STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165614	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Haven Nursing Home	1500 N Franklin Avenue Marengo, IA 52301

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 34821 Based on clinical record review, staff interviews and facility policy review the facility failed to follow the facilities abuse policy and procedures after identifying a missing narcotic medication for 1 of 1 resident reviewed (Resident#24). The facility reported a census of 47 residents. Findings include: The Quarterly Minimum Data Set (MDS) assessment for Resident#24 dated 12/7/23 listed diagnoses of cancer, diabetes mellitus, and dementia. The Care Plan for Resident #24 dated 7/13/22, identified a risk for pain related to high blood pressure (HTN), irregular heart beat (A-fib), Coronary Artery Disease, depression, anxiety, cancer of prostate and bone, mood disorder, chronic pain,diabetes, attention deficit hyper activity disorder bipolar disorder, and osteoarthritis (degenerative joint disease). The Care Plan directed, please provide Resident#24 any pain management that my physician ordered and any as needed pain meds as he may need them. The Medication Administration Record (MAR) for Resident#24 dated 1/2024, directed the staff to administer PM medication that included: a. Warfarin Sodium Oral Tablet 7.5 milligrams (mg) give 1 tablet in the evening. b. Metoprolol 50 mg give 1 tablet two times a day. c. Midodrine 5 mg 1 tablet two times a day. d. Senna plus 8.6-50 mg two times a day e. Gabapentin 600 mg 1 tablet three times a day. f. Hydrocodone/acetaminophen 10-325 mg 1 tablet four times a day. The MAR directed acetaminophen 325 MG TABS give 2 tablet every 6 hours as needed. Review of the Nursing schedule dated 1/14/ 24 listed the NURSES: (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
	165614	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Haven Nursing Home	1500 N Franklin Avenue Marengo, IA 52301

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Staff J, Licensed Practical (LPN) worked 6:30 AM-6:30 PM Staff F, LPN worked 6:30 AM- 10:30 PM Staff C, Registered Nurse (RN) worked 6:30 PM- 6:30 AM On 10/23/24 at 8:30 PM, Staff F reported after she learned about the medications in the pill cup in the medication cart she and Staff C, RN figured out the medications were from Resident#24's PM medications. She reported the medication cup failed to include Resident#24's scheduled Hydrocodone/Acetaminophen 10-325 mg, but included an Acetaminophen 500 mg tabled that he lacked an order for. She stated how similar the Acetaminophen and the Hydrocodone tablet looked. The Nursing scheduled dated 1/14/24, listed eight (CNA)'s worked. On 10/24/24 at 9:03AM Staff E, Certified Nurses Aid (CNA) reported he never saw anything with Staff J that he was worried about. Staff J reported the Administrator and the Director of Nursing (DON) failed to talked to him about any incidents on 1/14/24. On 10/24/24 at 9:05 AM, Staff D, CNA reported the Administrator, and DON, and other nurses failed to ask him if he saw anything on 1/14/14 related to medication and or about Staff J. On 10/23/24 at 2:43 PM, Staff H, Previous Administrator stated she worked at the facility from 11/2017 through 5/2024. Staff H reported her investigation of the medication in the medication cart cup that failed to include the Hydrocodone 10/315 milligram (mg) tablet scheduled for Resident #24 included her talking to the nurses and none of the CNA's. On 10/24/24 at 3:00 PM, the Administrator confirmed the medication carts are located at the nurse station all the time and it's possible that one of the other staff may have observed something with the nurse and the narcotic medication. The facility provided a policy titled Nursing Facility Abuse Prevention, Identification, Investigation and Reporting Policy undated, reflected All residents have the right to be free from abuse, neglect, misappropriation of resident property, exploitation, corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms. This includes prohibiting nursing facility staff from taking part in acts that result in person degradation, including the taking or using photographs or recordings in any manner that would demean or humiliate a resident, and prohibits using any type of equipment (e.g., cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and/or recordings on social media or through multimedia messages. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals. These procedures shall include the screening and training of employees, protection of residents and the prevention, identification, investigation, and timely reporting of abuse, neglect, mistreatment, and misappropriation of property, without fear of recrimination or intimidation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165614	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Haven Nursing Home	1500 N Franklin Avenue Marengo, IA 52301

