| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525461 | A. Building<br>B. Wing | 07/10/2024 |

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|---|---|
| Pavilion at Glacier Valley | 1900 American Eagle Dr<br>Slinger, WI 53086 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010<br><br>Based on staff interview and record review, the facility did not ensure a physician was notified of a change in condition for 1 resident (R) (R3) of 10 sampled residents.<br><br>R3's physician was not notified when R3 had a nearly 12 pound weight loss in one week.<br><br>Findings include:<br><br>The facility's Weighing the Resident policy, with a revision date of 5/5/23, indicates: .4. If there is an actual 5% or more gain or loss in one month, notify the patient/resident/family, physician, and the Nutrition/Culinary Services Director. Document this notification per facility protocol .8. Percent body weight change is calculated using the following formula: % body weight change = usual weight - actual weight x 100 divided by usual weight. 9. Unplanned and undesired weight variance will be evaluated for significance utilizing the following guidelines: 3% in one week, 5% in 30 days, 7.5% in 90 days, and 10% in 180 days.<br><br>On 7/10/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including multiple sclerosis, femur fracture, atrial fibrillation, and cognitive communication deficit. R3's Minimum Data Set (MDS) assessment, dated 4/8/24, contained a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R3 had intact cognition. R3 was responsible for R3's healthcare decisions.<br><br>R3's medical record included a treatment order for weekly weights. R3's medical record included the following weights:<br><br>~ 175 pounds on 4/3/24<br><br>~ 175.8 pounds on 4/5/24<br><br>~ 172.6 pounds on 4/8/24<br><br>~ 160.8 pounds on 4/15/24<br><br>Per the facility's policy formula, R3 had a weight loss of 11.8 pounds which was an 8.11% weight loss between 4/8/24 and 4/15/24.<br><br>(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 |
|---|---|---|

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| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R3's medical record did not indicate R3's physician was notified of the weight loss.<br><br>On 7/10/24 at 12:55 PM, Surveyor interviewed Director of Nursing (DON)-B who stated if a resident had a significant weight change, staff should have reweighed the resident within 24 hours.<br><br>On 7/10/24 at 1:31 PM, Surveyor interviewed DON-B who confirmed R3's physician was not notified regarding R3's weight loss. DON-B stated R3's physician was not notified because R3 discharged on [DATE]. DON-B confirmed a reweight and notification should have been completed per policy. |

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| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>47248<br><br>Based on staff interview and record review, the facility did not ensure grievances were documented, investigated, and thoroughly resolved for 1 resident (R) (R5) of 10 sampled residents.<br><br>R5's representative submitted grievances to the facility via email or phone on the following dates: 4/7/24, 4/27/24, 5/23/24, 5/29/24, 5/30/24, 5/31/24, 6/19/24, and 6/24/24. The facility did not ensure the grievances were documented, thoroughly investigated, or resolved.<br><br>Findings include:<br><br>The facility's Social Services Policies and Procedures, with a revision date of 11/6/23, indicates: Facility leadership acts promptly to understand and resolve complaints and grievances completed in a reasonable expected time frame .Responsibility of Grievance Official .7. Ensure that all written grievance decisions include a summary statement of: The date the grievance was received, the resident's grievance, steps taken to investigate the grievance, pertinent findings or conclusions, decision if the grievance was confirmed or not confirmed, corrective action taken or to be taken, the date the decision was issued .Maintain evidence demonstrating the result of all grievances for a period of no less than three years from the issuance of the grievance decision .Upon receipt of the grievance, the receiver completes all appropriate sections of the electronic grievance form .the Grievance Official ensures all sections of the grievance are completed appropriately by the staff completing the investigation and developing the resolution .Ensure any supportive documentation related to the grievance is attached .Upon completion of the resolution, the administrator reviews and checks the administrative review box.