

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER The Alverno Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 849 13th Avenue North Clinton, IA 52732	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>(continued on next page)</p>

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: 165509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER The Alverno Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 849 13th Avenue North Clinton, IA 52732	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy review, and staff and physician interviews, the facility failed to assess a resident's vital signs and neurological status at regular intervals after an unwitnessed fall for 1 of 3 resident records reviewed for post fall assessments (Resident #5). The resident was found unresponsive to painful stimulus 6 hours after the fall that required transfer and assessment at the hospital. The facility reported a census of 85 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #5 had a fall in the month prior to last admission, entry, or reentry and also had a fall in the last 2-6 months prior to admission, entry, or reentry. The facility's Comprehensive Nursing assessment dated [DATE] revealed the resident scored 7 out of 15 points possible on the Brief Interview for Mental Status (BIMS) cognitive assessment, that indicated severe cognitive impairment. The resident was able to make herself understood and understood others, had vision impairment that required corrective lenses, had some hearing difficulty in certain environments without hearing aids used, and required one staff assist/limited assist for toileting, bed mobility, and transfer. The resident had fall history during the month before entry, in the last six months before entry, and had fracture from fall in the last six months before entry to the facility. The current Care Plan included the following problem: Potential for injury associated with falls R/T (related to) history of falls, fall with subdural hematoma and generalized weakness. The goal with goal date of 7/25/25 revealed, Resident's risks for injury related to falls will be minimized through next review, and directed staff to complete fall risk assessment and modify care plan as needed, and to keep call light within reach. Another problem listed on the current Care Plan revealed, I am receiving anticoagulation therapy for diagnosis of DVT (deep vein thrombosis) prophylaxis and am at risk for bleeding and related complications. The goal with goal date of 7/25/25 revealed, Anticoagulation therapy will be administered in a safe and effective manner to achieve therapeutic levels determined by physician as evidenced by therapeutic effects of medication and rapid identification of bleeding or related complications through review date. Current interventions directed staff to monitor for any unusual bleeding: blood in stools or urine, bruising, excessive nose or gum bleeding, persistent oozing from superficial injuries, to track and monitor therapeutic levels and order changes as needed, and to notify physician of any abnormal assessment findings or lab values and obtain orders as needed. A third problem on the current Care Plan revealed, I have recently undergone significant health declines and appears to have limited strength and endurance, and cognitive functioning. The Care Plan Resident Summary document directed staff to transfer the resident with assist of one with gait belt and walker. The Hospital Discharge form dated 4/25/25 (date of Resident #5's admission) revealed resident #5 had diagnoses that included hypertension, atrial fibrillation, T11 (thoracic spine) compression fracture and right sided subdural hematoma from a fall on 4/21/25. The resident's 4/25/25 facility admission orders directed the resident to receive therapy services as indicated for strengthening. Physician orders directed staff to administer medications that included, in part, the following Heparin orders: The order dated 4/25/25 and discontinued 4/26/25 revealed Heparin (a strong anticoagulant medication that requires frequent monitoring by laboratory analysis due to potentially life-threatening complications from hemorrhage) 5000 units ordered via intramuscular injection (IM) every 12 hours. Then, Heparin 5000 units to be administered subcutaneously (injection into the fatty tissue under the skin) from 4/26/25 and discontinued 4/27/25. Heparin 5000 units then ordered from 4/27/25, discontinued on 4/30/25, to be administered via subcutaneous injection every 12 hours for 7 days. Also, Aspirin 81 milligrams (mg) (a medication used for blood thinning properties) administered oral daily starting on 4/26/25. Fall Incident Reports and Skin Assessments revealed: a. On 4/27/25 at 2:15 p.m. the resident found on the floor after self-transfer off the toilet that occurred as the resident backed up to the recliner chair in her room, the fall unwitnessed. The resident required 1 to 1 staff assist at the time with assistive device. No injuries were identified. The resident was last toileted at 12:30 p.m., the call light not activated, staff recommended and implemented signs posted in her room to remind the resident to use the call light for assistance. Staff initiated post fall, vital sign and neurological assessments for 72 hours. b. On 4/30/25 at 12:35 a.m. resident found on the floor in front of the recliner