STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165336	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rehabilitation Center of Allison	900 7th Street West Allison, IA 50602

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 0895 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a Compliance and Ethics Program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25854 Based on electronic health records (EHR) review, staff interview and facility policy review the facility failed to provide complete and accurately documented electronic health records for 1 of 3 residents (Resident #2) reviewed. The facility reported a census of 28 residents. Findings include: A Controlled Medication Utilization Record form generated from the facilities pharmaceutical provider dated 9/30/24 indicated the facility received 60 Lorazepam/Ativan 0.25 milligram (mg) tablets (which were 30 - 0.5 mg tablets cut in half by the pharmacy) on 9/30/24. The order directed to administer twice daily (BID) and one (1) by mouth (po) every 12 hours as needed (PRN) for Resident #2. Further review of the form reflected an unknown staff member crossed off the number 30 in the quantity received section of the form and changed it to 60 1/2 tablets but failed to sign and date the change. In addition, the form included an entry on 10/1/24 at 10:17 AM that Staff B, Licensed Practical Nurse (LPN) administered 1 Lorazepam pill. During an interview on 10/30/24 at 4:00 PM the Director of Nursing (DON) confirmed the above stated signature as Staff A, LPN, and not Staff B. During an interview on 10/30/24 at 3:31 PM Staff A, confirmed she crossed off the documented 30 pills written on the sheet by the pharmacy and changed the count to 60 1/2 tablets, in addition to proceeding to sign/[NAME] the name of Staff B for the administration of the Lorazepam. During an interview on 11/7/24 at 11:24 AM Staff B confirmed Staff A signed/forged her signature on 10/1/24 at 10:17 AM on Resident #2's Ativan Controlled Medication Utilization Record form dated 9/30/24. According to an email on 11/7/24 at 2:24 PM the Administrator confirmed the nurses had the responsibility to report discrepancies to their supervisor. The facilities Controlled Medications policy last revised 6/16/16 explained the facility had systems which accounted for the receipt, usage, disposition and reconciliation of controlled medications. The Procedures included the following: (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

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)
F 0895 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	If discrepancies are noted during the verification of the delivery from the pharmacy, the pharmacy, DON, and/or Administrator need contacted for further assistance. If discovered after normal working hours, the facility should contact the dispensing pharmacy's on-call pharmacist with the DON and/or Administrator. The staff would initiate a new MP5211 form (Individual Resident's Controlled Substance Record) for each controlled medication if the pharmacy failed in providing a controlled substance flow sheet. When using the MP5211 form, document the medication name, medication amount, dosage, method of administration, pharmacist name (may write the name of the pharmacy rather than the pharmacist's name), amount ordered, amount received, signature of nurse receiving medication, and date.