<br><br>On 7/10/24 at 8:10 AM, Surveyor interviewed R5's representative via telephone. R5's representative stated they filed grievances via telephone and email with Director of Nursing (DON)-B and Nursing Home Administrator (NHA)-A for several months regarding the care of R5. R5's representative stated grievance resolutions were not communicated or completed per their knowledge. R5's representative provided the State Agency (SA) with all email communications regarding grievances sent to the facility.<br><br>Surveyor reviewed emails from R5's representative to DON-B and NHA-A that documented concerns with R5's care and requested meetings, communication, and follow up regarding the grievances.<br><br>Surveyor reviewed the facility's grievance log and noted the following grievances submitted to the facility by R5's representative via email were not included on the grievance log:<br><br>~ 4/7/24: An unsanitary toothbrush and bed pan were found in R5's room.<br><br>~ 4/27/24: R5's BiPAP mask did not have a good seal and R5 did not wear the BiPAP for more than four hours as<br><br>indicated on the machine.<br><br>~ 5/23/24: R5 received medication late, including seizure medication.<br><br>(continued on next page) |

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| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | ~ 5/29/24: R5 receiving medications late, including seizure medication.<br><br>~ 5/30/24: R5 received medications late, including seizure medication.<br><br>~ 5/31/24: An unsanitary toothbrush and bed pan were found in R5's room.<br><br>~ 6/19/24: R5 did not receive enough fluids.<br><br>~ 6/24/24: R5's BiPAP mask did not have a good seal.<br><br>~ 6/27/24: An unsanitary bed pan was found in R5's room.<br><br>On 7/10/24 at 3:15 PM, Surveyor interviewed DON-B and NHA-A regarding the emailed grievances from R5's representative. DON-B stated the facility continues to work with nursing staff on R5's representative's concerns. When Surveyor asked DON-B and NHA-A about documentation of the grievances received via email, the investigations, corrective actions taken, and the resolutions, DON-B stated corrective actions were taken, but confirmed the grievances, investigations, corrective actions, and conclusions were not documented. DON-B and NHA-A were unsure of follow up dates, when resolution was reached, and when communication was provided to R5's representative. NHA-A stated if NHA-A receives a grievance via email or voicemail, NHA-A enters the grievance on the grievance log and assigns staff to assist and follow-up with the grievance. NHA-A stated when a resolution is reached, NHA-A communicates the resolution via phone. NHA-A stated NHA-A spoke with R5's representative at length regarding resolutions and corrective actions taken. NHA-A and DON-B confirmed the grievances submitted by R5's representative via email were not entered on the grievance log. NHA-A and DON-B also confirmed the formal grievance process was not followed or documented to ensure resolutions were reached. |

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| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>47248<br><br>Based on observation, staff interview, and record review, staff did not immediately report a resident-to-resident physical altercation to Nursing Home Administrator (NHA)-A per the facility's policy for 2 residents (R) (R7 and R8) of 2 sampled residents.<br><br>Staff did not report a resident-to-resident altercation between R7 and R8 to NHA-A which delayed a report to the State Agency (SA).<br><br>Findings include:<br><br>The facility's undated Leadership Policies and Procedures indicates: .E. Resident-to-resident abuse: Bullying and threats of violence that cause mental anguish .Willful physical touching that leads to harm, mental anguish, or pain .V: Reporting/Response: .w. All alleged violations concerning abuse .are reported immediately to the facility's Abuse Coordinator, the Administrator, and to other officials in accordance with State law including the State Survey and Certification Agency.<br><br>On 7/10/24, Surveyor reviewed R7's medical record. R7 had a diagnosis of vascular dementia without behavioral disturbance. R7's Minimum Data Set (MDS) assessment, dated 5/16/24, had a Brief Interview for Mental Status (BIMS) score of 0 out of 10 which indicated R7 had severely impaired cognition. R7 had an activated decision maker.<br><br>R7's care plan indicated R7 had behavioral concerns and contained interventions to redirect and anticipate R7's needs, minimize environmental stimulants, and reintroduce cares and activities when R7 had calmed.<br><br>On 7/10/24, Surveyor reviewed R8's medical record. R8 had a diagnosis of vascular dementia without behavioral disturbance. R8's MDS assessment, dated 6/25/24, had a BIMS score of 0 out of 10 which indicated R8 had severely impaired cognition. R8 had an activated decision maker.