

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Tri-Community Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7014 Hwy 71 Palmetto, LA 71358	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to maintain an effective infection control program. The facility failed to: 1. Analyze the cause of resident's repeat facility acquired infections; and 2. Follow its system for identifying potential infections The facility's census was 45 residents. Findings:</p> <p>Record review of the facility's policy titled, Infection Prevention and Control Program with a revision date of 04/28/2025 read in part, The facility has established and maintains an infection prevention and control program to help prevent the development and transmission of communicable diseases and infections. 1. The designated Infection Preventionist (IP) is responsible for oversight of the program and surveillance and investigations of exposures of infectious diseases. 3. Surveillance: a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents. b. The infection Preventionist serve as the leader in surveillance activities, maintains documentation of findings, and any corrective actions made by the facility.</p> <p>1.</p> <p>On 03/24/2026 at 11:01 a.m., a record review of the facility's monthly tracking and trending binder with S4MDSIP for the months of December 2025, January 2026 and February 2026 revealed the facility's floor plan with color coded dots on the rooms of residents that had an infection for these months. She revealed a resident had a repeat PEG (Percutaneous endoscopic gastrostomy) infections and 2 residents had a repeated UTIs (Urinary Tract Infection). At this time S4MDSIP, was asked if she had analyzed the cause of these repeated infections. She stated that she did not determine the cause of the infections or develop a plan for preventing future infections.</p> <p>On 03/24/2026 at 10:42 a.m., a review of the facility's monthly tracking and trending binder for December 2025, January 2026 and February 2026 was conducted with S2DON. She confirmed that 1 resident had a repeated PEG infection and 2 residents had repeated UTIs for these months. She confirmed S4MDSIP should be analyzing these infections monthly to determine the causes and develop a plan to prevent future infections.</p> <p>2.</p> <p>Review of the resident's medical record revealed he was admitted to the facility on [DATE]. The resident's diagnoses included cerebrovascular disease affecting right dominant side, aphasia, dysphagia, retention of urine, urinary catheter, incomplete bladder emptying, acute hepatitis C, and benign prostatic hyperplasia. (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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the physician orders dated 02/12/2026 read in part: U/A (Urinalysis) with C&S (Culture and Sensitivity).</p> <p>Review of Resident #50's lab urinalysis with culture and sensitivity read in part:</p> <p>Microbiology &ndash; collected date/time: 02/13/2026 at 12:39 P.M.</p> <p>Final report &ndash; verified date/time: 02/16/2026 at 6:16 A.M.</p> <p>Pseudomonas aeruginosa with 70,000 CFU/ML (colony-forming unit/Milliliters) and Providencia stuartii 70,000 CFU/ML</p> <p>Further review of the document revealed the facility obtained the results on 03/04/2026 at 7:44 a.m.</p> <p>Further review of the physician orders dated 03/04/2026 read in part:</p> <p>Rocephin 1 gram (Gram) IM (Intermuscular) for 5 days related to urinary tract infection.</p> <p>Cipro 250 mg (Milligrams) twice daily for 7 days related to urinary tract infection.</p> <p>Review of the facility communication log dated 02/12/2026 read in part: Resident #50 U/A C&S (cloudy urine/foul odor). Further review of the communication log failed to reveal any further information related to Resident #50's urine test or the consistency and/or smell of the urine after 02/12/2026.</p> <p>Review of the nurse's progress notes dated 02/12/2026 &ndash; 03/04/2026 read in part:</p> <p>On 02/12/2026 at 9:01 a.m., S11RN documented physician contacted at this time related to urine cloudy, foul odor, and amber. New order noted and carried out for urine u/a with c&s at this time.</p> <p>Further review of the nurse's progress notes failed to show additional documentation of the staff addressing the resident's urine or his microbiology/urinalysis test until 03/04/2026.</p> <p>On 03/04/2026 at 3:49 a.m., S7LPN documentation read in part. resident lying in bed noted with bloody bowel movement and coke colored urine with blood noted.