

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Avera Mother Joseph Manor Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 North Jay Street Aberdeen, SD 57401	

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 - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49958</p> <p>Based on observation, interview, record review, and policy review the provider failed to ensure:</p> <p>*Two of two sampled residents (38 and 68) home narcotic medications had been reconciled and accounted for.</p> <p>*Three of five residents (8, 29, and 55) did not receive expired medications.</p> <p>Findings include:</p> <p>1. Observation and interview on 05/15/24 at 10:31 a.m. with registered nurse (RN) C at the medication cart located on the Dakota unit while reviewing the controlled medication reconciliation process revealed:</p> <p>*The locked controlled medication drawer contained:</p> <p>-Two bottles of resident 68's medications in a biohazard bag.</p> <p>--One bottle contained 43 gabapentin 300 milligrams (mg) capsules.</p> <p>--The second bottle contained 50 oxycodone 5 mg tablets.</p> <p>--The sheet of paper was dated 4/17/24 and contained a handwritten note Send home with family.</p> <p>*RN C stated the medication had been removed from resident 68's room and placed in the medication cart.</p> <p>*There was no controlled substance record form to confirm the count of the controlled medication.</p> <p>2. Observation on 5/15/24 at 10:59 a.m. with RN D at the medication cart located on the [NAME] unit while reviewing the controlled medication reconciliation process revealed:</p> <p>*The locked controlled medication drawer contained:</p> <p>-A home medication bottle with a sheet of paper attached to it with a rubber band.</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 - Some</p>	<p>--The bottle contained one hydrocodone 5 mg acetaminophen 325 mg tablet.</p> <p>--The sheet of paper dated 4/19 identified the medication belonging to resident 38 was to have been sent home with family.</p> <p>*There was no controlled substance record form to confirm the count of the controlled medication.</p> <p>3. Interviews on 5/15/24 at 10:35 a.m. and again at 11:05 a.m. with director of nursing (DON) B revealed:</p> <p>*A controlled substance sheet should have been started when the medications were found.</p> <p>*Controlled substance medications from home should have been counted to confirm the amounts of those medications each shift.</p> <p>*The medications should have been sent home or destroyed.</p> <p>4. Review of the provider's 4/2024 LTC Controlled Substances -System Standard Policy revealed:</p> <p>*It is the policy of [the provider] to properly acquire, receive, store, administer, track, reconcile, document, and dispose of controlled substances .</p> <p>*To accurately account for and reconcile controlled substances for prompt identification of loss or potential diversion.</p> <p>5. Observation and medication administration record (MAR) review on 5/15/24 at 10:59 a.m. with RN D at the medication cart located on the [NAME] unit revealed:</p> <p>*Resident 55's box of ondansetron 4 mg orally disintegrating tablets was marked as opened on 9/20/22 and expired on 4/30/24.</p> <p>-The last dose was provided on 5/9/24 at 8:25 a.m.</p> <p>*Resident 8's ondansetron 8 mg tablets that expired on 3/28/24.</p> <p>-The last dose was given on 5/13/24 at 12:40 a.m.</p> <p>6. Observation and MAR review on 5/15/24 at 11:05 a.m. with RN E at the medication cart located on the Boardwalk unit revealed:</p> <p>*Resident 29's bottle of stomach relief opened on 9/9/23 and expired on 1/24.</p> <p>-The last dose was provided on 5/10/24 at 5:18 a.m.</p> <p>7. Interview on 5/16/24 at 11:17 a.m. with DON B revealed she:</p> <p>*Was unaware the above residents had been given expired medications.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Would have expected expired medications to have been removed from the medication cart and sent back to the pharmacy.</p> <p>*Would have expected an incident report to have been completed, and the residents, the residents' family members, and the residents' physician to have been notified that they were given expired medications.</p> <p>8. Review of the provider's 12/2022 Pharmaceutical Services policy revealed:</p> <p>*Medications having an expiration date will be checked periodically, properly disposed of if the expiration date has been reached, and replaced as indicated.</p>		