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Misappropriation of Resident property means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a Resident's belongings or money without the Resident's consent. This includes misappropriation or diversion of resident medications. The policy directed the Investigation Protocols Should an incident or suspected incident of Resident abuse (as defined above) be reported or observed, the administrator or his/her designee will designate a member of management to investigate the alleged incident. The administrator or designee will complete documentation of the allegation of Resident abuse and collect any supporting documents relative to the alleged incident. Review documentation in resident record (including review of assessment if resident injury). Assess the resident for injury if the allegation involves physical or sexual abuse; Provide proper notifications to primary care provider, responsible party, etc. Attempt to obtain witness statements (oral and/or written) from all known witnesses. If there is physical evidence that can be preserved, attempt to do so, and maintain in a safe location to minimize risk of evidence being tampered with.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165614	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Haven Nursing Home	1500 N Franklin Avenue Marengo, IA 52301

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 34821 Based on clinical record review, staff and resident interviews and facility policy review the facility failed to do a thorough investigation into medications found in a medication cup that failed to include a prescribed narcotic for 1 out of 1 resident reviewed Resident#24. The facility reported a census of 47 residents. Findings include: The Quarterly Minimum Data Set (MDS) assessment for Resident#24 dated 12/7/23 listed diagnoses of cancer, diabetes mellitus, and dementia. The Care Plan for Resident #24 dated 7/13/22, identified a risk for pain related to high blood pressure (HTN), irregular heart beat (A-fib), Coronary Artery Disease, depression, anxiety, cancer of prostate and bone, mood disorder, chronic pain, diabetes, attention deficit hyper activity disorder bipolar disorder, and osteoarthritis (degenerative joint disease). The Care Plan directed, please provide Resident#24 any pain management that my physician ordered and any as needed pain medication as he may need them. The Medication Administration Record (MAR) for Resident#24 dated 1/2024, directed the staff to administer PM medication that included: a. Warfarin Sodium Oral Tablet 7.5 milligrams (mg) give 1 tablet in the evening. b. Metoprolol 50 mg give 1 tablet two times a day. c. Midodrine 5 mg 1 tablet two times a day. d. Senna plus 8.6-50 mg two times a day e. Gabapentin 600 mg 1 tablet three times a day. f. Hydrocodone/acetaminophen 10-325 mg 1 tablet four times a day. The MAR directed acetaminophen 325 MG TABS give 2 tablet every 6 hours as needed. Review of the Nursing schedule dated 1/14/ 24 listed the NURSES: Staff J, Licensed Practical (LPN) worked 6:30 AM-6:30 PM Staff F, LPN worked 6:30 AM- 10:30 PM Staff C, Registered Nurse (RN) worked 6:30 PM- 6:30 AM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165614	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Haven Nursing Home	1500 N Franklin Avenue Marengo, IA 52301

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/23/24 at 8:30 PM, Staff F reported after she learned about the medications in the pill cup in the medication cart she and Staff C, RN figured out the medications were from Resident#24's PM medications. She reported the medication cup failed to include Resident#24's scheduled Hydrocodone/Acetaminophen 10-325 mg, but included an Acetaminophen 500 mg tabled that he lacked an order for. She stated how similar the Acetaminophen and the Hydrocodone tablet looked. The Nursing scheduled dated 1/14/24, listed eight (CNA)'s worked. On 10/24/24 at 9:03 Staff E, Certified Nurses Aid (CNA) reported he never saw anything with Staff J that he was worried about. Staff J reported the Administrator and the Director of Nursing (DON) failed to talked to him about any incidents on 1/14/24. On 10/24/24 at 9:05 AM, Staff D, CNA reported the Administrator, and DON, and other nurses failed to ask him if he saw anything on 1/14/14 related to medication and or about Staff J. On 10/23/24 at 2:43 PM, Staff H, Previous Administrator stated she worked at the facility from 11/2017 through 5/2024. Staff H reported her investigation of the medication in the medication cart cup that failed to include the Hydrocodone 10/315 milligram (mg) tablet scheduled for Resident #24 included her talking to the nurses and none of the CNA's. On 10/23/24 at 10:44 AM, Resident # 24 reported he failed to remember not getting his med on 1/14/24. He said it sounded familiar but it was a long time ago. The facility policy titled Medication Storage in the facility dated 5/1/22, the director of nursing, in collaboration with the consultant pharmacist, maintains the facility's compliance with federal and state laws and regulations in the handling of controlled substances. Only authorized licensed nursing and pharmacy personnel have access to controlled substances. The policy failed to address the storage of storage of other prescription medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165614	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Haven Nursing Home	1500 N Franklin Avenue Marengo, IA 52301

