STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245436	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Care Center	55 Tenth Street Southeast Wells, MN 56097

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 - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27955 Based on interview and document review, the facility failed to ensure provider ordered medications were administered timely for 1 of 1 resident (R1). Findings include: R1 was admitted [DATE]. R1's admission Minimum Data Set (MDS) dated [DATE], indicated diagnosis of fracture of left ulna (a long bone in the forearm), chronic kidney disease (CKD) stage 3A, diabetes, urinary tract infection, and atherosclerotic heart disease (when plaque builds up in the walls of your arteries). Review of a fax to the provider dated 11/3/24 at 9:19 p.m., indicated R1 had completed the antibiotic. R1 indicated he was feeling better. R1 continued to have symptoms of fever, chills, and confusion. Review of a fax to the provider dated 11/4/24 at 3:26 p.m., indicated R1 had an episode of low O2 sats the evening prior and was given oxygen. R1 had a temperature of 100.7 at that time and there was no temperature since then. R1 complained of chills and feeling cold in the morning of 11/4/24. R1's lung sounds were clear but diminished in the bilateral lower lobes. The provider response on 11/4/24 at 4:52 p.m., indicated to do labs and chest x-ray two view (front and side). The provider ordered Rocephin (is used to treat bacterial infections) one gram IM (intramuscular) every day for seven days and a Z-Pak (Azithromycin-oral antibiotic used to treat bacterial infections) to be started. An interview on 11/13/24 at 3:13 p.m., with registered nurse (RN)-A stated she had worked 11/4/24 from 2:00 p.m. to 4:00 a.m. RN-A stated she had not processed R1's order for Rocephin and the Z-Pak that was faxed to the facility at 4:52 p.m. RN-A stated she knew the ordered Rocephin and Z-Pak were in the E-Kit in the facility. RN-A indicated the E-Kit list of medications hung on the nurse's station wall. RN-A stated she had not given the prescribed medications out of the E-Kit or processed the order for pharmacy. A review of the Emergency Medication Kit (E-Kit) Reorder list on 11/13/24 at 3:15 p.m., revealed Azithromycin (Z-Pak) 250 milligram (mg) tablets and Rocephin 1 gram injection were listed as contents of the E-Kit. (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
	245436	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Care Center	55 Tenth Street Southeast Wells, MN 56097

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(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 - Few	An interview on 11/13/24 at 3:00 p.m., with director of nursing (DON) stated she had come to work on 11/5/24 at 4:00 a.m., The DON had talked to RN-A about having the provider ordered medications in the E-Kit and about checking the fax periodically for any received faxes. The DON stated she had processed the orders for pharmacy. The DON revealed she had not given the Rocephin and Z-Pak as prescribed by the physician to R1 while she was on the floor. An interview on 11/13/24 at 4:00 p.m., with Physician A stated the Rocephin and Z-Pak were in the facility's E Kit that was why Physician A ordered those medications. Physician A stated the Rocephin and Z-Pak should have been given timely after the fax was sent back to the facility 4:52 p.m. The facility policy Medication Orders dated 4/2024, revealed medications should be administered only upon the signed orders of a person lawfully authorized to prescribe. Documentation of medication orders: a. Each medication order should be documented with the date, time, and signature of the person receiving the order. The order should be recorded on the physician order sheet, and the Medication Administration Record (MAR). b. Clarify the order. c. Enter the order on the medication order and receipt record. d. If using electronic medication records, input the medication order according to the electronic health record (EHR) instructions and facility policy. e. Call or fax the medication order to the provider pharmacy. f. Transcribe newly prescribed medications on the MAR or treatment record or ensure the order is in the electronic MAR. g. When new order changes the dosage of a previously prescribed medication, discontinue previous entry by writing Dc'd and the date, or discontinue the order as per the electronic software instructions and retype the new order. h. Enter the new order on the MAR or ensure the new order is in the electronic MAR.