

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235016	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Allegra Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 434 W North St Jackson, MI 49202	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27446</p> <p>Based on observation, interview, and record review the facility failed to ensure one out of five medication carts were locked while unattended.</p> <p>Findings Included:</p> <p>During an observation on 1/29/2025 at 12:17 PM on the second floor, a medication cart was observed at the end of the hall next to room [ROOM NUMBER] unlocked. No staff were observed to be in sight of the cart or on the hall. At 12:19 PM, no staff were observed to approach the medication cart, and the cart remained unlocked. At 12:21 PM, no staff were observed to approach the medication cart, and the cart remained unlocked. At 12:23 PM, there was no change in observation. At 12:30 PM the cart remained unlocked with no staff in attendance of the cart. At 12:35 PM the medication cart was locked by Assistant Director of Nursing (ADON) C.</p> <p>In an interview on 1/29/2025 at 12:40 PM, (ADON) C, who was the nurse observed to lock the cart, confirmed that Registered Nurse (RN) D was the nurse on the medication cart. ADON C said the cart was to be locked all the time including when stepping away from the cart and not in attendance.</p> <p>In an interview on 1/29/2025 at 12:43 PM, RN D was informed about the medication cart. RN D stated that the policy and procedure was that upon leaving a medication cart the cart was to be locked. RN D said she must have gotten distracted.</p> <p>In an interview on 1/29/2025 at 12:50 PM, Director of Nursing (DON) B was informed of the concern with the medication cart. DON B stated that the facility's policy and procedure was that the cart was to be locked before leaving the medication cart, and said otherwise the cart was to be in view of the nurse at all times.</p> <p>Review of the facility policy and procedure titled, Storage of Medications dated last October of 2024, revealed #9, Unlocked medication carts are not left unattended.</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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