in her room, unwitnessed, the resident denied hitting her head, had minor skin tears surrounded by bruising to her neck and bruising of the left hip. The resident reported falling forward into her walker, hit her neck against the walker, then landed on her left hip. The resident required 1 staff assist for transfer, had an unsteady gait with history of falls, was barefoot, reported she was looking for my men when she fell and last</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER The Alverno Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 849 13th Avenue North Clinton, IA 52732	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy review, and staff interviews, the facility failed to complete a root-cause analysis for three falls in a 4 day period, that started within 48 hours of a resident's admission to the facility, for 1 of 3 residents reviewed for resident safety/nursing supervision (Resident #5). The facility reported a census of 85 residents. Findings include: The facility's initial incomplete Comprehensive Nursing assessment dated [DATE] revealed the resident scored 7 out of 15 points possible on the Brief Interview for Mental Status (BIMS) cognitive assessment, that indicated severe cognitive impairment, able to make herself understood and understood others, had vision impairment that required corrective lenses, some hearing difficulty in certain environments without hearing aids used, and required 1 staff assist/limited assist for ambulation, toileting, dressing and moderate staff assist for bathing/hygiene. The current Care Plan included the following problem: Potential for injury associated with falls R/T (related to) history of falls, fall with subdural hematoma and generalized weakness. The goal with goal date of 7/25/25 revealed, Resident's risks for injury related to falls will be minimized through next review, and directed staff to complete fall risk assessment and modify care plan as needed, and to keep call light within reach. Fall Incident Reports revealed: a. On 4/27/25 at 2:15 p.m. the resident found on the floor after self-transfer off the toilet that occurred as the resident backed up to the recliner chair in her room, the fall unwitnessed. The resident required 1 to 1 staff assist at the time with assistive device. No injuries were identified. The resident was last toileted at 12:30 p.m., the call light not activated, staff recommended and implemented signs posted in her room to remind the resident to use the call light for assistance. b. On 4/30/25 at 12:35 a.m. resident found on the floor in front of the recliner in her room, unwitnessed, the resident denied hitting her head, had minor skin tears surrounded by bruising to her neck and bruising of the left hip. The resident reported falling forward into her walker, hit her neck against the walker, then landed on her left hip. The resident required 1 staff assist for transfer, had an unsteady gait with history of falls, was barefoot, reported she was looking for my men when she fell and last toileted at 11:45 p. m. The resident disoriented and got up without assistance or use of the call light. Staff recommended and implemented leaving the light on in the bathroom at night to help with orientation and updated her care plan. c. On 5/1/25 at 1:35 a.m. resident found on the floor in front of the recliner in her room, unwitnessed, denied hitting her head and no injuries identified. The resident required 1 to 1 staff assistance for transfer, was confused and disoriented, and had not activated the call light. Upon assessment the resident's blood pressure was 192/95, pulse 103, respirations 29 per minute. The resident was last toileted at 12:30 a.m., had gripper socks on, the resident stated she got up from the chair and fell over on my butt. Staff recommended completing visual checks of the resident every 30 minutes and updated the care plan. On 8/7/25 at 2:05 p.m. , the Administrator stated they had not completed a Root-Cause Analysis of the resident's falls to determine if there was a common factor related to her falls. The facility's Falls Management policy, dated last revised August, 2021 revealed, Falls and fall risk would be managed through the process of assessment, planning, implementation and evaluation . Communities will evaluate resident falls and determine appropriate interventions to prevent future falls. The facility's Falls Management policy, dated last revised August, 2021 revealed, Falls and fall risk would be managed through the process of assessment, planning, implementation and evaluation . Communities will evaluate resident falls and determine appropriate interventions to prevent future falls.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER The Alverno Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 849 13th Avenue North Clinton, IA 52732	

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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER The Alverno Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 849 13th Avenue North Clinton, IA 52732	
