STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345359	A. BUILDING ______ B. WING ______	C 04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT CREEKSIDE CARE	**604 STOKES STREET EAST AHOSKIE, NC 27910**

(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 A complaint investigation survey was conducted from 4/5/2022 to 4/8/2022. Event ID# 3Z2V11. The following intakes were investigated NC00185810, NC00186348, NC00187115, NC00187413. Three of the 17 complaint allegations were substantiated resulting in deficiencies. Event ID# 3Z2V11	F 000		
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.	F 725		4/11/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/28/2022

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 725	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to provide sufficient staff so that residents received medications as ordered for one of four residents reviewed for insulin (diabetic medication to control blood glucose) over a two-day period (Resident #1). Findings included: This citation is cross referenced to: F760-Based on observations, staff and physician interviews and record review, the facility failed to prevent a significant medication error when a resident was not given six doses of ordered insulin (Diabetic medication to control blood glucose) over a two-day period. This occurred for one of four residents reviewed for receiving insulin (Resident#1). On 4/5/22 at 12:00 PM, Nurse #1 stated she was sometimes the only nurse in the facility and Medication Aides (MA) were assigned the other halls in the facility. Nurse #1 indicated she could not take care of her residents and cover the medications that the MAs could not give, such as prn (when necessary) medications and insulin. Nurse #1 stated she often had to stay over after her shift until the facility could get someone to come in. Nurse #1 stated staffing had gotten worse in the last two months.	F 725	The Plan of correction is not to be construed as an admission of any wrongdoing or liability. The facility reserves the rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality assurance or self-critical examination privilege which the facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents F 725 / F760 / F835 1) Resident #1 □ Physician was notified regarding missed insulin on 2/21/22 and per the Physician statement Resident #1 had no ill effects. 2) On 4/08/22 a Quality Assurance Performance Improvement (QAPI) Committee Meeting was held to discuss	

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F 725	Continued From page 2	F 725	the concerns with staffing and insulin administration on 2/19/22 and 2/20/22. Daily Staffing Sheets were reviewed for the timeframe of 2/19/22 to 4/08/22 by the Administrative Staff, Director of Nursing and Regional Nurse Consultant. It was noted that over the course of the review period at no time were there less than three Licensed Nurses in the center, with the exception of 2/19/22 and 2/20/22. During the QAPI Meeting a plan was implemented to prevent recurrence of staffing challenges related to call outs. Review of the schedule revealed that Licensed Nurse oversight of Certified Medication Aides was outlined on the daily staffing sheets. Nursing Administration reviewed the Medication Administration Records for insulin administration for the halls with Certified Medication Aides assigned with Licensed Nurse coverage from another hall from 2/19/22 through 4/08/22. The Physician and Resident Representative of any resident affected was notified. No adverse were outcomes noted. 3) Re-education regarding the staffing deficiency, staffing review and staffing expectations was provided by the Regional Director of Clinical Services to the Interim Assistant Administrator and the Interim Director of Nursing on 4/10/22. On 4/6/22 notices with Administrative and Nursing Leadership contact information were posted on every unit for the staff to call in the event of call outs which could	

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F 725	Continued From page 3	F 725	not be covered by the Staffing Coordinator or on-site designated nursing supervisor. Additional staffing contracts were executed to ensure that sufficient licensed staff coverage would be secured to provide additional options should call outs occur. The center has 13 active contract agencies with two additional contracts pending completion. Hiring for direct facility staff continues to be a focus in addition to the use of contract staff. Administrative Staff/Nursing Administrative Staff and Staffing Coordinator review staffing schedules for the next 7 days to include weekends, daily Monday Friday to ensure that the staffing pattern is filled with the appropriate number of licensed nurses and adjustments made as necessary to meet the needs of the residents. This monitoring is inclusive of the upcoming weekend staffing levels. The Weekend Nurse Supervisor will review staffing on Saturday and Sunday and make adjustments accordingly to assure resident needs are met. Staffing Hours are reconciled daily Monday through Friday for the prior day with Fri/Sat/Sunday reconciled on Monday by the Staffing Coordinator, NHA or DON to confirm the staffing hours scheduled for licensed staff were worked as scheduled. Staffing Hours are monitored on Saturday and Sunday by the Weekend Nurse	

