STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245631	A. Building B. Wing	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MN Veterans Home - Luverne	1300 North Kniss Avenue Luverne, MN 56156

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 - Many	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** 34083 Based on observation, interview and document review the facility failed to ensure 1 of 1 narcotic emergency kit (E-Kit) was replaced prior to the pharmacy date of expiration documented on top of kit. This had the potential to affect all residents. Findings include: Observation on [DATE] at 4:40 p.m. with registered nurse (RN)-A of the [NAME] Wing medication room, identified the narcotic E-Kit, with a red numbered tag lock, and a bright green pharmacy sticker which listed the expiration date of [DATE]. The label directed to notify pharmacy 7 days prior to this date for replacement. Interview on [DATE] at 4:42 p.m. with RN-A reported the narcotic E-Kit was checked during each shift narcotic count, but there was no individual log signed that the E-kit had been checked and verified the medication had not expired. She reported the only documentation that the count was accurate was in the narcotic book that was signed by both the on-coming and off-going staff members. RN-A reported the expiration sticker should have been noted and the pharmacy notified of the need to provide a new E-Kit as directed on the sticker dated [DATE]. Observation and interview with the director of nursing (DON) identified the narcotic E-Kit contained two outdated medications: Morphine Sulfate 20 milligrams/milliliter (mg/ml) (pain medication) 15 ml bottle with the pharmacy label identifying an expiration date of [DATE], Lorazepam 1 mg tablets (6) with expiration dates of [DATE] (anti-anxiety medication). The DON reported her expectation was for staff to observe the label on the outside of the E-Kit when it was checked with each narcotic count. She was unaware of how the label noting an expiration date of [DATE] was not caught between the multiple shift narcotic counts that had taken place between [DATE] and [DATE]. The DON reported the consultant pharmacist was in the facility monthly, but she was not aware of how often they checked the E-Kits but there should be a system of the pharmacy being aware of when the E-Kit needed to be replaced. Interview on [DATE], at 4:51 p.m. with the consultant pharmacist reported she performed medication review at the facility monthly, but she had not checked the E-Kits and reported they should have been checked for expiration dates. (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
	245631	A. Building B. Wing	12/04/2024

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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 - Many	Interview on [DATE] at 8:32 a.m. with the Minnesota Veterans Home Pharmacy manager reported the pharmacy supplied the E- Kits. He would expect the consultant pharmacist to monitor the E-Kits for outdates in addition to the nursing staff while performing narcotic counts on a per shift basis. He reported the pharmacy should have been notified 7 days prior to the expiration date to allow time for a replacement kit to be provided to the facility. Review of the [DATE] Minnesota Department of Veterans Affairs Medication Storage and Security policy identified medication storage areas were to be routinely monitored by nursing staff to prevent use of outdated or discontinued medications. Review of the [DATE] Operating procedure for pharmaceutical services identified both the registered pharmacist and the consulting pharmacist who provided monthly in facility medication reviews were responsible for the provision of pharmacy services. An E-Kit was supplied by the central pharmacy and scheduled II-IV medications were to be reconciled with each shift change. The consulting pharmacist was to review the E-Kit during the monthly review.