<br><br>R8's care plan indicated R8 had behavioral concerns and contained interventions to redirect and anticipate R8's needs, minimize environmental stimulants, and reintroduce cares and activities when R8 had calmed.<br><br>On 7/10/23 at 2:40 PM, Surveyor observed R7 and R8 in a lounge area by the nurses' station. Surveyor heard R7 yell to R8 get out of my way and observed R8 extend R8's leg and kick R7 in the right leg. R8 also made a swinging motion toward R7 and struck R7 on the left forearm. R7 attempted to kick R8 but did not make contact and Surveyor heard a staff member yell they are fighting. Surveyor observed Certified Nursing Assistant (CNA)-G separate R7 and R8 and redirect and assist R7 down the hall. R7 stated to CNA-G that R7 was just going to go to my room. Surveyor observed CNA-G inform R8 that CNA-G would take R8 outside for awhile. A few minutes later, Surveyor observed CNA-G assist R8 outside.<br><br>On 7/10/24 at 2:59 PM, Surveyor observed R8 unattended in the lounge by the nurses' station in the 400 wing hallway.<br><br>(continued on next page) |

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| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 7/10/24 at 3:01 PM, Surveyor interviewed CNA-G who stated R7 and R8 did not have frequent altercations but R7's behaviors had been increasing. When asked about the steps to take when residents have physical altercations, CNA-G stated I am not really sure and indicated CNA-G did not know to separate the residents. When Surveyor asked CNA-G if a nurse was notified, CNA-G stated CNA-G notified a nurse but was unable to provide the name of the nurse.<br><br>On 7/10/24 at 3:08 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-D who confirmed LPN-D and another nurse were scheduled on the 400 and 500 wings. LPN-D stated LPN-D was not informed of a resident-to-resident altercation between R7 and R8. Surveyor then interviewed Registered Nurse (RN)-F who confirmed RN-F was also scheduled on the 400 and 500 wings. RN-F stated RN-F was not informed of a resident-to-resident altercation between R7 and R8. LPN-D and RN-F stated the Nurse Supervisor, RN-C, might have been informed. Surveyor then interviewed RN-C who stated RN-C was not informed of a resident-to-resident altercation between R7 and R8. RN-C stated the only other nurse who worked was RN-E who was the first shift RN but was still completing documentation at the nurses' station. Surveyor interviewed RN-E who stated RN-E heard a commotion, but was not informed of a resident-to-resident altercation between R7 and R8.<br><br>On 7/10/23 at 3:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B who stated they were not aware of a resident-to-resident altercation between R7 and R8 on 7/10/24. Surveyor informed DON-B and NHA-A of the altercation and indicated Surveyor witnessed the altercation. When Surveyor asked DON-B about the facility's policy and staff responsibilities when a resident-to-resident altercation occurs, DON-B stated staff are expected to separate the residents, ensure safety, and immediately notify the nurse so the nurse can assess the residents and report to management. Surveyor informed NHA-A and DON-B that CNA-G separated R7 and R8 and stated CNA-G notified a nurse but was unable to provide the nurse's name. Surveyor then informed NHA-A and DON-B that Surveyor interviewed all nurses on the unit who stated they were not informed of the incident. DON-B indicated that was not the facility's process and stated DON-B would interview staff and begin an investigation. DON-B confirmed nursing staff did not report the incident per the facility's policy and procedure. |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563<br><br>Based on observation, staff and resident interview, and record review, the facility did not ensure a hand splint and passive range of motion (PROM) was provided for 1 resident (R) (R2) of 1 sampled resident<br><br>.<br><br>R2's hand splint was not included on R2's care plan. In addition, PROM was not completed as ordered and was not included on R2's care plan.<br><br>Findings include:<br><br>On 7/10/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (commonly referred to as stroke), hemiplegia (weakness on one side of the body), hemiparesis (paralysis on one side of the body), congestive heart failure (CHF), and chronic kidney disease (CKD). R2's Minimum Data Set (MDS) assessment, dated 6/12/24, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R2 had moderate cognitive impairment.