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F 725	Continued From page 4	F 725	Supervisor to confirm the staffing hours scheduled for licensed staff were worked as scheduled. The weekend nurse supervisor will make adjustments and call additional staff as identified based on the needs of the residents. Licensed Nursing Staff and Contract Licensed Nursing Staff were educated by Nursing Administration Leadership on Medication Administration including insulin administration from 4/8/22 to 4/10/22. Education will be ongoing until each Licensed Nurse receives the education prior to the start of their next scheduled shift. Licensed Staff, both facility and contract, new to the center will be educated on Medication Administration including insulin administration prior to the start of their first shift by Nursing Administration/designee. 4) Administrator/designee will review staffing weekly X 4 then monthly X 2 to validate the schedules to hours worked supported the facility needs and report to the QAPI Committee monthly for three months for review and recommendation. Plans will be adjusted as necessary to assure compliance is sustained ongoing. Weekly for four weeks then monthly for two months, Administrative Nursing Staff will review five random Medication Administration Records for residents who have physician□s orders for insulin to validate compliance with administration and documentation. Administrative	

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F 725 — Continued From page 5 — F 725

Nursing Staff will complete any follow-up indicated. The Director of Nursing / Designee will report findings to the QAPI Committee monthly for three months for review and recommendation. Plans will be adjusted as necessary to assure compliance is sustained ongoing.

Completion Date: 04/11/2022

F 760 SS=D — Residents are Free of Significant Med Errors
CFR(s): 483.45(f)(2) — F 760 — 4/11/22

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:
Based on observations, staff, Nurse Practitioner and physician interviews, and record review, the facility failed to prevent a significant medication error when a resident was not given six doses of ordered insulin (diabetic medication for control of blood glucose) over a two-day period. This occurred for one of four residents reviewed for receiving insulin (Resident #1).

Findings included:

A review of medical records revealed Resident #1 was admitted on 10/29/2021 with diagnoses that included Diabetes Mellitus.

The Admission Minimum Data Set (MDS) dated 11/4/2021 noted Resident #1 was severely impaired for cognition. The MDS indicated Resident #1 got insulin injections daily.

A review of Resident #1's active physician orders

F 725 / F760 / F835

1) Resident #1 □ Physician was notified regarding missed insulin on 2/21/22 and per the Physician statement Resident #1 had no ill effects.

2) On 4/08/22 a Quality Assurance Performance Improvement (QAPI) Committee Meeting was held to discuss the concerns with staffing and insulin administration on 2/19/22 and 2/20/22. Daily Staffing Sheets were reviewed for the timeframe of 2/19/22 to 4/08/22 by the Administrative Staff, Director of Nursing and Regional Nurse Consultant. It was noted that over the course of the review period at no time were there less than three Licensed Nurses in the center, with the exception of 2/19/22 and 2/20/22. During the QAPI Meeting a plan was

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F 760

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for February 2022 revealed an order for Admelog SoloStar (fast acting mealtime insulin) solution pen-injector 100 unit/milliliter (ml) insulin Lispro. Inject 8 units subcutaneously with meals for Diabetes.

A review of the February 2022 Medication Administration Record (MAR) revealed the insulin with meals was scheduled for 8:00 AM, 12:00 noon and 5:00 PM daily. The MAR indicated Resident #1 resided on the South Hall of the facility.

On 4/5/2022 at 11:35 AM, Medication Aide (MA) #1 was interviewed and stated Medication Aides could not administer insulin. MA #1 stated she would ask a nurse to administer insulin to her assigned residents.

1a. On 2/19/22, the MAR revealed no documentation that Resident #1 received insulin at any of the three meals. The spaces for those medications were not checked or initialed.

A review of the staffing sheet for 2/19/22 noted five halls with the following staff assignments:
- South Hall (Resident #1's hall): Medication Aide (MA) #3
- East: Nurse #4
- East Annex: Nurse #1
- West: MA #2
- West Annex: MA #4

The staffing sheet further revealed Nurse #4 (assigned to the East Hall) called out of work on 2/19/22.

On 4/6/2022 at 10:10 AM, MA #3 was interviewed and stated she was assigned to the South Hall on 2/19/22. She was unable to recall if someone

F 760

implemented to prevent recurrence of staffing challenges related to call outs. Review of the schedule revealed that Licensed Nurse oversight of Certified Medication Aides was outlined on the daily staffing sheets.

