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F 000	INITIAL COMMENTS The survey team entered the facility on 4/7/25 to conduct an onsite revisit survey. The survey team was onsite 4/7/25 through 4/9/25. Additional information was obtained offsite on 4/10/25 through 4/14/25. Therefore the exit date was changed to 4/14/2025. Tags F558, F565, F580, F583, F584, F602, F623, F641, F660, F677, F689, F697, F726, F727, F756, F759, F760, F801, F804, F842, F847, F848, F881, F914, and F940 were corrected as of 4/14/25. Repeat tags were cited. The facility remains out of compliance. Event ID# PM7D12.	F 000		
{F 755} SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	{F 755}		

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

Electronically Signed

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§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and

§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.
This REQUIREMENT is not met as evidenced by:
Based on observation, record review, staff and Pharmacy interviews, the facility failed to return discontinued controlled medications to the pharmacy for 2 of 2 residents (Resident #2 and Resident #4) whose controlled medications were observed located in the Director of Nursing (DON) office.

The findings included:

The facility's policy "Disposal of Medications and Medications-Related Supplies: Returning Medications to Pharmacy" which was not dated stated in part that medications to be returned to the pharmacy should be secured until the time of pick up.

Observation of the DON's office and filing cabinet occurred on 4/7/25 at 3:12pm with the Assistant Director of Nursing (ADON). The ADON was observed sitting in the DON's office upon arrival. An inspection of the office area revealed there were no controlled medications. The filing cabinet was located behind the DON's desk and was observed to be unlocked. Upon inspecting the filing cabinet, there were two controlled substance medication dispensing cards located in the bottom drawer of the filing cabinet. The cards

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were up against the front of the drawer wrapped in return to pharmacy paper dated 2/28/25 and signed by DON #2.

Observation of the medication revealed one medication dispensing card read lorazepam (antianxiety medication) 1 milligram (mg) tablets. There were 10 tablets in the dispensing card. The second medication dispensing card read lorazepam 0.5mg tablets. There were 24 tablets in the dispensing card.

The ADON was interviewed on 4/7/25 at 3:15pm. ADON explained the facility did not have a current DON and that the last DON (DON #1) left on 4/5/24. The ADON stated she was the acting DON but had kept her ADON office. She stated she was just sitting in the DON's office "for a minute." The ADON discussed not ever opening the filing cabinet behind the DON's desk and was not aware there were medications in the filing cabinet. She stated when DON #2 left on 3/28/25, DON #2 told the Administrator that all the medications had been returned to the pharmacy. ADON explained the Administrator had been completing weekly audits of the filing cabinet and had not seen any medications. She confirmed the return to pharmacy paper had been signed by DON #2 with a date of 2/28/25 and stated the controlled medications should have been returned to the pharmacy and not left in an unlocked filing cabinet.

A telephone interview occurred with DON #2 on 4/7/25 at 7:35pm. DON #2 explained she had been interim DON for 30 days and had left the facility on 3/28/25. She stated prior to leaving she ensured there were no controlled medications left in the filing cabinet and said she did not know

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{F 755}	Continued From page 3 how medication was found in the filing cabinet. During a telephone interview with the Pharmacy Consultant on 4/8/25 at 4:23pm, the Pharmacy Consultant explained she was new to the facility and that this week (week of 4/7/25) was her first time in the facility. She discussed the proper procedure for staff was to write up any discontinued controlled substances and send them back to the pharmacy. The Pharmacy Consultant stated no controlled substances should be left in a file cabinet whether the file cabinet was locked or not. The Administrator was interviewed on 4/9/25 at 12:47pm. The Administrator explained she had been checking DON's office and file cabinet weekly with the last check on 4/2/25. She explained at that time she had not found any medications in the office or file cabinet. The Administrator stated the only people who have access to the DON's office right now are the ADON, herself, and Maintenance. She stated she did not know how the controlled medications were in the filing cabinet.	{F 755}		
{F 761} SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals 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. §483.45(h) Storage of Drugs and Biologicals	{F 761}		

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§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.

§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.
This REQUIREMENT is not met as evidenced by:
Based on record review, observation, and staff and pharmacy interviews, the facility failed to (1) maintain controlled medications in a secured double locked area until the medications could be returned to the pharmacy for 34 of 34 controlled medications observed in the Director of Nursing's office and failed to (2) secure 1 of 4 (Hall 300) unattended medication carts reviewed for medication storage.

The findings included:

1. During an observation on 4/7/25 at 3:12pm of the Director of Nursing's (DON) office, the Assistant Director of Nursing (ADON) was sitting in the Director of Nursing's (DON) office at the desk. There was a filing cabinet observed behind the DON's desk. The ADON remained in the office while the unlocked file cabinet drawers were inspected. In the bottom drawer up against the front of the filing cabinet 2 medication dispensing cards were located wrapped in a

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return to pharmacy paper dated 2/28/25 and signed by DON #2. One dispensing card was labeled lorazepam (antianxiety medication) 1 milligram (mg) tablets and contained 10 tablets in the dispensing card. The other dispensing card was labeled lorazepam 0.5mg tablets and there were 24 tablets in the dispensing card.

The ADON was interviewed on 4/7/25 at 3:15pm. The ADON explained the DON's office was not her office and she was unaware there were controlled medications left in the filing cabinet. She further explained the previous DON (DON #2) was supposed to have removed all the medications from the filing cabinet prior to her leaving the facility. The ADON confirmed what medications were found, the date on the return to pharmacy slip and DON #2's signature.