</p> <p>On 03/04/2026 at 8:31 a.m., S4IP documentation read in part. resident's orders this am, noted with order for UA C&S on 02/12/2026, no results found in chart. Call placed to local hospital lab, results sent. Results of C&S shows Pseudomonas aeruginosa and Providencia stuartii (bacteria). Nurse practitioner made aware of when UA was collected and of results. New order given to start Rocephin 1 gram IM x 5 days and cipro 250 mg twice daily x 7 days.</p> <p>On 03/24/2026 at 3:45 p.m., an interview was conducted with S11RN. S11RN stated she had observed Resident #50's foley catheter bag with cloudy urine. She stated upon further inspection, she noted the urine had a foul smell. S11RN stated on 02/12/2026 she obtained an order from the physician to collect a U/A C&S. She confirmed she collected the urine sample from the resident's indwelling catheter bag and sent it to the lab for analysis. S11RN stated she did not follow up with the nurse or with S4MDSIP about the results of the test.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 03/25/2026 at 1:28 p.m., an interview was conducted with S4MDSIP. S4MDSIP stated she had not been made aware that Resident #50's urine was cloudy and had a foul odor. She stated the nurses would collect the urine and leave her a sticky note on top of her desk letting her know the sample had been collected. She added from there she would follow up with lab to retrieve the results. She added she was not aware that a U/A C&S had been ordered and collected on 02/12/2026. S4MDSIP stated staff should have made her aware of the order so that she could follow up with lab to obtain the results.</p> <p>On 03/25/2026 at 1:30 p.m., an interview was conducted with S5MDS who stated she was responsible for reviewing the communication log for labs on Resident #50's hall and all other events that occurred on the previous shift. She stated she does not review the communication log daily consistently. S5MDS stated if she sees a lab order written in the communication log, she will verbally notify S4MDSIP of the order so S4MDSIP could follow up with the results.</p> <p>On 03/25/2026 at 1:58 p.m., an interview was conducted with S2DON. S2DON stated when the nurses take a phone order for labs or cultures from the physician, the order is to be written in the communication log, and on the physician order sheet. She stated whoever completed the orders was supposed to leave a note on S4MDSIP's desk, notifying her of the order and the collection of that particular lab. S2DON stated S4MDSIP should have been made aware of the lab order and followed up with lab in order to obtain the results of the lab in a timely manner.</p>		

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>Based on interview and review of the facility's Resident Personal Funds policy, the facility failed to provide quarterly personal funds statements for 1 (#12) out of 1 (#12) resident investigated for personal funds. Findings: An interview was conducted on 03/23/2026 at 09:24 a.m. with Resident #12. Resident #12 stated he had not received a quarterly statement for several months. On 03/23/2026, a review of the facility's policy titled Resident Personal Funds with no date revealed in part, Accounting and Records .3. The individual financial record must be available to the resident through quarterly statements and upon request . An interview was conducted on 03/24/2026 at 12:45 p.m. with S10PFS. She stated that she was responsible for providing quarterly personal funds statements to the residents with a personal funds account. S10PFS stated had been out of the facility from January 2025 to September 2025 and confirmed that Resident #12 had not received quarterly statements during that time.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the resident's MDS (Minimum Data Set) was completed accurately for 2 (#32, #44) out of 25 sampled residents. Findings: Review of Resident #32's quarterly MDS dated [DATE] revealed the resident was coded for taking anticoagulants. Review of Resident #32's physician's orders for March 2026 revealed there was no order noted for an anticoagulant (a drug that inhibit clotting factors in the blood to prevent stable blood clots). Review of Resident #44's quarterly MDS dated [DATE] revealed the resident was coded for taking anticoagulants. Review of Resident 44's physician's orders for March 2026 revealed there was no order noted for an anticoagulant. On 03/24/2026 at 8:50 a.m., an interview was conducted with S4MDSIP and S5MDS. They both reviewed the resident's electronic clinical record. S4MDSIP stated the residents were on Plavix and that was the anticoagulant. S5MDS corrected her and stated that Plavix was an antiplatelet medication. Both then confirmed that the residents were not on an anticoagulant. Both confirmed the resident's MDS were coded inaccurately to reflect anticoagulant use.