Nursing Administration reviewed the Medication Administration Records for insulin administration for the halls with Certified Medication Aides assigned with Licensed Nurse coverage from another hall from 2/19/22 through 4/08/22. The Physician and Resident Representative of any resident affected was notified. No adverse were outcomes noted.

3) Re-education regarding the staffing deficiency, staffing review and staffing expectations was provided by the Regional Director of Clinical Services to the Interim Assistant Administrator and the Interim Director of Nursing on 4/10/22.

On 4/6/22 notices with Administrative and Nursing Leadership contact information were posted on every unit for the staff to call in the event of call outs which could not be covered by the Staffing Coordinator or on-site designated nursing supervisor.

Additional staffing contracts were executed to ensure that sufficient licensed staff coverage would be secured to provide additional options should call outs occur. The center has 13 active contract agencies with two additional contracts pending completion.

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F 760 Continued From page 7
had administered insulin for her assigned residents on 2/19/22.

An interview was conducted with Nurse #3 on 4/6/2022 at 2:20 PM, who stated she worked 7:00 PM on 2/18/22 until 7:00 AM on 2/19/22. Nurse #3 stated on 2/19/2022 staff had not come in for their shift to relieve her. Nurse #3 indicated she telephoned the Assistant Administrator, who told Nurse #3 she would try to find a replacement for her. Nurse #3 noted after thirty minutes she had not been notified about a replacement and she called the Assistant Administrator, who told Nurse #3 she had no replacement for her. Nurse #3 indicated she explained she had a legal commitment that morning and could not stay. Nurse #3 stated the Assistant Administrator told her that Nurse #1 could just worry about her residents, not about covering for the Medication Aides. Nurse #3 stated a Medication Aide came and got report and counted the cart with her so she could leave.

On 4/5/2022 at 12:00 PM, Nurse #1 was interviewed and stated Medication Aides could not administer insulin. Nurse #1 stated there was a time when she was the only nurse in the facility with Medication Aides on the rest of the halls. Nurse #1 stated she did not give all the insulins at that time. Nurse #1 stated she could not take care of her residents and cover insulin administration for the entire building, that it was too much for any one person.

On 4/6/2022 at 3:45 PM an interview was conducted with the Assistant Administrator who stated she got a call on a Saturday morning 2/19/22 but could not remember what time. The Assistant Administrator indicated that Nurse #1

F 760

Hiring for direct facility staff continues to be a focus in addition to the use of contract staff.

Administrative Staff/Nursing Administrative Staff and Staffing Coordinator review staffing schedules for the next 7 days to include weekends, daily Monday Friday to ensure that the staffing pattern is filled with the appropriate number of licensed nurses and adjustments made as necessary to meet the needs of the residents. This monitoring is inclusive of the upcoming weekend staffing levels. The Weekend Nurse Supervisor will review staffing on Saturday and Sunday and make adjustments accordingly to assure resident needs are met.

Staffing Hours are reconciled daily Monday through Friday for the prior day with Fri/Sat/Sunday reconciled on Monday by the Staffing Coordinator, NHA or DON to confirm the staffing hours scheduled for licensed staff were worked as scheduled. Staffing Hours are monitored on Saturday and Sunday by the Weekend Nurse Supervisor to confirm the staffing hours scheduled for licensed staff were worked as scheduled. The weekend nurse supervisor will make adjustments and call additional staff as identified based on the needs of the residents.

Licensed Nursing Staff and Contract Licensed Nursing Staff were educated by Nursing Administration Leadership on Medication Administration including insulin

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was "worked up" about a lot of things, and that Nurse #1 got upset often and was possessive about the residents on the East Annex Hall. The Assistant Administrator noted she told the nurses to figure it out. When asked who would give insulin for the medication aides, the Assistant Administrator stated she had not been working at the facility very long, and that rules were very different about what medication aides could do in North Carolina and in Texas, which was where she came from, and she wasn ' t totally familiar with those rules. The Assistant Administrator stated she did not feel she needed to call the Administrator because she felt she had handled it. She stated she was not aware Resident #1 did not get insulin that day.

At 11:00 AM on 4/8/2022 during a follow up interview the Assistant Administrator was asked if she had tried to find staffing for the facility on 2/19/22, and her reply was that she did not really remember what happened, but she assumed the staff had worked it out, and she did not hear anything else about it.