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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, clinical record review, pharmacy record review, pharmacy consultant interview, and staff interview, the facility failed to have safeguards and systems in place to control, account for, and periodically reconcile controlled medication in order to prevent potential loss and/or diversion for 1 of 4 residents (Resident #8) reviewed for controlled substance reconciliation. The facility reported a census of 85 residents. Findings include: Review of the Minimum Data Set (MDS) Assessment tool dated 2/4/25 revealed Resident #8 had medical diagnoses that included, in part, hypertension (high blood pressure), anxiety, non-Alzheimer's dementia and age-related debility. The MDS indicated in the 5 days that preceded the assessment the resident received analgesics (medication type used to treat pain) on both a scheduled and as needed basis, non-pharmacological pain management interventions, and the resident denied that he experienced pain symptoms. Review of the Care Plan Report, effective date 11/12/24 - Present revealed a Problem area to address At Risk for Pain generalized, left hip with a goal of -_4_ R/T (related to) CHF exacerbation (chronic heart failure), hypoxia (low oxygen levels), hx (history) of left hip contusion. Interventions included, in part: a. Administer pain medication as ordered and evaluate for effectiveness and adverse effects. Notify the physician if ineffective or if adverse effects present. Status: Active (Current). b. Evaluate for pain at least daily by using a pain rating scale (numeric or descriptive). Notify physician of uncontrolled pain and obtain orders as needed. Modify Care Plan accordingly. Status: Active (Current). Review of Physician Order Sheet April 2025 revealed Resident #8 had the following orders for pain medications: a. Tramadol 50 mg (milligram) tablet (50 mg) TABLET oral three times daily, starting 11/13/2024b. Morphine concentrate 20 mg/ml (milliliter) oral syringe (FOR ORAL USE ONLY) (0.5 ml) Syringe (ML) oral As needed every four hours, starting 11/13/24c. Tylenol Arthritis Pain 650 mg tablet, extended release (650 mg) TABLET, EXTENDED RELEASE Oral Every Eight Hours, starting 11/13/24. Review of a facility reported incident, Submission Date: 4/25/25 revealed an Incident Summary: During a routine medication pass, a full cart of Tramadol 50 mg was found missing. Corrective Action Description: All other narcotics were accounted and accurate in the facility. Police were notified at 2pm on 4/25/25. Review of a Proof of Delivery - Shipment Detail sent by the consulting pharmacy, dated 4/3/25 revealed three lines with the following information repeated: Shipment Orders[Name redacted - Resident #8]. Item description TRAMODOL 50 MG HCL TABLET QTY (quantity) 30 Date Filled: 4/3/2025 Review of the April 2025 Medication Administration Record (MAR) revealed staff initialed Tramadol 50 mg, three times daily administered as ordered April 1, 2025 through April 24, 2025. On April 25, 2025 the symbol = documented, which per the MAR legend indicated previously scheduled. Staff initialed Tramadol 50 mg, three times daily administered as ordered April 26, 2025 through April 30, 2025. Review of the April 2025 Treatment Administration Record (TAR) revealed an order for Pain assessment q (every) shift assessment. Starting 11/12/24. Review of the APRIL 2025 NON-PRN TREATMENT NOTES revealed on Resident #8 reported a Pain Level of 0 (zero) on April 23, 2025, April 24, 2025 and April 25, 2025 at each Day and Night assessment. Review of a document titled Clinical Notes Report revealed a Clinical Note entered on 4/25/25 at 12:34 PM by Staff J, Licensed Practical Nurse (LPN) which documented Resident has no Tramadol left, Call placed to [name of pharmacy redacted] and scrip is not available for fill until 4/27/25. [Pharmacy name redacted] stated 90 tabs were sent on 4/3, resident ran out of tabs 4/23, takes his med TID (three times a day). [Name redacted] CCC notified. [Name redacted - Staff E, Clinical Resources Director] has given this nurse request for [pharmacy name redacted] to fill, send and charge facility. During an observation on 8/5/25 at 7:36 am, Staff C, Registered Nurse (RN) and the Director of Nursing (DON) completed a shift to shift narcotic count in the 1st floor Medication Room. Resident #8 Tramadol medication stored in a double locked compartment, with individual narcotic inventory control records that demonstrated a declining drug inventory. The count accurately reconciled during this observation. During an interview on 8/5/25 at 7:20 am the Administrator stated on the morning of 4/25/25 the nurse mentioned there was a missing card of Tramadol [Resident #8] and she notified Staff E, RN immediately. The facility initiated their investigation at that time. During an interview on 7/22/25 at 10:51 am, Staff E, current Clinical Resource Manager and interim Director of Nursing (DON) at the time of the incident [April 2025] stated Tramadol medication that was ordered on a scheduled basis was stored in Medication Carts under single lock prior to the 4/25/25 discovery of missing Tramadol. Staff E explained the facility implemented the use of individual narcotic inventory control records for all Schedule III through V medications at that time. She stated the facility had always utilized the narcotic</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER The Alverno Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 849 13th Avenue North Clinton, IA 52732	