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 34821 Based on observation, clinical record review, staff interviews and facility policy review the facility failed to store medication in the packaging the medications came in, in the medication cart and stored held in a medication cup for one out of one resident s reviewed, the facility failed to keep one out of one refrigerators locked for 1 out of 3 days and failed to date one out of one insulin pens after staff opened it. The facility reported a census of 47 residents. Findings include: 1. The Quarterly Minimum Data Set (MDS) assessment for Resident#24 dated [DATE] listed diagnoses of cancer, diabetes mellitus, and dementia. The Care Plan for Resident #24 dated [DATE], identified a risk for pain related to high blood pressure (HTN), irregular heart beat (A-fib), Coronary Artery Disease, depression, anxiety, cancer of prostate and bone, mood disorder, chronic pain, diabetes, attention deficit hyper activity disorder bipolar disorder, and osteoarthritis (degenerative joint disease). The Care Plan directed, please provide Resident#24 any pain management that my physician ordered and any as needed pain medications as he may need them. The Medication Administration Record (MAR) for Resident#24 dated ,d+[DATE], directed the staff to administer PM medication that included: a. Warfarin Sodium Oral Tablet 7.5 milligrams (mg) give 1 tablet in the evening. b. Metoprolol 50 mg give 1 tablet two times a day. c. Midodrine 5 mg 1 tablet two times a day. d. Senna plus 8XXX,d+[DATE] mg two times a day e. Gabapentin 600 mg 1 tablet three times a day. f. Hydrocodone/acetaminophen ,d+[DATE] mg 1 tablet four times a day. The MAR directed acetaminophen 325 MG TABS give 2 tablet every 6 hours as needed. The facility provided a statement signed by Staff F, Licensed Practical Nurse (LPN) dated [DATE], she wrote on the evening of [DATE] after she completed the bedtime (HS) medication pass in the facility Staff C, Registered Nurse told her one of the residents requested an as needed medication. Staff F revealed while she looked for the resident's medication in the medication cart she found a medication cup that held medication with the first name of Resident#24 on the cup. Staff F reported the medication she found in the cup to the charge nurse and showed her. The nurses determined the medication were from the PM medication pass. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165614	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Haven Nursing Home	1500 N Franklin Avenue Marengo, IA 52301

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility provided a statement signed by Staff C, Registered Nurse (RN) dated [DATE], she reported on Sunday [DATE] Staff F reported to her she found medication in the mediation cart that held the name of Resident #24. Staff C reported she and Staff F reviewed the medication with the medication in the medication cart for Resident #24. The facility provided an untitled, undated investigation summary that reflected Staff C, called and notified the Director of Nursing on [DATE] that the other nurse on duty at the facility found a medication cup in the medication cart full of pills. Staff C reported the cup reflected the name of Resident#24. Staff C explained to the Director of Nursing (DON) she and the other nurse checked the medications with the MAR for Resident #24 and the medication appeared from the PM medication pass. On [DATE] at 2:45 PM, Staff H, previous Administrator reported she expected the medication administrated as ordered by the Physician and stored in their original packaging until administered. 2. On [DATE] at 10:00 AM, the three-foot-tall black unlocked refrigerator in the unlocked nurse's area held the locked refrigerator medication box that contained the following: a. Clear 12-inch-long by 4-inch-wide and 4-inch-high box plastic box covered with a white lid labeled Extra Insulin that held several bags that held multiple insulin pens b. The refrigerator held an approximately 10-inch-long by 5-inch-wide and 2 inches deep plastic box labeled Refrig Pen E-Kit, that held: a. Lorazepam (Benzodiazepines) 2 mg/milliliter (ml) oral solution 30 ml. b. Basaglar Kwickpen insulin 3 ml. c. Humalog Kwickpen insulin 3 ml. d. Humulin ,d+[DATE] Kwickpen insulin 3 ml. e. Humulin R insulin 3 ml. f. Lantus SoloStaf insulin 3 ml. g. Levemir FlexTouch insulin 3 ml. h. Novolog ,d+[DATE] Flexpen insulin 3 ml. i. Novolog Flexpen insulin 3 ml. j. Tresiba 100u/ml insulin 3 ml. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165614	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Haven Nursing Home	1500 N Franklin Avenue Marengo, IA 52301