1b. On 2/20/22 the MAR revealed no documentation that Resident #1 received insulin at any of the three meals on those two days. The spaces for those medications were not checked or initialed
A review of the staffing sheet for 2/20/22 noted five halls with the following staff assignments:
- South Hall (Resident #1's hall): Medication Aide (MA) #3
- East: MA #2
- East Annex: Nurse #1
- West: Nurse #2
- West Annex: MA #4

F 760

administration from 4/8/22 to 4/10/22. Education will be ongoing until each Licensed Nurse receives the education prior to the start of their next scheduled shift.

Licensed Staff, both facility and contract, new to the center will be educated on Medication Administration including insulin administration prior to the start of their first shift by Nursing Administration/designee.

4) Administrator/designee will review staffing weekly X 4 then monthly X 2 to validate the schedules to hours worked supported the facility needs and report to the QAPI Committee monthly for three months for review and recommendation. Plans will be adjusted as necessary to assure compliance is sustained ongoing.

Weekly for four weeks then monthly for two months, Administrative Nursing Staff will review five random Medication Administration Records for residents who have physician□s orders for insulin to validate compliance with administration and documentation. Administrative Nursing Staff will complete any follow-up indicated. The Director of Nursing / Designee will report findings to the QAPI Committee monthly for three months for review and recommendation. Plans will be adjusted as necessary to assure compliance is sustained ongoing.

Completion Date: 04/11/2022

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F 760	Continued From page 9 On 4/6/2022 at 10:10 AM, MA #3 was interviewed and stated she was assigned to Resident #1 on the South Hall on 2/20/22 during the first shift (7:00 AM to 3:00 PM). She revealed she asked Nurse #1 (assigned to the East Annex Hall) and Nurse #2 (assigned to the West Hall) to administer Resident #1's insulin, but neither nurse came to administer the insulin. She indicated she was afraid he might have a reaction from not receiving his insulin, so she made him sit where she could see him. MA #3 stated Resident #1 did not have any negative effects from not receiving insulin on 2/20/22. In an interview on 4/7/2022 at 11:01 AM, Nurse #2 stated she worked on 2/20/22 during the first shift and was assigned the West Hall. Nurse #2 stated Nurse #1 was assigned the East Annex and the other three halls were assigned to Medication Aides. Nurse #2 stated she telephoned the Assistant Administrator and told her she could not cover her hall and the medications aides assigned halls also. Nurse #2 said the Assistant Administrator told her she should be able to cover her hall and the medication aides also. Nurse #2 told her she could not do that. Nurse #2 indicated the Assistant Administrator told her it should not be a problem for her to cover those halls, and Nurse #2 stated it was a problem. Nurse #2 stated she only took care of the residents on her assigned hall (West Hall). Nurse #2 said that taking care of her assigned resident ' s needs took all her time and she could not cover insulin for a medication aide. On 4/7/2022 at 11:25 AM during an interview with Nurse #1, she confirmed she did not give insulin or any medication on the South Hall.	F 760		

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F 760	Continued From page 10 In a follow up interview on 4/8/22 at 11:00 AM, the Assistant Administrator stated she did know that West Hall was supposed to cover South Hall, that was the usual protocol for the facility. The Assistant Administrator indicated she did remember talking to Nurse #2 and telling her she should be able to cover the medication aides' medicines and she still thought the nurses should be able to take care of their own residents and cover the medication aide's insulin too. On 4/8/2022 at 2:18 PM, Resident #1's physician was interviewed by telephone. The physician stated he knew about the insulin not being given to Resident #1, and he had seen Resident #1 in the facility a day or two after that happened and he had no ill effects from missing the insulin. The physician stated he may not have written a note, but he had reviewed the blood sugar values and they were fine.	F 760		
F 835 SS=D	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record review and staff and resident interviews, the facility Administration failed to provide oversight and leadership to ensure the facility had sufficient staff to meet the resident ' s medication administration needs and to prevent significant medication errors that resulted from	F 835	F 725 / F760 / F835 1) Resident #1 Physician was notified regarding missed insulin on 2/21/22 and per the Physician statement Resident #1 had no ill effects.	4/11/22

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insufficient staffing. This was for one of four residents reviewed for diabetic medications (used to control blood glucose) (Resident #1).

Findings included:

This citation is cross referenced to:

F760- Based on observations, staff, and physician interviews, and record review, the facility failed to prevent a significant medication error when a resident was not given six doses of ordered insulin (diabetic medication for control of blood glucose) over a two-day period. This occurred for one of four residents reviewed for receiving insulin (Resident #1).