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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER The Alverno Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 849 13th Avenue North Clinton, IA 52732	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, clinical record review, pharmacy record review, facility policy review and staff interviews, the facility failed to prevent unauthorized access to the keys to Schedule II narcotic medications stored in a double locked compartment as required by law to prevent potential loss and/or diversion for 1 of 9 residents (Resident #4) reviewed for controlled medication storage and access. The facility reported a census of 85 residents. Findings include: The Minimum Data Set (MDS) Assessment tool dated 6/7/25 revealed Resident #4 had diagnoses that included arthritis, anxiety and an unstageable pressure ulcer of the sacral region (lower back/upper buttocks area). In the 5 days that preceded the assessment the resident received analgesics (pain medication) on both a scheduled and as needed basis, non-pharmacological pain management interventions, and the resident reported occasional moderate pain that rarely interfered with his ability to sleep, participate in day to day activities or Therapy activities. Review of the hospital discharge orders, dated 6/10/25 and the June 2025 Medication Administration Record (MAR) revealed an order for Oxycontin (a pain medication, classified as a Schedule II narcotic) 30 mg (milligrams) tablet, extended release (30 mg) TABLET, EXTENDED RELEASE 12 HR (hour) oral Every Twelve Hours Starting 6/10/25. The MAR scheduled times listed as 7:00 am and 7:00 pm. The June 2025 MAR included DISCONTINUED 6/11/25. The June 2025 MAR documented an order Oxycontin 30 mg tablet, extended release .EXTENDED RELEASE 12 HR Oral Every Eight Hours Starting 6/11/25. The MAR schedule times listed as 6:00 am, 2:00 pm, 10:00 pm. Review of [pharmacy name redacted] Proof of Delivery Shipment Summary revealed on 6/10/25 two lines with the following information repeated: Resident: [name redacted - Resident #4]. Item Description: OXYCONTIN 20 MG ER (extended release) TABLET QUANTITY 30 Date Filled 6/10/25 x 2 shipped to facility. Received by: See paper signature [paper signature not included]. Review of a Controlled Substance Proof of Use form revealed an order for Resident #4 for Oxycontin 30 mg ER Tablet. Amt. (amount) Rec. (received) 60; Date Rec 6/11; Nurse Signature [name redacted - Staff G, Licensed Practice Nurse (LPN)]. The form documented a total of 60 tablets administered with the first dose of administered on 6/11/25 at 0600 (6:00 am) and the last dose administered on 7/1/25 at 1310 (1:10 pm). Review of Proof of Delivery - Shipment Detail Shipment Summary, Date Shipped: 6/11/25, Date Received: 6/12/25 revealed three lines of the following information repeated: Shipment Orders [Name redacted - Resident #4]. Item description OXYCONTIN 30 MG ER TABLET QTY (quantity) 30 Date Filled: 6/11/2025. The Proof of Delivery signed by Staff C, Registered Nurse (RN). The facility could not provide a Controlled Substance Proof of Use form for the 90 Oxycontin 30 mg ER tablets delivered on 6/12/25. Review of the June and July 2025 MAR for Resident #4 revealed: a. On 6/10/25, the 7:00 pm dose administered from the Resident #4 home supply as medication had yet to be delivered from the pharmacy per statement by Staff E, RN Clinical Resources Manager. b. From 6/11/25 at 6:00 am through 10:00 pm on 6/30/25, Resident #4 received all scheduled doses of Oxycontin as ordered. A total of 58 doses in June 2025 from pharmacy delivered supply. c. From 7/1/25 at 6:00 am through 6:00 am on 7/4/25, Resident #4 received all scheduled doses of Oxycontin 30 mg ER as ordered. A total of 10 doses in July 2025 from the pharmacy delivered supply. For June 2025 and July 2025, the MAR documented a total of 68 doses of oxycontin administered from the pharmacy delivered supply. Review of the clinical record revealed a Fax Transmittal Form to [physician name redacted] from the facility regarding Resident #4's a planned discharge (on 7/4/25) upon the 7/3/25 discontinuation of skilled services. The orders signed by the physician on 7/3/25. The orders included, in part to send facility supply of medications home with the resident, which included Oxycontin 30 mg ER tablets. Review of a facility reported incident, Submission Date: 7/05/25, Date/Time Occurred: 7/04/2025, Resident Name: [name redacted - Resident #4] revealed an Incident Summary: [name redacted - Staff A, RNO reported to DON (Director of Nursing [name redacted]) that they could not find 86 tabs of 30 mg Oxycontin for discharging skilled patient, [name redacted - Resident #4]. The Oxycontin was last administered at 0600 by [name redacted, Staff C, RN]. [Name redacted - Staff C, RN] was contacted to come to work. It was determined at 12:45 PM that the Oxycontin could be located, and a search commenced to determine if it had been misplaced. The Oxycontin was not found, and a call was placed to the [city name redacted] Police Department at 2:33 pm to report the incident. A call was then placed to DIA [State Agency] to self-report at 2:40 pm. [Name redacted] arrived to take a statement from [name redacted - DON] and gathered the facts as they are currently known. Corrective Action Description: Effective immediately a second set of keys must be the nurse or in the locked box in the medication room. The nurse on duty must keep their keys on them and</p>		