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, the facility failed to ensure residents who are unable to carry out activities of daily living (ADL) received the necessary services to maintain good grooming and personal hygiene for 3 (#13, #15, #35) of 4 residents reviewed for ADL care. Findings: Record review of the facility's policy with a revision date of 04/28/2025, titled, Nail Care read in part, Provide guidelines for the provision of care to a resident's nails for good grooming and health.3. Routine cleaning and inspection of nails will be provided during ADL (Activities of Daily Living) care on an ongoing basis.6. Procedure: c. gently clean underneath nails with orange stick. Resident #13 Resident #13 was admitted to the facility on [DATE], with diagnoses that included, but were not limited to, vascular dementia, delusional disorder, type 2 diabetes mellitus and anxiety. Her MDS (Minimum Data Set) dated 02/03/2026 indicated her BIMS (Brief Interview for Mental Status) score was 7, meaning her cognition was severely impaired. Review of Resident #13's care plan dated 11/25/25 read in part, Her usual functional ability performance with personal hygiene is partial/moderate assist. On 03/23/2026 at 9:00 a.m., an observation of Resident #13's fingernails revealed a dark substance under her fingernails on both hands. On 03/24/2026 at 12:05 p.m., S2DON observed Resident #15's fingernails and confirmed they were dirty. She stated the CNAs (Certified Nursing Assistant) were supposed to clean the resident's nails when they bathe the residents. Resident #15 Resident #15 was admitted to the facility on [DATE], with diagnoses that included, but were not limited to, dementia with agitation, major depressive disorder and cognitive communication deficit. Her MDS (Minimum Data Set) dated 02/06/2026 indicated her BIMS score was 3, meaning her cognition was severely impaired. Review of Resident #15's care plan dated 1/29/26 read in part, Her functional ability performance is dependent x 2 assist with personal hygiene. On 03/23/2026 at 9:20 a.m., an observation of Residents #15 fingernails on her left hand revealed a black substance under her fingernails. On 03/24/2026 at 11:45 a.m., an observation with S14CNA (Certified Nursing Assistant) confirmed Resident #15's fingernails on her left hand were dirty with a black substance under her nails. S14CNA stated the CNAs were to clean the resident's nails when showering and as needed. S14CNA stated Resident #15 had her bath yesterday. Resident #35 Resident #35 was admitted to the facility on [DATE], with diagnoses that included, but were not limited to, cerebral infarction, hemiplegia and hemiparesis, aphasia, Type 2 diabetes mellitus and Parkinsonism. Her MDS (Minimum Data Set) dated 03/10/2026 indicated her BIMS score was 6, meaning her cognition was severely impaired. Review of Resident #35's care plan dated 11/25/25 read in part, Her functional ability performance is substantial/maximal assist with personal hygiene. On 03/23/2026 at 9:15 a.m., an observation of Resident #35's fingernails revealed a thick build-up of grime under her fingernails on both hands. On 03/24/2026 at 12:06 p.m., S13LPN (Licensed Practical Nurse) stated she was Resident #13's, #15's and #35's nurse. During this time she observed all three residents and confirmed Resident #13's, #15's, and #35's fingernails were dirty and needed to be cleaned. S13LPN stated the CNAs were supposed to clean the resident's nails when providing hygiene care.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to have a policy/process in place to ensure that collected specimens were sent to the lab for processing in a timely manner to prevent delay of care for 1 (Resident #11) of 25 sampled residents. Findings: Review of Resident #11's electronic record revealed she was admitted to the facility on absence epileptic syndrome, intractable without status epilepticus; major depressive disorder, recurrent; and iron deficiency anemia. Review of Section H of the resident's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that she was always incontinent of urine and bowel. Review of Resident #11 progress notes revealed the following entries: 11/20/2025 at 5:24 p.m. by S9LPN revealed the resident was exhibiting signs and symptoms of confusion and S8MD was notified and a new order noted for UA (urinary analysis) and C&S (culture and sensitivity). 11/21/2025 at 5:09 a.m. by S7LPN revealed she attempted urine collection and the resident was incontinent of bowel and bladder, and no urine was obtained. 