STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195356	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Roneagle Way New Orleans, LA 70122

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 47081 Based on observations, interviews, and record reviews, the facility failed to ensure: 1. A resident's indwelling catheter tubing and bag were changed monthly as ordered (Resident #3); and, 2. Indwelling urinary catheter tubing and collection bags were not on the floor (Resident #3, Resident #R4). This deficient practice was identified for 2 (Resident #3, Resident #R4) of 2 (Resident #3, Resident #R4) sampled residents investigated for urinary catheter care and Urinary Tract Infections (UTI). Findings: Review of the facility's Urinary Catheterization policy and procedure dated 03/2023 revealed, in part, indwelling urinary catheters and drainage bags will be changed out as ordered. Resident #3 Review of Resident #3's February 2025 physician's orders revealed, in part, an order dated 12/19/2024 for a size 18 French Foley catheter for a neurogenic bladder. Further review revealed an order for the bedside unit, bag, and tubing to be changed monthly and as needed. Review of Resident #3's January 2025 electronic Treatment Administration Record (eTAR) revealed, in part, no documented evidence Resident #3's urinary catheter bag and tubing was changed monthly as ordered. Observation on 02/24/2025 at 10:15AM, revealed Resident #3's urinary catheter drainage bag and tubing contained rust colored, cloudy urine with sediment. Further observation revealed the inside of the drainage bag appeared dirty with no date of when it was last changed written on the outside of the bag and/or tubing. Further observation revealed Resident #3's urinary catheter tubing and collection bag were lying on the floor under his bed with grey fuzzy debris on the outside of the tubing and collection bag. (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
	195356	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Roneagle Way New Orleans, LA 70122

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 02/24/2025 at 10:20AM, Resident #3 indicated his urinary catheter bag has had a missing urinary bag hanging clip and was unable to be hung under his bed for over 3 weeks. Observation on 02/24/2025 at 3:00PM, revealed Resident #3's urinary catheter tubing and collection bag were lying on the floor under his bed. Observation on 02/25/2025 at 8:30AM, revealed Resident #3's urinary catheter drainage bag and tubing contained rust colored, cloudy urine with sediment. Further observation revealed, the inside of the drainage bag appeared dirty with no date of when it was last changed written on the outside of the bag and/or tubing. Further observation revealed Resident #3's urinary catheter tubing and collection bag were lying on the floor under his bed with grey fuzzy debris on the outside of the tubing and collection bag. In an interview on 02/25/2025 at 12:00PM, S4Licensed Practical Nurse (LPN) indicated Resident #3's urinary catheter tubing and bag appeared unsanitary and should have been changed monthly and/or as needed as ordered. S4LPN further confirmed Resident #3's urinary catheter bag and tubing were lying on the floor and should not have been. In an interview on 02/26/2025 at 10:17AM, S2Director of Nursing (DON) confirmed Resident #3's urinary catheter bag and tubing should not have been lying on the floor for multiple shifts, and should have been changed out monthly and/or as needed as ordered. In an interview on 02/26/2025 at 11:15AM, S1Administrator confirmed Resident #3's catheter bag and tubing should not have been lying on the floor and should have been changed out monthly and/or as needed as ordered. Resident #R4 Review of Resident #R4's February 2025 physician's orders revealed, in part, an order dated 07/05/2024 for a size 16 French Foley catheter for urinary retention or incontinence. Observation on 02/24/2025 at 2:42PM, revealed Resident #R4's urinary catheter bag was lying in Resident #R4's bedside trashcan. Further observation of Resident #R4's urinary catheter bag revealed the urinary bag hanging clip was missing. In an interview on 02/24/2025 at 2:45PM, Resident #R4 indicated there was no other place to put the bag since the urinary bag hanging clip was missing. Observation on 02/25/2025 at 8:45AM, revealed Resident #R4's urinary catheter bag and tubing were lying on the floor under Resident #R4's bed. In an interview on 02/25/2025 at 12:00PM, S4Licensed Practical Nurse (LPN) confirmed Resident #R4's urinary catheter bag was on the floor and should not have been. In an interview on 02/26/2025 at 10:17AM, S2Director of Nursing confirmed Resident #R4's urinary catheter bag should not have been in the trashcan or lying on the floor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195356	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Roneagle Way New Orleans, LA 70122