<br><br>R2's medical record contained the following physician orders:<br><br>~ Compression sleeve left upper extremity (LUE) on in AM and off at hour of sleep - ordered 10/5/23<br><br>~ Gentle range of motion (ROM) to left lower extremity (LLE) and LUE 3 times per day - ordered 9/27/23<br><br>~ PROM LUE, see instruction sheets in room - ordered 7/2/24<br><br>~ Splint left hand 4 hours per day - ordered 2/26/24<br><br>On 7/10/24 at 9:45 AM, Surveyor interviewed R2 who was sitting in wheelchair without a hand splint. R2 stated R2's therapy was discontinued because R2 was not making progress. R2 stated R2 was supposed to wear a hand splint for 4 hours per day and required assistance to don the splint. R2 stated R2 did not wear the hand splint daily and stated staff no longer provided daily PROM.<br><br>Surveyor reviewed R2's Treatment Administration Record (TAR) which indicated administration of the above orders were completed except for PROM LUE, see instruction sheets in room - ordered on 7/2/24. The PROM order was not entered on R2's TAR and the TAR did not contain documentation that PROM was provided.<br><br>Surveyor reviewed R2's care plan which did not address R2's hemiparesis or restorative care for the LUE and LLE.<br><br>(continued on next page) |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 7/10/24 at 12:35 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-H who stated the nurses applied R2's hand splint. CNA-H was not aware of a compression sleeve for R2's LUE. CNA-H indicated staff just started completing daily PROM for R2 which staff documented in the computer.<br><br>On 7/10/24 at 1:11 PM, Surveyor observed CNA-H provide PROM for R2.<br><br>On 7/10/24 at 1:18 PM, Surveyor interviewed Registered Nurse (RN)-I who entered R2's room to apply a wrist sleeve (which was different from the hand splint). RN-I stated the wrist sleeve was a new order and verified nurses applied hand splints.<br><br>On 7/10/24 at 2:14 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R2's care plan did not address restorative care for R2's LUE and LLE hemiparesis and stated DON-B expects restorative care to be care planned. |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942<br><br>Based on observation, staff interview, and record review, the facility did not ensure the accurate administration of medication for 3 residents (R) (R2, R6, and R7) of 5 residents observed during medication administration. In addition, the facility did not provide pharmaceutical services to ensure the safe handling of drugs and biologicals for 2 (R4 and R7) of 5 residents observed during medication administration.<br><br>On 7/10/24, R2, R6 and R7's AM medications were administered late.<br><br>During medication pass on 7/10/24, Surveyor observed Registered Nurse (RN)-E drop R4's aspirin on the floor and dispose of the tablet in the garbage. RN-E also did not administer R4's carvedilol (used to treat high blood pressure).<br><br>During medication pass on 7/10/24, Surveyor observed Medication Technician (MT)-J dispose of R7's sertraline (used to treat depression) tablet in a Sharps container.<br><br>Findings include:<br><br>The facility's Medication Management Program policy, revised 5/5/23, indicates: Discontinuation and Destruction of Medications Policy: .7. Non-controlled medications should be placed into the appropriate pharmaceutical destruction container. Disposed medications should be completed in the presence of a Registered Nurse and witnessed by one other staff member, in accordance with applicable law .12. Wasted medications are defined as medications contaminated or refused that require disposal. Preparing for the medication pass: .4. Authorized staff must understand .D. The 8 rights for administering medication: 1. The right resident; 2. The right drug; 3. The right dose; 4. The right time; 5. The right route; 6. The right charting; 7. The right results; and 8. The right reason 7. Medications are administered no more than 1 hour before to 1 hour after the designated medication pass time. Security and Safety Guidelines: .3. The medication cart is locked when not in use and in direct line of sight.<br><br>1. On 7/10/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including hypertension, heart failure, and depression. R2's Minimum Data Set (MDS) assessment, dated 6/12/24, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R2 had moderate cognitive impairment.<br><br>On 7/10/24 at 9:16 AM, Surveyor observed RN-E prepare and administer the following medications for R2: allopurinol (used to prevent high uric acid levels) 100 mg, vitamin D3 2000 units, carvedilol 6.25 mg, Eliquis (a blood thinner) 2.5 mg, gabapentin (used to treat nerve pain) 100 mg, furosemide (a diuretic) 20 mg, tamsulosin (used to treat urinary retention) 0.4 mg, pantoprazole (used to treat acid reflux) sodium delayed release 40 mg, sertraline 25 mg, Prostat (a supplement) 30 ml (milliliters), and Culturelle (a probiotic).<br><br>(continued on next page) |