11/21/2025 at 2:43 p.m. by S6LPN revealed she obtained the urine specimen from the resident, placed it in the specimen refrigerator and supervisor was notified. 11/24/2025 at 5:40 a.m. by S7LPN revealed the urine obtained on 11/21/2025 was discarded because it had been obtained over 24 hours, and a new sample was collected and sent to the lab. Review of urinalysis report on urine collected on 11/24/2025 revealed the following in part: UA color: yellow; UA appear: cloudy; UA WBC (white blood cells): 10-15 (normal is 1-2); UA Bacteria: Moderate (normal is 0). Microbiology final report verified 11/25/2025 at 6:15 a.m. > (greater than) 100,000 cfu (colony forming units)/ml (milliliter) Escherichia coli (normal is less than 10,000). Microbiology preliminary report verified 11/25/2025 at 8:06 a.m. > 100,000 cfu/ml Gram Negative Bacilli (a large group of bacteria). The facility did not receive the results for the urinalysis until Resident #11 was sent out to the hospital for a swollen knee. On 03/24/2026 at 1:15 p.m., a request for a policy regarding urine collection, transportation to lab, and receiving results was made to S2DON. She stated that she did not have a written policy that addressed urine collection and transportation to the lab. On 03/25/2026 at 8:49 a.m., an interview was conducted with S6LPN. She stated she collected the urine from Resident #11 on 11/21/2025. She stated she placed the sample in the refrigerator, and notified the ward clerk and S2DON. S6LPN stated when she placed a specimen in the refrigerator she would usually check at the end of her shift to ensure it was sent. She confirmed that she did not check the refrigerator before she left her shift to know if the urine sample had been sent to the lab. On 03/25/2026 at 10:10 a.m., S1ADM was asked if the facility had a policy on the process for implementing an order for urine cultures which addressed collection of sample and submitting it to the lab. He reported back at 10:20 a.m. and confirmed that the facility had no policy addressing the above. On 03/25/2026 at 1:28 p.m. an interview was conducted with S4MDSIP who is responsible for infection control in the facility. She stated the urine should have been collected the day it was ordered and the facility's transporter called to take it to the lab. She was asked if there was a process in place to ensure that collected urine specimens were removed from the refrigerator and sent to the lab in a timely fashion. She confirmed that the facility had no process in place for specimen collection and transportation to the lab in a timely fashion. On 03/25/2026 at 1:58 p.m., an interview was conducted with S2DON. She re-confirmed the facility did not have a written policy that addressed urine collection and transportation to the lab in a timely fashion. She stated that when a doctor ordered a urinalysis, the nurse is supposed to ensure it is collected and sent out to the lab. She stated that the maintenance/transportation staff member takes all specimen to the lab when he is called by staff. She stated that even if maintenance is not in the facility, he lived close by and staff can call him anytime to take specimen to the lab. She stated that there was no reason for the urine to be ordered on 11/20/2025 and not collected and sent to the lab until 11/24/2025.</p>		

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<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>Based on observation, record review, and interview, the facility failed to ensure all drugs and biologicals remained locked in stored compartments as evidenced by medication left unattended on top of a medication cart. Findings: Review of the facility's policy and procedure for Medication Storage that was not dated revealed, Policy Explanation and Compliance Guidelines 1. General Guidelines: a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. c. During a medication pass, medications must be under the direct observation of the person administering medications or locked in the Medication storage area/cart. On 03/24/2026 at 11:08 a.m. during the medication pass, S9LPN (Licensed Practical Nurse) was observed leaving medication blister packets of Baclofen and Hydralazine on top of the medication cart that was in the hall next to Resident #26's room. S9LPN was then observed entering Resident #26's room to administer medications. The medication cart was not in direct observation of S9LPN's vision. Upon exiting the resident's room, S9LPN observed the 2 blister packets of medication on the top of the medication cart. S9LPN confirmed the medication cart was not in her view. She confirmed the medications should not have been left on top of the cart and should have been locked in the medication cart.</p>