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 02/26/2025 at 11:15AM, S1Administrator confirmed Resident #R4's urinary catheter bag should not have been in the trashcan or lying on the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195356	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Roneagle Way New Orleans, LA 70122

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 47081 Based on interviews and record reviews, the facility failed to ensure controlled drugs were accurately reconciled for 4 (Medication Cart a, Medication Cart b, Medication Cart c, Medication Cart d) of 4 (Medication Cart a, Medication Cart b, Medication Cart c, Medication Cart d) medication carts reviewed for the reconciliation documentation of controlled substances. Findings: Review of the facility's undated Licensed Practical Nurse job description, revealed, in part, Licensed Practical Nurses (LPNs) assume responsibility to assure narcotics were accounted for properly in accordance with professional standards. Review of the facility's February 2025 Medication Cart a Nurse's Narcotic Check List revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs: - 02/01/2025 on the 7:00AM to 3:00PM shift (on-coming nurse [on]); - 02/01/2025 on the 11:00PM to 7:00AM shift (off-going nurse [off]); - 02/03/2025 on the 7:00AM to 3:00PM shift (off); - 02/03/2025 on the 3:00PM to 11:00PM shift (on); - 02/03/2025 on the 11:00PM to 7:00AM shift (off); - 02/11/2025 on the 3:00PM to 11:00PM shift (on); - 02/11/2025 on the 11:00PM to 7:00AM shift (off); - 02/13/2025 on the 11:00PM to 7:00AM shift (off); - 02/16/2025 on the 7:00AM to 3:00PM shift (off); - 02/17/2025 on the 7:00AM to 3:00PM shift (off); - 02/19/2025 on the 7:00AM to 3:00PM shift (on); and, - 02/19/2025 on the 3:00PM to 11:00PM shift (off). There was no documented evidence and the facility did not present any documented evidence of having a record of receipt and disposition of all controlled drugs in Medication Cart a for the above mentioned dates and/or times. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195356	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Roneagle Way New Orleans, LA 70122

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 02/25/2025 at 9:15AM, S4Licensed Practical Nurse (LPN) indicated nurses were required to reconcile controlled substances with the off going nurse at the beginning of their shift and reconcile controlled substances with the on-coming nurse at the end of their shift, and the nurses should document that the controlled substance reconciliation was completed on the facility's Nurses Narcotic Check List. Review of the facility's February 2025 Medication Cart b Nurse's Narcotic Check List revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs: - 02/01/2025 on the 7:00AM to 3:00PM shift (on); - 02/01/2025 on the 3:00PM to 11:00PM shift (off); - 02/01/2025 on the 11:00PM to 7:00AM shift (on); - 02/02/2025 on the 7:00AM to 3:00PM shift (off); - 02/02/2025 on the 11:00PM to 7:00AM shift (off); - 02/04/2025 on the 7:00AM to 3:00PM shift (off); - 02/06/2025 on the 11:00PM to 7:00AM shift (on); - 02/09/2025 on the 7:00AM to 3:00PM shift (off); - 02/10/2025 on the 7:00AM to 3:00PM shift (off); - 02/11/2025 on the 3:00PM to 11:00PM shift (on); - 02/11/2025 on the 11:00PM to 7:00AM shift (on); - 02/11/2025 on the 11:00PM to 7:00AM shift (off); - 02/12/2025 on the 7:00AM to 3:00PM shift (off); - 02/22/2025 on the 7:00AM to 3:00PM shift (on); - 02/22/2025 on the 3:00PM to 11:00PM shift (on); - 02/22/2025 on the 3:00PM to 11:00PM shift (off); - 02/23/2025 on the 7:00AM to 3:00PM shift (on); - 02/23/2025 on the 3:00PM to 11:00PM shift (on); - 02/23/2025 on the 3:00PM to 11:00PM shift (off); - 02/24/2025 on the 7:00AM to 3:00PM shift (off); and, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195356	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Roneagle Way New Orleans, LA 70122

