies and physician orders.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   Director of nursing or designee shall review orders for time sensitive medications.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   Nursing staff was in-serviced on medication policies and following MD orders. Entering orders to reflect time sensitive orders.

4. **The facility will monitor the corrective action by implementing the following measures.**
   Director of nursing or designee shall audit Mars weekly x 4 weeks and then monthly x 3 and will evaluate.

5. **Plan of Correction completion date 7-31-19.**

Tag: R172 V. Resident Care and Home Services 5.10 Medication Management

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident #1 and #2 latanoprost ophthalmologic solution was reordered and date of opening was placed on label.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   Director of nursing or designee shall complete a cart audit of all medication carts for correct labeling.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   All medications and pharmaceuticals shall be labeled in accordance with currently accepted standard of practice which includes open dates. Open date stickers were ordered from pharmacy for those items that do not come with one. A pharmacy audit shall be completed by August 31, 2019.

4. **The facility will monitor the corrective action by implementing the following measures.**
   Director of nursing or designee shall complete a cart audit to ensure proper labeling of medications weekly x 4 weeks and then monthly x3.

5. **Plan of Correction completion date. 7-15-19**

Tag: R177 V. Resident Care and Home Services 5.10 Medication Management 5.10 h

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident # 4 narcotics that are stored in her room in a locked box shall be counted weekly on a declining balance sheet.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   Director of nursing or designee shall audit the MARs of other self-administrators for any narcotic use.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   Other controlled drugs, those of self-administrators shall be counted weekly and documented by a licensed nurse.

4. **The facility will monitor the corrective action by implementing the following measures.**
   Director of nursing or designee shall review count sheet weekly x 4 weeks and then monthly x 3.

5. **Plan of Correction completion date 7-31-19.**

Tag: **R 188 V Resident Care and Home Services 5.12 b. (2)**

1. **The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.**
   Resident #1 responsible party was contacted for HCP documentation. Resident #5 HCP documentation is on file, but she is currently on LOA. Nursing staff was trained by in-service on entering occurrence notes, progress notes and subsequent follow up note policy.

2. **The facility will identify other residents that may potentially be affected by the deficient practice.**
   The facility will audit all resident files for a health care proxy.

3. **The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.**
   Nursing staff was trained by in-service on policy and procedures of documentation.

4. **The facility will monitor the corrective action by implementing the following measures.**
   Director of nursing or designee shall audit records for required documents within 72 hours of admission. Director of nursing or designee shall audit admission documentation weekly for any new residents.

5. **Plan of Correction completion date 7-31-19.**