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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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 7/10/24 at 12:50 PM, Surveyor reviewed R2's medication administration record (MAR) and noted the above medications were scheduled for 8:00 AM and were administered at 9:16 AM which was over one hour past the scheduled time and considered late per the facility's policy.<br><br>2. On 7/10/24, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] with diagnoses including heart failure and depression. R4's MDS assessment, dated 6/19/24, had a BIMS score of 4 out of 15 which indicated R4 had severe cognitive impairment.<br><br>On 7/10/24 at 8:53 AM, Surveyor observed RN-E prepare and administer the following medications for R4: aspirin 81 mg chewable (RN-E dropped the tablet, disposed of the tablet in the garbage, and obtained another tablet), losartan potassium (used to treat high blood pressure) 25 mg, escitalopram (used to treat depression) 10 mg, and a multi-vitamin with minerals.<br><br>On 7/10/24 at 12:33 PM, Surveyor reviewed R4's MAR and noted RN-E did not administer R4's carvedilol 3. 125 mg as ordered.<br><br>On 7/10/24 at 1:35 PM, Surveyor interviewed RN-E regarding the missed carvedilol dose for R4. RN-E verified RN-E did not administer carvedilol to R4 and stated RN-E would update R4's provider about the missed dose. RN-E also confirmed RN-E dropped R4's aspirin tablet and should have discarded the tablet in a Drug Buster and not the garbage.<br><br>3. On 7/10/24, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] with diagnoses including anxiety and depression. R6's MDS assessment, dated 6/12/24, had a BIMS score of 13 out of 15 which indicated R6 had intact cognition.<br><br>On 7/10/24 at 9:20 AM, Surveyor observed RN-E obtain an atorvastatin 40 mg tab and clopidogrel 75 mg tab from contingency and administer both to R6.<br><br>On 7/10/24 at 1:03 PM, Surveyor reviewed R6's MAR and noted clopidogrel and atorvastatin were scheduled for 8:00 AM and were administered at 9:20 AM which was over one hour past the scheduled time and considered late per the facility's policy.<br><br>4. On 7/10/24, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] with diagnoses including hypertension, pneumonia, and depression. R7's MDS assessment, dated 5/16/24, had a BIMS score of 13 out of 15 which indicated R7 had intact cognition.<br><br>On 7/10/24 at 10:00 AM, Surveyor observed MT-J prepare and administer the following medications for R7: acidophilus (a probiotic), atorvastatin (used to prevent heart disease) 20 mg, buspirone (used to treat anxiety) 7.5 mg, Myrbetriq (used to treat bladder issues) extended release 25 mg, quetiapine (used to treat depression) 50 mg, sertraline hydrochloride 50 mg, vitamin D3 50 mcg (micrograms) (2 caps), and PreserVision AREDS (an eye supplement). Surveyor observed R7 refuse the sertraline.<br><br>On 7/10/24 at 10:04 AM, Surveyor observed MT-J dispose of R7's sertraline in a Sharps container. At 10:05 AM, Surveyor interviewed MT-J regarding late medication administration. MT-J stated any medications given after 9:00 AM for R7 were considered late.<br><br>On 7/10/24 at 1:14 PM, Surveyor reviewed R7's MAR and noted the above medications were scheduled for 8:00 AM and were administered at 10:00 AM.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525461 | A. Building<br>B. Wing | 07/10/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pavilion at Glacier Valley | 1900 American Eagle Dr<br>Slinger, WI 53086 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 5. On 7/10/24 at 9:54 AM, Surveyor observed the 500 unit medication cart in the hallway and noted the cart was unlocked. There were no staff present and 2 residents were in close proximity. Surveyor observed MT-J return to the cart after several minutes. MT-J verified the medication cart was unlocked and stated MT-J usually locks the cart. MT-J stated MT-J must have forgotten to lock the cart when MT-J administered medication to a resident.<br><br>On 7/10/24 at 10:06 AM, Surveyor interviewed RN-E who stated medications scheduled for 8:00 AM but administered after 9:00 AM were considered late.<br><br>On 7/10/24 at 12:52 PM, Surveyor interviewed Director of Nursing (DON)-B who stated unattended medication carts should be locked. DON-B verified medications that are ordered for 8:00 AM and administered after 9:00 AM were considered late.<br><br>On 7/10/24 at 12:57 PM, Surveyor interviewed DON-B who verified wasted medications should be discarded in a Drug Buster. |