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 02/25/2025 on the 7:00AM to 3:00PM shift (off). There was no documented evidence and the facility did not present any documented evidence of having a record of receipt and disposition of all controlled drugs in Medication Cart b for the above mentioned dates and/or times. In an interview on 02/25/2025 at 9:35AM, S5LPN indicated nurses were required to reconcile controlled substances with the off going nurse at the beginning of their shift and reconcile controlled substances with the on-coming nurse at the end of their shift, and the nurses should document that the controlled substance reconciliation was completed on the facility's Nurses Narcotic Check List. Review of the facility's February 2025 Medication Cart c Nurse's Narcotic Check List revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs: - 02/01/2025 on the 7:00AM to 3:00PM shift (on); - 02/02/2025 on the 3:00PM to 11:00PM shift (on); - 02/02/2025 on the 11:00PM to 7:00AM shift (on); - 02/02/2025 on the 11:00PM to 7:00AM shift (off); - 02/03/2025 on the 7:00AM to 3:00PM shift (off); - 02/19/2025 on the 11:00PM to 7:00AM shift (off); - 02/20/2025 on the 11:00PM to 7:00AM shift (on); - 02/21/2025 on the 7:00AM to 3:00PM shift (off); and, - 02/25/2025 on the 7:00AM to 3:00PM shift (on). There was no documented evidence and the facility did not present any documented evidence of having a record of receipt and disposition of all controlled drugs in Medication Cart c for the above mentioned dates and/or times. In an interview on 02/25/2025 at 10:00AM, S6LPN indicated nurses were required to reconcile controlled substances with the off going nurse at the beginning of their shift and reconcile controlled substances with the on-coming nurse at the end of their shift, and the nurses should document that the controlled substance reconciliation was completed on the facility's Nurses Narcotic Check List. S6LPN further indicated she did not sign the Nurses Narcotic Check List at the beginning of her shift and should have. Review of the facility's February 2025 Medication Cart d Nurse's Narcotic Check List revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs: - 02/01/2025 on the 11:00PM to 7:00AM shift (on); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195356	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Roneagle Way New Orleans, LA 70122

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 02/01/2025 on the 11:00PM to 7:00AM shift (off); - 02/02/2025 on the 7:00AM to 3:00PM shift (off); - 02/02/2025 on the 11:00PM to 7:00AM shift (on); - 02/03/2025 on the 7:00AM to 3:00PM shift (off); - 02/03/2025 on the 11:00PM to 7:00AM shift (on); - 02/04/2025 on the 7:00AM to 3:00PM shift (off); - 02/06/2025 on the 11:00PM to 7:00AM shift (on); - 02/07/2025 on the 7:00AM to 3:00PM shift (off); - 02/08/2025 on the 7:00AM to 3:00PM shift (on); - 02/09/2025 on the 11:00PM to 7:00AM shift (off); - 02/10/2025 on the 7:00AM to 3:00PM shift (off); - 02/10/2025 on the 11:00PM to 7:00AM shift (on); - 02/11/2025 on the 7:00AM to 3:00PM shift (off); - 02/12/2025 on the 3:00PM to 11:00PM shift (on); - 02/12/2025 on the 11:00PM to 7:00AM shift (off); - 02/13/2025 on the 11:00PM to 7:00AM shift (on); - 02/14/2025 on the 7:00AM to 3:00PM shift (on); - 02/14/2025 on the 7:00AM to 3:00PM shift (off); - 02/14/2025 on the 3:00PM to 11:00PM shift (off); - 02/16/2025 on the 11:00PM to 7:00AM shift (on); - 02/17/2025 on the 7:00AM to 3:00PM shift (off); - 02/17/2025 on the 11:00PM to 7:00AM shift (on); - 02/18/2025 on the 7:00AM to 3:00PM shift (off); - 02/19/2025 on the 7:00AM to 3:00PM shift (off); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195356	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Roneagle Way New Orleans, LA 70122