A telephone interview was conducted on 4/7/25 at 7:35pm with DON #2. DON #2 discussed her last day in the facility was 3/28/25. She explained prior to her departure she had returned all the medication in the filing cabinet to the pharmacy. DON #2 stated she did not know how medication was found in the filing cabinet with her signature on the return to pharmacy paper. She further stated the process when she was DON was to remove expired or discontinued controlled substances from the medication carts and return them to the pharmacy but said if she was busy, she would place them in her file cabinet until she was able to fill out the return to pharmacy slip.

The consulting Pharmacist was interviewed by telephone on 4/8/25 at 4:23pm. The Pharmacist discussed being a new consultant at the facility and was unaware there had been problems with controlled medications being left in an unlocked

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file cabinet. She stated controlled medications should never be left in a file cabinet but should be kept in a secure area under a two-lock system even when needing to be returned to the pharmacy.

During an interview with the Administrator on 4/9/25 at 12:47pm, the Administrator explained she had been checking the unlocked filing cabinet weekly with the last check on 4/2/25 for any controlled medications and said she had not found any medications in the filing cabinet. The Administrator stated the DON, maintenance, and herself are the only staff members who have a key to the DON's office, so she did not know how the 2 controlled medications were found in the filing cabinet. The Administrator confirmed controlled medications should be always kept under a two-lock system.

2. While approaching the 300 and 400 hall nurse's station on 4/8/2025 at 5:30 AM an observation was completed of the 300 hall medication cart parked outside of the nurse's station. The 300 hall medication cart was observed with the lock not engaged as evidenced by the red dot on the lock being visible. Several staff members and a resident was observed passing by the medication cart. Nurse #1 assigned to the medication cart was not present.

At 5:35 AM on 4/8/2025, Nurse #1 was observed returning to the 300 hall medication cart. The surveyor asked Nurse #1 to open the drawers of the 300 hall medication cart. Nurse #1 was observed opening the top drawer, which contained the locking mechanism, without using her key to unlock the 300 hall medication cart. The following items were contained in the 300

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{F 761}	Continued From page 7 hall medication cart: over the counter medications, 300 hall resident medication cards, liquid medications, inhalations, and pain relief patches. The narcotics drawer remained locked throughout the observation. An interview was completed with the Nurse #1 on 4/8/2025 at 5:38 AM who stated she stepped away from her medication cart to get an as needed medication out of the medication storage room. She also stated she was restocking her over-the-counter medications on the 300 hall medication cart. Nurse #1 verbalized when she was not in attendance of her medication cart the medication cart should be locked. An interview was completed on 4/8/2025 at 2:29 PM with the Assistant Director of Nursing. The Assistant Director of Nursing (who was also serving as the Interim Director of Nursing) stated medication carts should be locked each time when nursing staff stepped away from the medication cart.	{F 761}		
{F 880} SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at	{F 880}		

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{F 880}	Continued From page 8 a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	{F 880}		

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§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
Based on observation, record review, and staff interviews, the facility failed to follow their Enhanced Barrier Precautions policy when Nursing Assistant (NA) #1 did not wear a gown while performing incontinent care on a resident (Resident #3) who was on Enhanced Barrier Precautions. This deficient practice occurred for 1 of 3 staff members observed for infection control practices (NA #1).

The findings included:

Review of the facility's "Enhanced Barrier Precautions" policy dated 3/26/24 revealed in part that Enhanced Barrier Precautions require the use of a gown and gloves by staff during high-contact resident care activities such as dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs/assisting with toileting, device care, and wound care.

During an observation of Resident #3's door to her room on 4/7/25 at 11:45am, it was revealed to

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have a bright yellow Enhanced Barrier Precautions sign. The sign documented for staff to wear a gown and gloves when they entered the room to perform several named tasks that included "changing briefs or assisting with toileting."

Resident #3 was on Enhanced Barrier Precautions related to having an indwelling nephrostomy tube (a devise to help drain the kidneys).

An observation of incontinence care for Resident #3 with Nursing Assistant (NA) #1 occurred on 4/7/25 at 11:50am. Resident #3 had told the NA she had a bowel movement and needed to be changed. NA #1 was observed to wash her hands with soap and water and apply a pair of gloves. She then began to perform incontinence care on Resident #3 without wearing a gown. NA #1 performed the entire incontinence care without ever wearing a gown.

During an interview with NA #1 on 4/7/25 at 12:32pm, the NA was unable to tell the surveyor which resident in the room was on Enhanced Barrier Precautions. She stated when a resident was on Enhanced Barrier Precautions, she did not need to wear any special PPE other than gloves. NA #1 discussed receiving education on infection control and transmission-based precautions in March 2025. The Enhanced Barrier Precaution sign hanging on the resident's door was reviewed with NA #1. NA #1 read she was supposed to wear a gown while performing incontinence care and verified she had not worn a gown while performing incontinence care for Resident #3.

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{F 880}	Continued From page 11 On 4/7/25 at 12:42pm the Assistant Director of Nursing (ADON) was interviewed. She explained the Infection Preventionist was at a training and not available. The ADON discussed on 3/25/25, staff were educated on Enhanced Barrier Precautions, transmission-based precautions, the appropriate PPE to wear, and stressed to staff to read the signs posted on the resident doors to ensure they wear the correct PPE while providing direct care. She stated NA #1 had attended the education. The ADON verified Resident #3 was the resident on Enhanced Barrier Precautions for an indwelling nephrostomy tube and that NA #1 should have worn a gown while providing incontinence care. The Administrator was interviewed on 4/9/25 at 12:39pm. The Administrator discussed having morning "huddles" (a meeting with all staff working that shift) with staff and reviewing infection control practices and paying attention to the signage posted on a resident's door every morning. She stated she did not know why NA #1 did not wear a gown while providing incontinent care to Resident #3 but would have expected NA #1 to read the Enhanced Barrier Precaution sign on Resident #3's door and wear the appropriate PPE.	{F 880}		