STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135140	A. Building B. Wing	05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madison Carriage Cove Short Stay Rehabilitation	410 West 1st North Rexburg, ID 83440

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50603 Based on record review, policy review, and staff interview, it was determined the facility failed to ensure professional standards of practice were followed for 1 of 3 residents (Resident #188) reviewed for insulin administration. This failed practice created the potential for harm should residents experience adverse outcomes from low blood sugar when the hypoglycemic (low blood sugar) protocol was not followed. Findings include: The facility's policy, Hypoglycemia Management, dated 1/2/24, documented, If the blood glucose [sugar] reading is 70 mg/dL or below, the nurse will utilize the hypoglycemic protocol as per the practitioner's orders, with the follow up blood glucoses as indicated, and notify the practitioner of the results as ordered. Resident #188 was admitted to the facility on [DATE], with multiple diagnoses including acute respiratory failure with hypoxia (a condition where there is not enough oxygen in the tissues of the body) and type 2 diabetes mellitus. A physician order, dated 4/17/24, directed staff to perform blood glucose tests before administering insulin before each meals and at bedtime. A physician order, dated 4/26/24, included a hypoglycemic order for Resident #188 which stated, for blood glucose less than 70 mg/dL, treat with 4-8 oz juice or 1 tube oral glucose gel. Recheck BG [blood glucose] in 15 minutes after treatment. If BG remains less than 70 mg/dL, repeat treatment until BG is 70 mg/dL or greater. Resident #188's MAR documented the following low blood glucose readings before breakfast: - On 4/24/24, she had an BG reading of 58 mg/dL. - On 4/26/24 she had an BG reading of 52 mg/dL. - On 4/27/24 she had an BG reading of 67 mg/dL. The MAR did not include documentation of follow-up blood glucose checks by the nurses or notification of Resident #188's physician, as required by the hypoglycemic protocol. (continued on next page)

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.

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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/2/24 at 3:33 PM, the DON and CRN were interviewed together and Resident #188's record was reviewed in their presence. The DON and CRN confirmed Resident #188's physician was not notified, and that professional standards of practice in the hypoglycemic protocol were not followed for Resident #188 on 4/24/24, 4/26/24, and 4/27/24.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49552 Based on observation, policy review, and staff interview, it was determined the facility failed to ensure expired medications and wound care supplies were not available for administration to residents. This was true for 2 of 2 medication storage rooms inspected. This failed practice created the potential for residents to receive expired medications or supplies with decreased efficacy. Findings include: The facility's Medication Storage policy, revised 12/27/23, stated for unused medications the pharmacy and all medication rooms are to be routinely inspected by the consultant pharmacist for discontinued, outdated, or deteriorated medications with worn, illegible, or missing labels. 1. On 5/1/24 at 8:11 AM, the facility's south side medication storage room was inspected with LPN #1 present. The following expired items were found: - Five bottles of normal saline, expired 10/2023 - One bottle of Hibiclens (antiseptic skin cleanser), expired 7/2021 - Two tubes of Solosite Hydrogel (gel used for wound care), one tube, expired 10/2023, and one tube, expired 1/2024 - One box of Preparation H suppositories, expired 10/2023 On 5/1/24 at 8:17 AM, LPN #1 verified the expiration dates and stated the above medications and wound care supplies should not have been available for use in the medication room and they should have been disposed of. On 5/1/24 at 8:56 AM, the DON stated the nurses were to check the dates of medications and wound care supplies before use and dispose of the expired supplies. 2. On 5/1/24 at 11:01 AM, the facility's north side medication storage room was inspected, and the following expired items were found: - 30 - 4oz bottles of Hibiclens, expired 4/2024 - [NAME] Fiber Good gummies, 90 gummies/bottle, expired 4/2024 and one 90 gummies/bottle expired, 3/2024 - One box of Preparation - H suppositories, expired 1/2024 - Glucagon emergency kit, expired 10/2023 - One tray of Lubricating gel, expired 7/22/22 (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- One tray full of Bacitracin, expired 10/2023 - One bottle of Nighttime cold & flu medicine 12 oz, expired 2/2024 - Nicotine gum 2 mg/ box, expired 6/2023 On 5/1/24 at 11:12 AM, LPN #2 stated she was not sure whose job it was to go through the medication room and check for expired medications. She also stated the pharmacy randomly checked the medication room and medication carts for expired medications. The facility failed to remove expired medications and wound care supplies from the medication storage rooms.