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 02/19/2025 on the 11:00PM to 7:00AM shift (on); - 02/20/2025 on the 11:00PM to 7:00AM shift (on); - 02/23/2025 on the 7:00AM to 3:00PM shift (on); - 02/23/2025 on the 3:00PM to 11:00PM shift (off); - 02/23/2025 on the 11:00PM to 7:00AM shift (on); - 02/24/2025 on the 7:00AM to 3:00PM shift (off); - 02/24/2025 on the 11:00PM to 7:00AM shift (on); - 02/25/2025 on the 7:00AM to 3:00PM shift (on); and, - 02/25/2025 on the 7:00AM to 3:00PM shift (off). There was no documented evidence and the facility did not present any documented evidence of having a record of receipt and disposition of all controlled drugs in Medication Cart d for the above mentioned dates and/or times. In an interview on 02/25/2025 at 10:20AM, S7LPN indicated nurses were required to reconcile controlled substances with the off going nurse at the beginning of their shift and reconcile controlled substances with the on-coming nurse at the end of their shift, and the nurses should document that the controlled substance reconciliation was completed on the facility's Nurses Narcotic Check List. S7LPN further indicated she routinely waited until after the off going nurse had left to recount the controlled substances alone before signing the Nurses Narcotic Check List. In an interview on 02/26/2025 at 10:17AM, S2Director of Nursing confirmed the above mentioned Nurses Narcotic Check Lists were not completed at the beginning and/or end of each shift as required and should have been. In an interview on 02/26/2025 at 11:15AM, S1Administrator indicated nurses should be performing controlled substance reconciliation at the beginning and end of every shift and documented as such on the above mentioned Nurses Narcotic Check List.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195356	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Roneagle Way New Orleans, LA 70122

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. 47081 Based on observations and interviews, the facility failed to ensure eight opened insulin (a medication that lowers blood glucose) multi-dose vials were dated when opened and/or discarded as required for 3 (Medication Cart a, Medication Cart b, Medication Cart c) of 4 (Medication Cart a, Medication Cart b, Medication Cart c, Medication Cart d) medication carts observed. Findings: Observation on 02/25/2025 at 9:10AM of Medication Cart a revealed: Resident #R8's open insulin Lispro multi-dose vial did not have an opened date documented; Resident #R9's open insulin Lantus multi-dose vial did not have an opened date documented; Resident #R9's open insulin Humalog 72-25 mixed multi-dose vial did not have an opened date documented; and, Resident #R10's open insulin Novolog multi-dose vial did not have an opened date documented. In an interview on 02/25/2025 at 9:15AM, S4Licensed Practical Nurse (LPN) confirmed the above mentioned multi-dose vials of insulin were opened and should have been labeled with an opened date. S4LPN further confirmed the above mentioned multi-dose vials of insulin should have been discarded and not available for resident use. Observation on 02/25/2025 at 9:30AM of Medication Cart b revealed: Resident #R5's open insulin Lantus multi-dose vial was documented as being opened on 01/20/2025; Resident #R6's open insulin Humalog multi-dose vial was documented as being opened on 01/17/2025; and, Resident #R7's open insulin Novolog multi-dose vial was documented as being opened on 01/20/2025. In an interview on 02/25/2025 at 9:35AM, S5LPN indicated the above mentioned insulin medications should have been discarded after 28 days and not stored in Medication Cart b and available for resident use. Observation on 02/25/2025 at 10:07AM, of Medication Cart c revealed Resident #R11's open insulin Lispro multi-dose vial did not have an opened date documented. In an interview on 02/25/2025 at 10:10AM, S6LPN indicated Resident #R11's insulin medication should have been dated when opened and it was not. S6LPN further indicated Resident #R11's opened and undated insulin should not have been available for Resident #R11's use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195356	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Roneagle Way New Orleans, LA 70122

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	In an interview on 02/26/2025 at 10:17AM, S2Director of Nursing confirmed the above mentioned insulin multi-dose vials should have been dated when opened and discarded 28 days after opening per the nursing standards of care. In an interview on 02/26/2025 at 11:15AM, S1Administrator confirmed opened insulin multi-dose vials should be dated and discarded after 28 days, and the insulin should not be available for resident use.