

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2025
NAME OF PROVIDER OR SUPPLIER  Covenant Living of Golden Valley Care & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  5825 St Croix Avenue Golden Valley, MN 55422	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28598</b></p> <p>Based on interview and document review, the facility failed to ensure physician-ordered medication was acquired and provided in a timely manner to reduce the risk of pain and complication for 1 of 1 resident (R1) reviewed whose pain medication was sent from the pharmacy however, was never provided as ordered.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated [DATE], indicated R1 was cognitively intact had medically complex diagnosis, surgical wound with surgical wound care, ulcerative colitis (an inflammatory bowel disease that causes chronic inflammation and ulcers in the superficial lining of the large intestine). Identified R1 required assistance with activities of daily living (ADL's) had mild pain, which was occasional and occasionally affected sleep.</p> <p>R1's Care Plan dated 2/04/25, indicated R1 had chronic pain syndrome, alteration in comfort and pain related to PMR (Polymyalgia rheumatic, inflammatory condition. It causes joint and muscle pain and stiffness, mainly in the shoulders and hips) chronic pain, abdominal pain secondary to sigmoid colectomy. R1's care plan directed staff to assess location, quality, and intensity of pain as indicated, receive opioid medication as ordered, assess for non-pharmalogical interventions, occupational therapy to provide and assist, Methocarbamol for pain/muscle spasms.</p> <p>R1's Admission Orders dated 2/04/25, indicated R1 was to receive gabepentin 4%/lidocaine 2% gel topical gel (used for pain) apply two times a day.</p> <p>R1's Medication Administration Record dated February 2025, indicated R1 had not received the scheduled gabapentin 4 % - lidocaine 2% gel twice daily from 2/04/25 through 2/13/25 (over nine days).</p> <p>During an interview on 2/26/25 at 10:20 a.m., R1 stated she admitted to the facility on [DATE], and was to receive her pain gel with lidocaine and gabapentin for several days after admission. R1 stated she used the gel on her right hip and shoulder for pain relief and it helped her sleep.</p> <p>During an observation and interview on 2/26/25 at 1:20 p.m., registered nurse (RN)-B stated the gabepentin/lidocaine gel was not available at the facility for R1. RN-B stated she knew the DON called the pharmacy about it and they documented it was unavailable on the medication administration record (MAR).</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
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/26/25 at 4:30 p.m., the director of nursing (DON) stated he was aware of the gel cream and was informed by their pharmacy at first it was delivered on 2/04/25, and he searched all of the medication carts and was unable to find the gel. The DON then stated he called the pharmacy and was told they were unable to make the compound with the lidocaine and gabapentin. The DON stated he had frustrations with the pharmacy and was planning to have a meeting with them to discuss his concerns. The DON stated the process was for the staff to call the pharmacy if they had not received a medication and the facility had a back-up pharmacy to call as needed. DON stated the system did not work as planned.</p> <p>During an interview on 2/27/25 at 10:10 a.m., R1's nurse practitioner stated she was never informed R1 had not received her gel pain cream for over nine days and had she been informed, she would have checked to see if it was an insurance issue or ordered some other pain cream for her hips and shoulders during that timeframe.</p> <p>During an interview on 2/27/25 at 10:51 a.m., pharmacy director (PD) stated the gel was shipped to the facility on [DATE], the tracking form indicated it was filled on 2/04/25, at 5:20 p.m. and loaded in the bin and the only re-fill seen on their end was noted to be on 2/25/25, which would be delivered today. The PD stated they received the original order from the hospital R1 discharged from and their compound book indicated it was made at their pharmacy on 2/04/25. PD stated they had an electronic manifest with a staff nurse signature who signed for the medication on 2/04/25, at the facility.</p> <p>A policy was requested prior to exit of survey however, was not received.</p>		