F725- Based on staff interviews and record review, the facility failed to provide sufficient staff so that residents received medications as ordered for one of four residents reviewed for insulin (diabetic medication to control blood glucose) over a two-day period (Resident #1).

F 835

2) On 4/08/22 a Quality Assurance Performance Improvement (QAPI) Committee Meeting was held to discuss the concerns with staffing and insulin administration on 2/19/22 and 2/20/22. Daily Staffing Sheets were reviewed for the timeframe of 2/19/22 to 4/08/22 by the Administrative Staff, Director of Nursing and Regional Nurse Consultant. It was noted that over the course of the review period at no time were there less than three Licensed Nurses in the center, with the exception of 2/19/22 and 2/20/22. During the QAPI Meeting a plan was implemented to prevent recurrence of staffing challenges related to call outs. Review of the schedule revealed that Licensed Nurse oversight of Certified Medication Aides was outlined on the daily staffing sheets.

Nursing Administration reviewed the Medication Administration Records for insulin administration for the halls with Certified Medication Aides assigned with Licensed Nurse coverage from another hall from 2/19/22 through 4/08/22. The Physician and Resident Representative of any resident affected was notified. No adverse were outcomes noted.

3) Re-education regarding the staffing deficiency, staffing review and staffing expectations was provided by the Regional Director of Clinical Services to the Interim Assistant Administrator and the Interim Director of Nursing on 4/10/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345359	A. BUILDING ______ B. WING ______	C 04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT CREEKSIDE CARE	**604 STOKES STREET EAST AHOSKIE, NC 27910**

(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 835	Continued From page 12	F 835	On 4/6/22 notices with Administrative and Nursing Leadership contact information were posted on every unit for the staff to call in the event of call outs which could not be covered by the Staffing Coordinator or on-site designated nursing supervisor. Additional staffing contracts were executed to ensure that sufficient licensed staff coverage would be secured to provide additional options should call outs occur. The center has 13 active contract agencies with two additional contracts pending completion. Hiring for direct facility staff continues to be a focus in addition to the use of contract staff. Administrative Staff/Nursing Administrative Staff and Staffing Coordinator review staffing schedules for the next 7 days to include weekends, daily Monday Friday to ensure that the staffing pattern is filled with the appropriate number of licensed nurses and adjustments made as necessary to meet the needs of the residents. This monitoring is inclusive of the upcoming weekend staffing levels. The Weekend Nurse Supervisor will review staffing on Saturday and Sunday and make adjustments accordingly to assure resident needs are met. Staffing Hours are reconciled daily Monday through Friday for the prior day with Fri/Sat/Sunday reconciled on Monday by the Staffing Coordinator, NHA or DON	

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F 835	Continued From page 13	F 835	to confirm the staffing hours scheduled for licensed staff were worked as scheduled. Staffing Hours are monitored on Saturday and Sunday by the Weekend Nurse Supervisor to confirm the staffing hours scheduled for licensed staff were worked as scheduled. The weekend nurse supervisor will make adjustments and call additional staff as identified based on the needs of the residents. Licensed Nursing Staff and Contract Licensed Nursing Staff were educated by Nursing Administration Leadership on Medication Administration including insulin administration from 4/8/22 to 4/10/22. Education will be ongoing until each Licensed Nurse receives the education prior to the start of their next scheduled shift. Licensed Staff, both facility and contract, new to the center will be educated on Medication Administration including insulin administration prior to the start of their first shift by Nursing Administration/designee. 4) Administrator/designee will review staffing weekly X 4 then monthly X 2 to validate the schedules to hours worked supported the facility needs and report to the QAPI Committee monthly for three months for review and recommendation. Plans will be adjusted as necessary to assure compliance is sustained ongoing. Weekly for four weeks then monthly for two months, Administrative Nursing Staff will review five random Medication	

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F 835	Continued From page 14	F 835	Administration Records for residents who have physician□s orders for insulin to validate compliance with administration and documentation. Administrative Nursing Staff will complete any follow-up indicated. The Director of Nursing / Designee will report findings to the QAPI Committee monthly for three months for review and recommendation. Plans will be adjusted as necessary to assure compliance is sustained ongoing. Completion Date: 04/11/2022	