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] at 10:03 AM, the DON observed the unlocked medication refrigerator, she reported she expected the medication refrigerator locked. The DON retrieved Staff B, LPN to show her how to lock the door. The Staff B, reported she must have forgotten to lock the medication refrigerator. Staff B reported being in the fridge about 30 minutes ago. A resident came to the nurse station asked how far the radar is. Staff B asked the resident if she meant microwave. The Resident said yes, she needed coffee reheated. Staff B, said she'd help her. On [DATE] at 11:57 AM, the Administrator confirmed the potential of drug diversion of Insulin and the Lorazepam. The Administrator reported she expected a thorough investigation for missing medications. The facility policy titled Medication Storage in the facility dated [DATE], the director of nursing, in collaboration with the consultant pharmacist, maintains the facility's compliance with federal and state laws and regulations in the handling of controlled substances. Only authorized licensed nursing and pharmacy personnel have access to controlled substances. The policy failed to address the storage of storage of other prescription medications. 48374 3. The Quarterly Minimum Data Set (MDS) dated [DATE] identified Resident #39 as moderately cognitively impaired with a Brief Interview for Mental Status (BIMS) of 11 out of 15 and had the following diagnoses: Type 2 Diabetes Mellitus without complications, Personal History of other Diseases of the Digestive System, and Acute Posthemorrhagic Anemia. A review of the physician orders active [DATE] revealed the following: a. Humalog KwikPen Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Lispro) Inject 13 unit subcutaneously two times a day related to Type Two Diabetes Mellitus without complications. During an observation on [DATE] at 11:25 AM. Staff I, Registered Nurse (RN) informed she was ready to give Resident #39 their insulin. Staff I had already prepared the KwikPen and insulin. Staff I advised she had washed her hands, primed the pen and drew 13 units of insulin and replaced the end cap. Staff I knocked as she entered the resident's room and asked the resident if she was ready for her insulin. It was verified Staff I had 13 units of Humalog prepared and after she washed her hands and cleaned an area on the resident's left lower abdomen, she then gave the injection holding the pen to the skin for approximately 5 seconds after the injection. When Staff I returned to the nursing station the insulin storage area and the the insulin pen outer lid outer lid was observed. The KwikPen was not marked or dated with the date opened. Staff I advised she had not noticed this and would have discarded the undated KwikPen and opened a new one. When asked, Staff I advised although it varies once opened insulin is typically good for 28 days. Staff I advised she should have checked for the expiration date before the insulin was given to the resident. On [DATE] at 12:15 PM Resident #39 Medication Administration Record (MAR) was reviewed. The resident was Humalog KwikPen Subcutaneous Solution Peninjector 100 unit/milliliter (Insulin Lispro) Inject 13 unit subcutaneously two times a day related to type 2 diabetes mellitus without complications (E11.9) was administered by Staff I. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165614	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Haven Nursing Home	1500 N Franklin Avenue Marengo, IA 52301

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] at 08:44 AM the Assistant Director of Nursing (ADON) was queried regarding insulin labeling. The ADON advised, the insulin comes from the pharmacy and it is immediately placed in the locked refrigerator. When the insulin is opened it has to be marked and dated as to the date opened. Each individual resident has a container with their name on it and it is locked. Once opened the KwikPens do not have to be refrigerated. Most insulin's are good for 28 days. Humalog is good for 28 days after opened. When it is opened it is a priority that it marked and dated. It is my expectation all nurses must date insulin when opened. Additional education will be provided to all nursing staff. If insulin is not dated it should be discarded immediately. For the safety of the resident we would not want to give an unlabeled, undated or expired medication. On [DATE] at 09:02 AM during an observation with the Assistant Director of Nursing (ADON), all insulin pens for other resident's receiving insulin in the facility were verified they were marked for the dates they were opened without further errors. On [DATE] at 9:30 AM the Director of Nursing (DON) was queried. The DON advised she had been informed of the incident. The DON advised it is her expectation that a pen be dated as soon as it is opened. If it is not dated is should be discarded properly. Additional education to staff will be provided. On [DATE] at 01:21 PM staff I was queried and advised she had not been feeling well and it was an oversight on her part. Staff I shared she did not notice the KwikPen was not dated and should have and that is her fault. The medication should have been thrown out to ensure it had not expired. Staff I advised she went home sick later that day. Staff I shared she had been trained on insulin and the appropriate procedures many times and it was an oversight. The Facility Pharmacy documentation dated [DATE] and titled, Suggested Drug Storage Policies (per manufacturer specification) documents the following: Humalog Vial/Pen: Expiration 28 days. The Facility Policy titled Policy/Procedure: INSULIN PEN ADMINISTRATION documents the following: Procedure: 4. Compare the insulin pen label to the order on the Medication Administration Record a. Check the expiration and opened on date on the pen i. Never use an expired pen ii. If the pen has been open more than 28 days, do not use unless indicated per manufacturers specifications